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Case Study

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A HOLISTIC APPROACH TO SINUSITIS MANAGEMENT: A CASE REPORT

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ABSTRACT

Aacharaya Sushruta has mentioned 11 types of Shiro-Roga in Uttar Tantra and Kaphaja Shiroroga is one of them. It is characterised by Shirogurutva, Mandaruja, karnakandu, alasya, Kaphopadigham and Shuna akshi koota vadana. [1] A sinus headache is caused by mucus build-up as a result of inflammation and pressure within the sinuses during a sinus infection. The pain from sinus headaches is usually more of a dull pain versus a sharp rapid pain. Therefore sinusitis can be considered under the heading of Kaphaja Shiroroga.

KEYWORDS: Gudanagara nasya, Kaphaja shirashoola, Sinusitis,

Marsha nasya.

INTRODUCTION

Various types of Shirorogas are mentioned in Ayurveda classic and Kaphaja Shiroroga is one among them. Similarly in modern science during headache classification, the IHS classified headache from sinus origin which is associated with coexisting symptoms like nasal obstruction, nasal discharge, post nasal drip etc. Sinusitis is one among the most prevalent disease. An estimated 134 million Indians suffers from Sinusitis. One in eight Indians suffers from Sinusitis caused by inflammation of the nasal and throat lining, which results in Headache. Sinusitis is an extremely prevalent disorder that has a significant impact on the quality of life of affected individuals. The reason behind this may be the changing lifestyle, urbanization, increasing pollution and increasing resistance to the antibiotics. The treatment of sinusitis includes antibiotics, decongestants, antihistamines, analgesics and surgical procedures. Although these treatments offer good contributions towards the healing process, but sinusitis is not successfully combated due to its recurrence and well known side effects of

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the medicines. Decongestant may provide relief but these medications may cause rebound Sinusitis and frequent usage of these medications may leads to drug resistance and the Immunity is adversely affected. Surgery has complications and is expensive too.

Acharyas says that nose is the gateway for head "Dwaram Hi Shiraso Nasa". [2] Nasva is best line of treatment in Urdwajatrugath Rogas. Katu, Ushna, Teekshna and mitigates Kapha and Vata doshas. Usually in sinusitis it was found that there is a pathological new tubulous glands formation is seen and also there is hyperplasia/hyperacitivity of mucosa. So by doing shodana nasya it helps to mitigate the excess kapha in shiras. Thus it helps in mitigating lakshanas of Kaphaja Shirashoola. In this present case study Gudanagara nasya^[3] was administered to a patient suffering from maxillary sinusitis and significant improvement in the condition has been observed.

MATERIALS AND METHODS

Case report: Basic information of the patient

Age: 33 years Sex: Female

Religion: Hindu

Occupation: House wife

Chief complaints: Severe headache since 2 years

Associated with heaviness of head, nasal discharge and feels less active throughout the day History of present illness: The patient was apparently normal 2 years back and later she gradually developed headache which was moderate in severity at the initial stage and later it became severe. She had been taking oral antibiotics and analgesics for the same duration but her symptoms persisted. Nasal examination revealed purulent discharge from left middle meatus. She also had shown signs of tiredness body pain and heaviness of head.

Past history: Nothing significant

Family history: Nothing significant

Personal history: Bowel- regular

Appetite –less

Micturition -4-5times/day

Sleep-good

Examination: Nadi-74/min

Mutra-4-5times/day

Mala-regular

Jihwa-liptha

Shabda-prakrutha

Sparsha-ushna

Druk –prakrutha

Akruthi-sthoola

Prakruthi -pitha kapha

Vitals -normal

B.P-120/80mm of Hg

RS- on auscultation no murmur sound detected

CVS-NAD

CNS-NAD

Examination

SL.	Examination	Findings
1	Anterior rhinoscopy	Mucus present
2.	Posterior rhinoscopy	Mucus present
3.	Palpation over maxillary sinus	Tenderness present
4.	Otoscopy	TM intact EAC clear
5.	Oropharynx	NAD
6.	Dental examination	NAD
7.	Eye examination	NAD

Investigation

ESR-35mm/hr

X RAY of paranasal sinus – Haziness of right and left maxillary sinus



Figure 1: Haziness of maxillary sinus before treatment.

Treatment

Patient was given both shodhana and shamana line of treatment. He had undergone nasya with Gudanagara for 7 days. Then the patient was administered orally with dashamoolakaduthrayam kashayam 15 ml (BD), kacchuradi choorna lepa and steam inhalation with halin drops. Total 30 days of treatment was given. Patient was asked to follow pathya ahara and vihara whole throughout the treatment and while taking shamana aushadies.

RESULTS

After the 30 days of treatment period the patient was relieved from symptoms.

DISCUSSION

Just after the Nasya the patient was partially relieved from heaviness of head. After Shamana chikitsa he got relief from symptoms.

Probable mode of action

- a) Nasya: Nasya with gudanagara was given, which is having the tridosha hara action.
- b) Dashamoolakaduthrayam kashayam^[4]: It consists of dashamoola, trikatu and vasa, which are having sophahara, kaphahara action.
- c) Kacchuradi lepa: which is having pitha- kaphahara action.
- d) Steam inhalation: Steam inhalation was given with halin drops. It cosists of Lavanga taila, Pudina taila, Sugandha patra etc. medicines which are having Ushna Tikshna action. The patient was advised to follow the proper pathya during the treatment period.

CONCLUSION

In the present study kaphaja shirashoola is treated according to dosha. By analyzing the above study of the patient as significant improvement is noticed after ayurvedic treatment, so same can be administered to large number of patients to further prove the efficacy of the ayurvedic treatment & to standardize the treatment course.

REFERENCE

- 1. Susrutha. Susrutha Samhitha English translation by prof. K. R. Srikantha Murthy. Publisher Chaukambha Orientalia Varanasi, 2002; 3, 156: 25 7.
- 2. Vagbhata; commented by Arundatta and Hemadri edited by Pandit Bhishagacharya Hari Sastriparadakaravaidya; Astanga Hrudaya Chaukhambha Surbharati Prakashan, Varanasi, 2016; 20, 1: 287.

- 3. Agnivesha, Charaka Samhita elabotated by Charaka and redacted by Dridabala, with Ayurveda Dipika commentary by Chakrapanidatta, Acharya Yadavji Trikamji editor, edition Chaukhamba Surbharati Prakashan, Varanasi, 2016; 18.
- 4. Krishnan Vaidyan K V. Gopala pillai S. Vidyarambham Publishers. Alappuzha, 2013; 32: 63.