



Case Study

A CASE REPORT OF SHADBINDU TAILA NASYA AND TRIKATU DHOOMAPANA ON APEENASA-ATROPHIC RHINITIS

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ABSTRACT

Acharya Sushruta stated 28 Nasagata rogas. Out of these 28 Nasagata rogas some features of Pootinashya, Dushtha Pratishtyaya and Apeenasa are similar to the clinical features of Atrophic Rhinitis (AR). Apeenasa is a Nasagata Roga characterized by nasal obstruction, running nose, Dryness of nose, anosmia, and loss of taste. This condition can be co-related with Atrophic Rhinitis. Though there are many modalities described in modern ENT, still it is not possible to cease the Permanent Impairment. In Ayurved many modalities are being described for Urdhwajatrugata Rogas and for Nasagata Vikara. Among them Nasya (administered of drugs in to nasal cavity) is best. As it is a Kapha Pradhana Vikara, Katu Dhoomapana can also be added to this procedure. The Nashya procedure is explained by Brihatrayees. The complete procedure of Nashya includes Poorva Karma (Snehana and Swedana), mobilizes the Doshas to the site of elimination and causes vasodilatation which helps in elimination of Doshas and provides better channel for absorption of the Oushadhi. Pradhana Karma (Nashya) eliminates the Doshas. Kavala as Paschat Karma eliminates the remaining Doshas and causes better absorption of the Oushadhi which ultimately eliminates the symptoms of the disease.

A clinical observation has shown effective result in the treatment of AR with Shadbindu Taila Nasya and Trikatu Dhoomapana. And here we are revalidating the statement of our Acharyas. A case report of a female, aged 38 years with complain of nasal obstruction, foul smell from nose, anosmia, headache, nasal discharge, sneezing and general weakness has been presented here.

KEYWORDS: Apeenasa, Anosmia, Poorva Karma, Paschat Karma, Pradhana karma, Atrophic Rhinitis, Shadbindu Taila Nasya, Trikatu Dhoomapana, Kavala.

INTRODUCTION

Atrophic rhinitis is a disease of nose characterized by dry nose, foul smell from nose, anosmia, crusting in nasal cavity and epistaxis etc.^[1] The treatment modalities includes nasal irrigation, removal of crust; using alkaline solution, application of 25% glucose in glycerin to the nasal mucosa to inhibit the growth of foul smelling proteolytic organisms, local antibiotics; such as chloramphenicol, systemic streptomycin and surgical intervention includes: transposition of parotid duct to maxillary sinus or nasal mucosa. This condition can be correlated with Apeenasa which is explained under Nasagata Roga with characteristic features like nasal obstruction, running nose, Dryness of nose, anosmia, and loss of taste. Ayurvedic treatment includes Sodhana Nasya, Dhoomapana and Rasayana. Nasya is the main treatment for Nasagata Roga "Nasa hi Siraso Dwaram Tena Tadvyapya Hanti Taana"^[2]. Hence Shadbindu Taila Nasya followed by the Dhoomapana

with Trikatu, Yasti and Haridra was selected for this study.

Case Report

A 38 Years female with mucopurulent nasal discharge, mucosal crusting, anosmia, headache, sneeze, general weakness and mild tenderness in the frontal sinus, came for consultation.

Past History

Patient took systemic antibiotics, antiallergics, topical decongestant, analgesics many times; got symptomatic relief but the symptoms use to reoccur within few days.

Procedures Administered to the Patient

Patient administered with Shadbindu Taila Nasya followed by Trikatu (Trikatu, Yasthimadhu, Haridra, Saindhava mixed with Ksheerabala Taila) Dhoomapana. The details of the procedure are shown in table below.

Poorva Karma	Mukha Avyanga, Swedana
Pradhana Karma	Instillation of 8 drops of Shadbindu Taila in each nostril
Paschat Karma	<ul style="list-style-type: none"> Dhoomapana using Trikatu+ Yasti + Haridra+ Saindhava + Kheerabala Taila. Kavala with luke warm water

- Patient was also advised to take Dhoomapana daily in home at bedtime.

- Haridra Khanda 1 TSF with Luke warm milk at bedtime.
- Tab Aswagandha 1 BD
- Advised to follow the Pathyapathya
 - Pathya- Ushna, Laghu Ahara.
 - Apathya- Sheeta Ahara Vihara, Head Bath, Cold Water, Cold Drinks, Dadhi.

Treatment duration

7 days Nasya and Dhoomapana for 3 sittings with gap of 15 days each. Total 51days



RESULT

After first sitting: The patient got mild reduction of head ache and nasal obstruction. There was reduction in foul smell from nose, anosmia persists.

After second sitting: patient was feeling better, nasal obstruction reduced markedly. Headache and foul smell from nose were absent and there were no fresh complaints. Patient was able to perceive smell for some extent.

Third sitting: Patient got marked improvement and was able to perceive smell.

DISCUSSION

Atrophic rhinitis is the chronic inflammation of the nasal cavity which presented with atrophy of nasal mucosa and turbinates. Atrophy of the turbinates' provides more space in the nasal cavity giving rise to roomy nasal cavity. The etiological factor includes

- Hereditary
- Endocrinal Disturbances
- Racial Factor
- Nutritional Deficiency
- Infection
- Autoimmune Process

Hereditary: The disease runs from the ancestor to the offspring. That means more than one member of a family can be affected with this family. In our study the father of the patient have also the same condition as the patient suffering from.

Endocrinal Disturbances: Females are more Susceptible than the Males. The disease starts at the puberty and gradually reduced its symptoms after Menarche.

Racial Factor: The white & yellow people are more susceptible to AR. than the red and black people.

Nutritional Deficiency: The deficiency of Vit. A, D and Iron are also one among the cause of AR.

Infection: Chronic inflammation causes immobility of the microvilli of the Nasal mucosa causing improper drainage of the mucosa resulting in the spread of secondary streptococcal and staphylococcal infection and hence foul smelling in the Nasal cavity.

Autoimmune Process: The antibody produced by some unspecified Antigenicity destroy the nasal mucosa and leads to AR.

Pathogenesis

Chronic inflammation of nasal cavity causes loss of cilia and the ciliated Columnar epithelium

turns in to stratified squamous cell. This causes stagnation of Mucus Discharge and hence there will be secondary Infection and causing Foul smell.^[3]

Atrophy

- There is more evaporation of nasal fluid because of Roomy Nose caused by Atrophy of Turbinates. Thus the humidity is lost and there is crusting of stagnant fluid. ^[4]
- Atrophy of Seromucinous glands causing loss of secretion hence the Cavity is dried and Crusting occurs.
- Atrophy of Venous blood sinusoids causing loss of drainage of blood, leading to secondary infection and foul smelling.
- Atrophy of Nerve elements causes loss of smell sensation leading to anosmia.
- Atrophy of Arteries in the mucosa, periosteum and bone show obliterative endarteritis causes diminished blood supply to the mucosa, so there will be lack of blood supply hence this make the cavity more susceptible to secondary infection.

Foul smell from nose, anosmia and nasal obstruction are characteristic features of Atrophic Rhinitis¹. Normal nasal mucosa is lined with pseudo stratified columnar epithelium and abundant mucous and serous secreting glands. Atrophic rhinitis is of 2 types' viz., primary and secondary. The cause of primary atrophic rhinitis is unknown. Several hypotheses have been proposed, including nutritional deficiencies, heredity, endocrine factors, and bacterial infection with *Klebsiella ozaenae* and *Bacillus foetidus*. In contrast, a secondary atrophic rhinitis patient gives history of chronic granulomatosis, nasal surgery (e.g, turbinectomy, septal surgery), trauma, chronic rhino-sinusitis, and irradiation. In some patients the fetor is so unbearable, even to spouses and friends, that the patient may suffer social ostracization.

Histopathologically, primary atrophic rhinitis is characterized by squamous metaplasia. Type I is common (50-80%) where endarteritis obliterans, periarteritis and periarterial fibrosis of the terminal arterioles is seen. These patients benefit from the oestrogen therapy. Type-II is less common (20-50%) and is associated with capillary vasodilatation. ^[5] The endarteritis of blood vessels causes diminished blood supply to the mucosa. As a result of loss of ciliated epithelium, thick viscid secretions of the nose get stagnated and results in secondary infections and crust formation. ^[6]

Clinical features includes^[7]

- Dry nose
- Foul Smelling
- Nasal obstruction
- Anosmia

- Epistaxis
- Crusting in Nasal cavity

Treatment^[8]

- Maintenance of Nasal Hygiene
- Removal Of Crust
- Nasal Irrigation with Alkaline /Normal Saline
- Local Antibiotics
- Oestradeol Spray
- Systemic Antibiotic like Streptomycin

The clinical feature of *Apeenasa*, *Pootinasa* and *Dusthapratishyaya* are related to the AR.

Apeenasa - Nasal obstruction, sometime dry and sometime wet nose, Absence of Smell and taste sensation^[9], Noisy breathing, thick and yellow colored discharge from the nose. ^[10]

Pootinasa- foul smell through the nose^[11,12] mouth^[13]

Dusthapratishyaya- sometimes obstructed and sometimes open nose, sometimes wet and dry nose and the other symptom is the loss of smell sensation. ^[14]

The treatment of these *Nasagata Rogas* includes *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Dhoomapana*, and *Nasya*. In *Pathyapathya* it has been told to take *Tikshna*, *laghupaki Ahara* and *Ushnajalapan*. ^[15]

Out of the above modalities the *Tikshna Nasya* with *Shadbindu Taila*, which is *Kaphahara* is selected along with a *Kaphahara Varti* prepared with *Trikatu*, *Yasti*, *Haridra*, and *Saindhava* is chosen.

Probable Mode of Action of the Treatment Given

Deepana Pachana Oushadhi

Oral administration of *Haridra-Khanda* enhances the *Agni* i.e. modulate the digestive power that renders the *Pakwa* state of morbid *Doshas*, so that later it may be expelled easily by *Nasya Karma*.

Mukhaabhyanga

It increases the blood circulation and helps in mobilization of the *Doshas* from the site of morbidity to the site of elimination.

Swedana

The procedure to induce sweating also helps in elimination of *Doshas* from the affected part in to the nose from where it is removed by the *Nasya Karma*.

Sodhana Type of Nasya

In this procedure the *Doshas* collected in the *Urdwanga* will be expelled out through the nose. Here *Sneha Dravyas* used for *Nasya* are having properties like *Drava*, *Sukshma*, *Sara*, *Snigdha* and *Guru Guna*. Because of this property the drug get absorbed in nasal mucosa and help in removal of *Doshas*. It also dose the *Santarpana* of tissues, makes

the tissues *Snehakrut*, *Mardavakrut* and *Balakrut*. Thus rejuvenating the nasal mucosa.

Pathway of Nasya Drug

The *Shadbindu Taila* instilled in Nasal cavity moves to olfactory epithelium and Olfactory Bulb which proceed through Cribriform Plate, Ant. Cranial fossa and Med. / lat. Area of cerebral cortex.

The chemical impulse, which generated by *Nasya* finally converts into neuronal impulse and influences on cerebral cortex area and there by producing stimulatory effect resulting in evacuation of *Doshas*. The *Nasya Dravya* also nutrient and rejuvenate the olfactory nerve and helps in its proper function.

Rasayana Oushadhi

Aswagandha having the property of *Rasayana Karma* rejuvenate the nasal mucosa as well as provides strength to the body.

Paschat Karma

The *Varti* prepared from *Trikatu*, *Yasti*, *Haridra* and *Kheerabala Taila* helps in the removal of residual *Kapha* after *Nasya Karma*. *Kavala* after *Dhoomapana* causes vasodilation and by this the remaining *Doshas* expelled out from the *Mukha* and also causes better absorption of *Oushadhi Dravyas*.

CONCLUSION

Apeenasa is a disease which causes impairment of smell sense, which may cause ostracization, crusting inside nasal cavity, nasal obstruction and headache due to *Vata* and *Kapha Doshas*. In this condition the *Nasya* procedures helps in reducing the impairment, restored the nasal dehydration which reduces the crusting and complete reduction of foul smell of nose. The *Trikatu Dhoomapana* completely reduces the head ache and *Aswagandha* along with *Haridrakhanda* modulate the action of *Shadbindu Taila* and *Trikatu Dhoomapana*. The *Trikatu Dhoomapana* also reduces the secondary infection. Thus the combination of this drug therapy can be adopted for *Apeenasa* or Atrophic Rhinitis (AR).

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