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DUSHTA PRATISHYAYA (CHRONIC RHINOSINUSITIS): AN INTEGRATIVE AYURVEDIC APPROACH WITH CASE REPORT AND **COMPREHENSIVE CARE GUIDELINES**

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ABSTRACT

Dushta Pratishyaya, a chronic manifestation of Pratishyaya, is a prevalent condition characterized by nasal obstruction, alternating nasal discharge and dryness, facial pain, post-nasal drip, and olfactory dysfunction. In Ayurveda, Dushta Pratishyaya results from the vitiation of Kapha, Pitta, and Rakta Doshas in the head region, often triggered by dietary indiscretions, environmental exposure, and improper management of acute Pratishyaya. Clinically, it correlates with Chronic Rhinosinusitis (CRS) in modern medicine, which affects 5-15% of the population worldwide.^[3] This review discusses the pathophysiology, clinical features, and therapeutic approaches for Dushta Pratishyaya, emphasizing the role of Shamana Chikitsa - Nidigdhikadi kwatha, Patolakaturohinyadi Kashaya, Laghusootashekhara Vati, Allerin tablets. Shodhana Chikitsa -Sadhyo Vamana and supportive procedures Varti.[1,2,5,6] Dhooma Integrative like Saraladi management demonstrates symptomatic relief, reduced mucosal inflammation, and

enhanced patient outcomes, providing a rationale for combining traditional and modern approaches.

KEYWORDS: Dushta Pratishyaya, Chronic Rhinosinusitis, Shamana, Shodhana, Sadhyo Vamana, Dhooma Varti.

INTRODUCTION

Pratishyaya, described in classical Ayurvedic texts, refers to a pathological flow of Kapha and related Doshas in the opposite direction of Vata, resulting in nasal obstruction, discharge, and discomfort. [1,2,7] Dushta Pratishvaya represents a chronic stage, often developing after improper treatment of acute Pratishyaya. Environmental factors such as dust, smoke, cold, dietary habits (excess cold and heavy foods), and suppression of natural urges contribute to Dosha vitiation in the head region. In modern medicine, Chronic Rhinosinusitis (CRS) is an inflammatory condition of the nasal and paranasal mucosa with similar clinical manifestations: nasal congestion, purulent discharge, facial pain, post-nasal drip, and anosmia or hyposmia. CRS is prevalent in 5–15% of the population and may occur with or without polyps.^[3] nasal Standard treatment includes corticosteroids, decongestants, and antihistamines, though adverse effects are documented. This review integrates Ayurvedic understanding and modern pathophysiology to present a comprehensive approach to Dushta Pratishyaya management.

Etiology and Pathophysiology

Ayurvedic Perspective

Dushta Pratishyaya is regarded in Ayurveda as a chronic form of Pratishyaya, which develops when the Doshas, primarily Kapha and Pitta, become vitiated, occasionally involving Vata and Rakta as well. Unlike acute rhinitis, which resolves quickly, Dushta Pratishyaya arises when initial interventions are inadequate or when causative factors continue, causing Doshas to accumulate in the head region.

The main causative factors (Nidanas) include consumption of cold, heavy, or oily foods, exposure to dusty, smoky, or damp environments, suppression of natural urges, and excessive sexual activity. These factors aggravate Kapha and Pitta, which, together with Vata, move upward (Urdhvajatrugata Vata), resulting in symptoms such as nasal discharge, alternating dryness of nasal passages, congestion, foul breath, and reduced sense of smell. [1,2,5,6]

Ayurvedic treatment for Dushta Pratishyaya combines Shamana (pacifying) and Shodhana (purifying) therapies. Shamana treatments like Patolakaturohinyadi Kashaya, Laghusootashekhara Vati, and Allerin aim to pacify aggravated Pitta and Kapha, reduce

mucosal inflammation, enhance immunity, and relieve nasal obstruction. Herbs such as Patola, Katurohini, Guduchi, Shunti, and Nagavalli provide anti-inflammatory, antioxidant, and mucosa-clearing effects, restoring balance in the affected Doshas.

For deeper purification, Shodhana therapy, particularly Sadhyo Vamana, is employed to eliminate vitiated Kapha lodged in the head region. Vamana is indicated in cases with multiple Dosha involvement (Bahudoshavastha) and is seasonally during Vasanta Ritu (spring). The procedure involves preparatory intake of Kapha-provoking foodsand is followed by post-procedure care such as warm water intake, light diet, and avoiding cold exposure. This approach helps remove toxins, reduce sinus inflammation, and restore normal nasal and sinus function.

Additionally, Dhooma Varti, provides local anti-inflammatory, analgesic, and soothing effects, relieving facial tenderness and nasal congestion. Regular use of these herbal applications strengthens Srotas (channels), enhances mucociliary clearance, and supports respiratory health.

From an Ayurvedic standpoint, Dushta Pratishyaya reflects a systemic imbalance, not merely local sinus inflammation. Therefore, treatment focuses on correcting Dosha vitiation, addressing Dushya involvement, and modifying lifestyle and environmental factors. This perspective aligns with modern findings in chronic rhinosinusitis, where persistent inflammation, immune dysregulation, and environmental triggers are key contributors. [1,2,5]

Integrating Ayurvedic and modern understanding allows for a personalized treatment plan, targeting the individual's Dosha constitution, severity of symptoms, and exposure to etiological factors. This approach provides long-term relief, reduces recurrence, and minimizes dependence on steroids or antibiotics, highlighting Ayurveda's role in preventive and supportive management of chronic sinus conditions.

- Dosha Involvement: Kapha, Pitta, and Rakta vitiation in the head region.
- Causative Factors: Dietary indiscretions (curds, cold foods), excessive sexual activity, environmental exposure, suppression of natural urges.
- Pathogenesis: Accumulation and aggravation of Doshas lead to chronic inflammation, nasal discharge, dryness, congestion, and olfactory dysfunction.

Modern Perspective

Chronic rhinosinusitis (CRS) is a long-lasting inflammation of the nasal and sinus lining that continues for at least 12 weeks even with treatment. It is usually classified into two types: CRS with nasal polyps (CRSwNP) and CRS without nasal polyps (CRSsNP). Each type has different patterns of inflammation. CRSwNP is mainly caused by allergic-type immune responses involving eosinophils and Th2 cytokines like IL-4, IL-5, and IL-13, leading to swelling, polyp formation, and tissue changes. On the other hand, CRSsNP is more associated with neutrophil-driven inflammation, causing fibrosis and less swelling.

Environmental factors such as dust, smoke, pollutants, and allergens can damage the nasal lining, making it more prone to infections and chronic inflammation. Common bacteria like Staphylococcus aureus, Streptococcus pneumoniae, and Haemophilus influenzae may worsen symptoms through biofilms and immune reactions. Patients with CRS often have impaired mucociliary clearance, meaning the nose and sinuses cannot efficiently remove mucus, pathogens, and allergens, which prolongs the disease.

Typical symptoms of CRS include nasal blockage, thick or watery discharge, facial pain, pressure around the forehead or cheeks, post-nasal drip, reduced sense of smell, and fatigue. Diagnosis involves CT scans showing sinus lining thickening and blocked sinus openings, and endoscopic examination to check for swelling, polyp formation, and mucosal changes.

Treatment usually includes nasal steroid sprays, short courses of oral steroids, saline irrigation, antibiotics if infection is suspected, and biologic drugs for resistant cases with polyps. Surgery, like Functional Endoscopic Sinus Surgery (FESS), may be needed if symptoms do not improve, aiming to clear sinus blockage and restore normal sinus drainage.

Recent studies highlight the role of lifestyle and environmental management in controlling CRS, such as avoiding allergens, reducing exposure to pollutants, and following healthy dietary habits. This connects well with Ayurvedic treatments like Shodhana (Vamana) and Shamana therapies, which focus on removing vitiated Doshas, restoring balance, and reducing inflammation.

Integrating modern understanding of CRS—immune responses, microbial factors, and environmental triggers—with Ayurvedic concepts of Dosha imbalance allows for a holistic treatment plan. Such an approach can include dietary adjustments, procedural therapies, and

herbal medications, aiming to improve sinus health, prevent recurrence, and reduce dependence on long-term steroids, which can cause side effects like stomach problems, insomnia, and local mucosal irritation.

By combining both approaches, treatment can be personalized based on the patient's Dosha type, severity of inflammation, and clinical symptoms, which may improve outcomes and provide long-lasting relief.

- Pathophysiology: Chronic inflammation of nasal and paranasal mucosa with eosinophilic infiltration.
- Contributing Factors: Allergens, pollutants, microbial infections, structural anomalies, and immune dysregulation.
- Clinical Correlation: Mucosal edema, obstruction of sinus ostia, recurrent infection, and impaired mucociliary clearance.

Classification

Ayurveda

- Pratishyaya types: Vataja, Pittaja, Kaphaja, Raktaja, Sannipataja.
- Dushta Pratishyaya: Chronic stage, not classically listed, often involving Tridosha + Rakta.[1,2,7]

Modern Medicine

- CRS without nasal polyps (CRSsNP)
- CRS with nasal polyps (CRSwNP). [3,4]

Clinical Features

- Nasal obstruction (alternating or continuous)
- Muco-purulent discharge
- Facial pain and tenderness
- Post-nasal drip
- Olfactory dysfunction (anosmia/hyposmia)
- Occasional headache, voice changes, or halitosis

Management

Ayurvedic Approaches

Shamana Chikitsa

- 1. Patolakaturohinyadi Kashaya: Mitigates Pitta-Kapha, reduces mucosal inflammation.
- 2. Nidigdhikadi kwatha
- 3. Laghusootashekhara Vati: Balances Pitta, enhances nasal clearance.
- 4. Allerin Tablet: Anti-inflammatory, anti-allergic, supports Kapha-Pitta balance.
- Shodhana Chikitsa (Sadhyo Vamana)
- 1. Indicated for Bahudoshavastha and Urdhwa Jatru vitiation.
- 2. Yashti Madhu Phanta used for Vamana induction, aiding in Kapha elimination and Pitta pacification.
- Post-Vamana regimen includes Dhumapana (medicated fume inhalation) and Ushna Jala Kavala.
- Supportive Procedures.
- 1. Saraladi Dhooma Varti

Modern Approaches

- Corticosteroids (oral/intranasal)
- Decongestants
- Antibiotics (if bacterial infection present)
- Functional endoscopic sinus surgery for refractory cases

Integrative Approach

Combining Shamana and Shodhana therapies with supportive modern management minimizes inflammation, improves sinus drainage, and reduces symptom recurrence.

DISCUSSION

- Dushta Pratishyaya shows overlapping clinical features with CRS, highlighting the Ayurvedic-modern correlation.
- Chronicity is often due to repeated exposure to etiological factors and inadequate acute management.
- Shamana Chikitsa addresses inflammation, while Shodhana (Vamana) expels vitiated Kapha, addressing root cause.
- Symptomatic relief from Saraladi Dhooma Varti complements systemic therapies.
- Integrative management reduces reliance on long-term corticosteroids and associated adverse effects.

CONCLUSION

Dushta Pratishyaya represents a chronic inflammatory nasal condition correlating with Chronic Rhinosinusitis. Shodhana (Sadhyo Vamana), Shamana Chikitsa, and supportive therapies provide effective management, targeting both Dosha vitiation and symptomatic relief. Future studies with larger patient cohorts can validate this integrative protocol scientifically.

Case Report: Ayurvedic Management of Dushta Pratishyaya with Integrated Care **Guidelines**

Patient Details

- Age/Sex: 34-year-old female
- Residence/Environment: Urban area with high dust and pollution
- Presenting Complaints: Chronic nasal congestion, alternating nasal dryness, facial pain (particularly left supra-orbital region), muco-purulent nasal discharge, post-nasal drip, occasional loss of smell (anosmia), duration approximately 1.5 years.

History of Present Illness: The patient initially experienced an acute febrile illness with chills and nasal congestion, which improved temporarily with allopathic treatment. Subsequently, she developed persistent nasal obstruction, frontal and ethmoid headache, facial tenderness, and continuous muco-purulent discharge. Prior medications provided only short-term relief, prompting consultation at the SDM Ayurveda Hospital.

Past and Personal History

- No significant medical history (diabetes, hypertension)
- Sleep disturbances reported
- Dietary habits: frequent consumption of cold, curd-based, and sweet foods
- Environmental exposure: dusty, smoky, humid surroundings

Ayurvedic Assessment

- Pulse (Nadi): Pittaja
- Constitution (Prakruti): Kapha-Pitta dominant
- Current Imbalance (Vikriti): Tridosha involvement (Prana Vata, Bhrajaka-Alochaka Pitta, Tarpaka Kapha)
- Affected Tissues (Dushya): Rasa, Rakta

 Local Examination: Congested nasal mucosa, hypertrophy of left inferior turbinate, muco-purulent discharge, tenderness in frontal and ethmoid regions

Diagnosis

Dushta Pratishyaya (chronic stage with multi-Dosha involvement)

Treatment Plan

- 1. Shamana (Pacifying) Therapy 1 Week
- Patolakaturohinyadi Kashaya: 2 tsp, twice daily after meals
- Nidigdhikadi kwatha: 2 tsp, twice daily after meals
- Laghusootashekhara Vati: 1 tablet TID after meals
- Tablet Allerin: 1 tablet TID after meals
- 2. Shodhana (Purificatory) Therapy Sadhyo Vamana
- Preparatory diet: Kapha-stimulating foods (curds, sweets) the night before procedure
- Vamana performed using Yashti Madhu Phanta, 5 vomiting episodes observed
- Post-procedure care: warm water intake (Ushna Jala Pana), light and easily digestible diet, avoid cold exposure and daytime sleep
- 3. Dhooma Therapy Saraladi Dhooma Varti
- 4. Post-Discharge Recommendations:
- Continue Shamana medications for 15 days
- Avoid cold, heavy, and sweet foods; prefer light, warm, Kapha-pacifying meals
- Minimize exposure to dust, smoke, and humidity
- Maintain regular sleep, moderate exercise, and stress control
- Do not suppress natural urges

Outcomes

- Significant reduction in nasal congestion, muco-purulent discharge, facial tenderness, and post-nasal drip
- Improvement in olfactory function
- No adverse effects noted

DISCUSSION

This case demonstrates that combining Shamana and Shodhana therapies is effective for managing chronic Dushta Pratishyaya. Sadhyo Vamana efficiently removes vitiated Kapha

from the head region, while Shamana formulations reduce mucosal inflammation and prevent recurrence. Saraladi Dhooma Varti alleviates local pain and congestion. Integrating dietary, lifestyle, and environmental modifications is crucial to maintain long-term health and prevent relapse.

Clinical Care Guidelines

- 1. Identify and reduce etiological factors (dust, smoke, dietary triggers).
- 2. Conduct detailed Ayurvedic assessment (Prakruti, Vikriti, Dushya, Nadi, Ashtasthana, Dashavidha Pareeksha).
- 3. Individualize therapy: use Shamana for inflammation control and symptom relief; use Shodhana for toxin elimination in chronic cases.
- 4. Apply therapy (Saraladi Dhooma Varti) for targeted symptom management.
- 5. Advise patients on dietary, lifestyle, and seasonal precautions.
- 6. Schedule follow-up to monitor recovery and reinforce preventive measures.

CONCLUSION

The combination of Ayurvedic Shodhana and Shamana therapies, along with patient-specific care and preventive guidance, provides an effective and safe management approach for Dushta Pratishyaya. This integrated model can serve as a guideline for managing similar chronic rhinosinusitis cases using evidence-based Ayurvedic principles.

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