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An Ayurveda Approach to Chronic Rhinosinusitis with Nasal Polyp-CRSwNP (Nasarshas)- A Single Case Study

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***Abstract—Background**: Nasal polyps are benign, inflammatory growths of the nasal or sinus mucosa commonly associated with chronic rhino sinusitis. In Ayurveda, this condition can be correlated with nasarshas, characterized by abnormal fleshy growth in the nasal cavity, due to kapha–vata dosha vitiation and impaired agni. Conventional management often involves steroids and surgery, with high recurrence rates, necessitating alternative approaches. **Materials and Methods**: A 28-year-old female diagnosed with nasal polyps associated with chronic sinusitis was treated with an Ayurveda protocol comprising chiruvilwadi kashayam, anu taila pratimarsa nasya and triphaladi gandusa, for a total duration of two months. Assessment was done using subjective symptom evaluation and the SNOT-22 scale. **Results**: Post-treatment, the patient showed marked improvement in headache, facial pain, nasal obstruction, sleep disturbance, and concentration. SNOT-22 scores demonstrated significant reduction, and frontal sinus tenderness was completely relieved, with no adverse effects observed. **Conclusion**: This case study suggests that Ayurveda management using chiruvilwadi kashayam, anu taila, triphaladi gandusa can be effective in nasarshas associated with chronic sinusitis by addressing underlying dosha imbalance, agnimandya and srotorodha. Larger clinical studies are required to validate these findings.*

***Keywords**— Nasarshas, CRSwNP, Chiruvilwadi kashayam, Anu taila, Triphaladi gandusa, SNOT-22 Scale.*

I. INTRODUCTION

Nasal polyps are benign, painless, inflammatory and hyper plastic outgrowths of the sinonasal mucosa commonly associated with chronic rhino sinusitis (CRS), hence the term chronic rhino sinusitis with nasal polyposis (CRSwNP). [1,2] These lesions are usually bilateral and present with symptoms such as nasal obstruction, nasal discharge, hyposmia or anosmia, facial pain, headache, mouth breathing and a significant reduction in quality of life. The estimated prevalence of nasal polyposis in India ranges from 1–4%, predominantly affecting adults over 20 years of age, with a male preponderance of approximately 2:1. [1] Nasal polyps are broadly classified into ethmoidal polyps, arising from the ethmoidal sinuses, and antro choanal polyps, originating from the maxillary sinus. [3]

From a modern medical standpoint, nasal polyps develop due to persistent mucosal inflammation, increased vascular permeability, and oedematous changes leading to polypoidal degeneration of the nasal mucosa. Conventional management includes antihistamines, corticosteroids, antibiotics, and surgical interventions such as functional endoscopic sinus surgery (FESS). However, high recurrence rates and adverse effects associated with prolonged steroid use emphasize the need for alternative and complementary treatment modalities. [4]

In Ayurveda, nasal polyps can be correlated with *nasarshas*, a condition characterized by abnormal fleshy growth within the nasal cavity. Vitiation of *kapha* and *vata doshas*, along with impaired *Agni*, leads to involvement of *mamsa* and *medo dhatus*, resulting in *mamsankura* formation. Classical texts such as *Ashtanga hrudaya* describe *arsas* as pathological tissue over growths caused by *doshic* imbalance. Chronic exposure to etiological factors such as recurrent upper respiratory infections, consumption of cold, heavy, sweet and unctuous foods, day sleep, and dust exposure further aggravates *kapha*, contributing to disease progression and obstruction of the nasal passages. [5]

II. CASE STUDY

Chief complaints with duration: -

A female patient of age 28 years was been suffering from severe headache (more on left side), eye strain, nasal and facial congestion, deprived sleep etc. for past 1 year.

History of present illness: -

The patient was gradually developed persistent nasal obstruction associated with severe headache, frequent sneezing, eye strain, and a sensation of facial heaviness. The symptoms were aggravated on exposure to dust and cold climate and were more pronounced in the early morning hours. The condition was recurrent and progressive in nature, significantly disturbing her sleep and impairing her ability to concentrate on daily activities. She initially underwent conservative management, which provided only temporary relief. Over time, the symptoms worsened, particularly with climatic variations. Owing to the chronicity and increasing severity of symptoms, she presented to our OPD seeking more effective and long-term management.

H/O Past illness: - No history of any systemic illness reported.

Medical history: - Nothing relevant

Personal history: - Appetite: - Normal
Bowel: - Regular and Satisfactory
Micturition: - Normal
Sleep: - Disturbed
Allergy: - Seasonal allergy, Dust

Family history: - No hereditary or familial history of chronic sinusitis or nasal polyposis reported

General Examination: -
Pallor: - Absent
Oedema: - Absent
Lymphadenopathy: - Absent
Icterus: - Absent
Cyanosis: - Absent
Clubbing: - Absent
BP: - 110/70 mmhg
Pulse: - 69 bpm

Rogarogi pareeksha: -
Dushya: - Kaphavata, Mamsa, Meda
Desa: - Nasa (Ghranapradesa)
Bala: - Madhyama
Kaala: - Chirakala
Anala: -Sama agni
Prakruthi: - Kaphapitta
Vaya: - Youvana
Satwa: - Madhyama
Saatmya: - Madhura rasa
Ahaara: - All type of foods

Ashta sthana pareeksha: -
Nadi: - 69 bpm
Mala: - Regular and satisfactory
Mutra: - Regular as per water intake
Jihwa: - Aavruta
Sabda: - Prakruta
Sparsha: - Anushnaseetam
Druk: - Vyakta
Akruthi: - Madhyama

Samprapthi Ghatakas:-
Dosha:- Kapha, vata
Dushya:-Kapha, vata, mamsa, meda
Agni:-Samagni in jatara
Ama:- Dhathvagnimandya janya ama
Srotas:-Pranavaha srotas
Srotodushti:-Sanga
Udhbhava sthana:-Ghrana pradesa
Vyaktha sthana:-Nasa, Siras
Dosha gati:-Urdhwagati
Roga marga:-Madhyama
Roga avastha:-Chirakala
Saadya asaadyata:-Kashta sadhya

Systemic examination: -

Nasal Examination: -
Pale nasal mucosa, Round polypoidal greyish mass seen in left nostril - Grade II nasal polyps
No DNS, No scar present. No nasal discharge was noted. Nasal patency was reduced on the left side and adequate on the right side.

Para nasal sinus Examination: - On palpation, Grade I tenderness was elicited over the left frontal and Grade II over left maxillary sinus regions. The right frontal and maxillary sinuses were non-tender.

Diagnosis: - *nasarshas* / Nasal polyps

Treatment done: -

Sl. No	Name of medicine	Dose	Route	Mode of administration	*Anupana* (Adjuvant)	Duration
1	*Chiruvilwadi Kashayam*	20 ml	Oral	Morning before food & Evening after food	60 ml Luke warm water	60 days
2	*Thriphaladi Choornam*	1 tsp	External	For *gandusham* (retain in mouth) – Twice daily	1 glass Luke warm water	60 days
3	*Anu Taila*	7 drops	Nostril	*Nasyam-pratimarsam* (nasal instllation)	-	Initial 28 days only

Pathya: - Regular intake of warm water prepared with cumin and coriander advised
Consumption of freshly prepared, warm foods seasoned with ginger and black pepper is advised
Apathya: - Curd, Frozen foods and beverages, exposing to cold air etc. to be avoided.

Observation and result: -

After completion of two months of treatment, there was complete resolution of tenderness over both the frontal and maxillary sinuses. The patient reported complete relief from headache. All subjective parameters were assessed using a self-grading assessment scale, which demonstrated marked improvement following treatment.

SNOT-22 (Sino-nasal outcome test)

Sl. No	Assessment Parameter	Before treatment	After treatment
1	Able to blow the nose	2	0
2	Nasal obstruction	3	0
3	Loss of smell or taste	1	0
4	Ear fullness	1	0
5	Post nasal discharge	0	0
6	Facial pain / Pressure	5	1
7	Reduced concentration	4	1
8	Difficulty falling asleep	4	0

No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be
0	1	2	3	4	5

III. Discussion

From a modern perspective, chronic rhino sinusitis without active infection is primarily related to impaired sinus ostial patency, altered nasal airflow, reduced mucociliary clearance,

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and mucosal immunological dysfunction. In many cases of chronic rhino sinusitis with nasal polyposis, bacterial infection is not the primary cause. Instead, hyperplastic mucosal changes are observed, including oedema of the nasal mucosa, hypertrophy of seromucinous glands, and increased goblet cell activity, leading to excessive mucus production and mucosal stagnation.

According to Ayurveda, individuals with *kapha prakrti* exposed to *kapha-prakopa nidanas*, in association with *va**ta**-vaigunya*, develop derangement in the normal *gati* (movement) of *vata*. This disturbed *vata* impairs the functional dynamics of the *sukshma srotas*, particularly affecting ciliary activity and drainage mechanisms of the sinus ostia. Consequently, *sanga* **(**obstruction**)** occurs in the *pranavaha srota**s***, leading to the accumulation of *sleshma* in the *nasa pradesa*, resulting in mucosal stagnation and oedema.

Nasarshas may be understood as a pathological consequence of *dhatvagni-mandya* at the level of *mamsa*, *medo dhatu*, resulting in defective tissue metabolism and aberrant cellular proliferation. This process manifests as *mamsankura* formation within the nasal cavity. Such a pathological cascade closely parallels the sequelae of chronic rhino sinusitis described in contemporary biomedical literature, wherein prolonged inflammation leads to mucosal hypertrophy and polypoidal growths. Recurrent infections and persistent inflammation are often precipitated by sustained *apathya ahara–vihara sevana*, including habitual consumption of curd, frequent cold-water bathing, regular exposure to cold environments during daily travel for work, and excessive intake of frozen foods such as ice creams. These *nidanas* leads to *kapha prakopa* along with *vata dusti*, particularly affecting *udana vayu*. The deranged *udana vayu* facilitates the upward displacement of vitiated *kapha* and *vata* from the *nabhi* and *ura pradesa* (chest region) towards the s*iras* and nasal sinuses. This upward movement culminates in *sleshma sanchaya*, mucosal congestion, and chronic inflammation, ultimately producing *sanga* **(**obstruction**)** within the *pranavaha srotas*.

The treatment principles adopted - *srotoshodhana*, *amapachana*, and *vatanulomana*, with special emphasis on alleviating *kapha-vata* dominance in *pranavaha srotas*. Therapeutic strategies aimed at pacifying *kapha–vata doshas*, clearing *srotorodha*, correcting *agni* at the cellular level, and preventing recurrence are considered essential for successful management.

Formulations such as *chiruvilwadi kashayam* is an effective classical herbal formulation indicated in various types of *arshas*, especially when the underlying pathology involves *agnimandya* with subsequent *ama* formation. The formulation exhibits strong *deepana* and *pachana* actions, attributed to the predominance of *usna virya* and *katu-pradhana dravyas* endowed with *tikshna* and *sukshma gunas*. These properties enable deeper penetration into the ***srotas***, facilitating *kapha vilayana* and *vata anulomana*. This pharmacodynamic action is well supported by the classical reference *"Jataragni vivardhanam asu nrunam"*. By promoting *ama pachana* and restoring the physiological movement of *vata*, *chiruvilwadi kashayam* helps in correcting *srotodushti*, thereby arresting disease progression. *Sirovirechana,* one of the s*odhana karmas* indicated for *urdhwa-jatrugata vikaras*, serves as an effective therapeutic approach for disorders involving the nasal cavity, paranasal sinuses, and *srungataka marma*. *Anu taila*, administered as *samana nasya*, helps alleviate inflammation of the turbinates and sinuses while improving nasal mucosal health. Additionally, *triphaladi gandusa* plays a significant role in reducing inflammatory symptoms and *kapha prakop*a in the naso-oropharyngeal region. The presence of *triphala* and *yashtimadhu* contributes to its well-documented anti-inflammatory and mucoprotective properties.

IV. Conclusion

This single case study demonstrates the effectiveness of an Ayurveda treatment protocol comprising c*hiruvilwadi kashayam*, *anu taila pratimarsa nasya*, and *triphaladi gandusa* in the management of *nasarshas* (nasal polyps) associated with chronic sinusitis. The patient exhibited marked improvement in subjective symptoms and a significant reduction in SNOT-22 scores, including relief from headache, facial pain, nasal obstruction, and sleep disturbances, without any adverse effects. These outcomes highlight Ayurveda's holistic approach in addressing underlying *dosha* imbalance, *agnimandya*, and *srotorodha* (channel obstruction), thereby offering a safe, non-invasive, and potentially sustainable alternative to conventional therapies. However, larger controlled clinical studies are required to validate these findings and establish standardized treatment protocols.

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