VOLUME - 15, ISSUE - 11, NOVEMBER - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Ayurveda

HEALING DUSHTA PRATISHYAYA(RHINOSINUSITIS) THROUGH AYURVEDA: A DETAILED CASE SERIES

Dr. Devarshkumar Shitalbhai Jayswal 3rd year PG Scholar, PG Department of Panchakarma, J.S Ayurveda Mahavidyalaya, Nadiad, Gujarat, India.

Dr. Manali Chauhan 3rd year PG Scholar, PG Department of Kayachikitsa, J.S Ayurveda Mahavidyalaya, Nadiad, Gujarat, India.

Dr. Ganga Hadimani Head of Department of Shalakya Tantra, J.S Ayurveda Mahavidyalaya Nadiad 387001

ABSTRACT

Introduction: Dushta Pratishyaya is a commonly encountered clinical condition in industrial, smoky, and humid environments, is characterized by chronic nasal obstruction, intermittent nasal patency, nasal discharge alternating with dryness, and impaired olfactory function. It is considered a sequela of inadequately treated Pratishyaya (acute rhinitis). **Case Presentation:- Case No.1** was 34 year old male presented with Nasavrodha (Nasal blockage), Nasasrava (Rhinorrhea), Shirah Shoola (head ache) & Kshavathu (sneezing) since 15 years and taking regular antihistamines for symptomatic relief. **Case No. 2** Was 18 year old girl who presented with Nasavrodha (Nasal blockage), Nasasrava (Rhinorrhea), Shirah Shoola (head ache), Kshavathu (sneezing) and Kasa (coughing) since 10 years. **Case No. 3** was 32 year old female patient who presented with Nasavrodha , Nasasrava , Shirah Shoola , Kshavathu and Kasa since 12 years taking Otrivin Nasal drops 2 puffs in B/L Nostrils BD. **Diagnosis:-** On the basis of these signs & symptoms all patients were diagnosed with Dushta Pratishyaya. **Management and Outcome:** After a complete diagnosis, all three patients were treated with Pradhamana Nasya with Katphala Churna and oral medications.In case no1 symptomatic reduction was observed and use of daily antihistamine was reduced in case 2 symptomatic relief was achieved and in case 3 Otrivine nasal spray frequency was reduced and then totally stopped. **Conclusion:** Positive result in the present cases highlights the potential of multidimensional Ayurvedic treatment in managing rhinosinusitis. Specially, Obstructive pathologies can be managed through a safe procedure like Nasya karma, may raise new ray of hope.

KEYWORDS : Dushta Pratishyaya, Rhinosinusitis, Shamana, Pradhamana Nasya, Katphala Churna

INTRODUCTION

Sinusitis is the inflammation of the mucosa of any one or all of the paranasal sinuses. When all sinuses are involved, it is called as pansinusitis. The lining of the nose and paranasal sinuses are continuous and it would be rare for inflammation to affect one without the other. In addition, the symptoms of sinusitis, particularly chronic sinusitis and rhinitis overlap to large extent and it is therefore convenient to consider the two together as rhinosinusitis. There are no special micro-organisms which have a special affinity for sinus infections, although the sinuses often are the site of a prolonged residue of upper respiratory tract infections.It usually occur after age of 15 yrs. But it may affect even children of 5 years age. Chronic rhinosinusitis (CRS) affects 1 in 8 people in India; about 5-15% of urban population The prevalence of CRS worldwide ranges from about 8% in China, 8.4% in Korea, 11% in Europe, and 12% in the United StatesThere are four different types of nasal sinus infection: acute congestive, acute purulent, chronic purulent and chronic hyperplastic Chronic suppurative sinus disease may be classified microscopically as, Edematous ,Granular or infiltrating , Fibrous or A mixture of any or all of these forms. *Pratishyaya* is a condition in which *Vata* dominant *Tridosha* along with *Rakta* when afflicts the *Nasa* leading to Nasal discharge etc.In *Yogaratnakara* and *Bhavaprakasha* two types *Sadhyojanaka* and *Kalantarajanaka* of *Nidanas* are accepted.When *Pratishyaya* is not treated timely and person continue to indulge in unwhole some food and regimen then condition worsens and become chronic known as *Dushta Pratishyaya*.

Patient Information

Case 1 involved a 34-year-old male presenting with paroxysmal sneezing, rhinorrhea, headache, nasal itching, cough, and nasal obstruction persisting for 15 years. The patient reported daily travel of 15 km by bike and occupational exposure in a chemical factory as major causative factors. He had been on allopathic medication for 12 years, including Tab. Monwell 10 mg (2 tablets BD).

Case 2 was an 18-year-old female with similar complaints of sneezing, rhinorrhea, headache, nasal itching, cough, and nasal obstruction for the past 10 years. Contributory factors included habitual intake of ice-cream and cold drinks, daytime sleep (Divasvapana), and a history of recurrent acute illnesses during childhood. She had been receiving Tab. Monticop L (1 tablet TDS) for the last 8 years.

Case 3 described a 32-year-old female suffering from the same constellation of symptoms for 12 years. Psychosocial stress related to caring for her blind child, frequent consumption of refrigerated food, and repeated travel to the USA for her child's treatment were identified as precipitating factors. She had been on long-term allopathic therapy for 10 years, including Tab. Atarax 25 mg OD, Tab. Monwell 10 mg BD, and Otrivin nasal drops (2 puffs in both nostrils BD)

Clinical Finding

In Case 1, a 34-year-old male experienced more than 50 paroxysmal sneezes per day, severe rhinorrhea requiring continuous mopping, and crippling frontotemporal headache that rendered him bedridden. Nasal obstruction was moderate, with effortful inhalation and exhalation. Severe nasal itching and continuous cough with associated throat and chest pain were also present. On nasal examination, hypertrophy of all three turbinates was noted on the right side with compensatory hypertrophy on the left, along with erythematous bilateral mucosa. Palpation revealed tenderness over the frontal and ethmoidal sinuses.

Case 2 involved an 18-year-old female who reported more than 20 sneezes daily, moderate nasal obstruction requiring occasional mouth breathing, and controllable rhinorrhea. Headache was moderate, predominantly frontal, with relief after tension subsided. Severe nasal itching and cough with throat ache and yellowish expectoration were present. Examination revealed hypertrophy of the inferior turbinate in the left nostril and bilateral mucosal congestion, but no sinus tenderness was elicited.

Case 3 described a 32-year-old female with more than 30 sneezes daily, severe rhinorrhea requiring continuous mopping, and episodic severe headache that made routine work difficult, necessitating daily analgesics. Nasal obstruction was complete, with total mouth breathing. Severe nasal itching and continuous cough with throat and chest pain were also reported. On inspection, bilateral nasal mucosa showed marked congestion with crusting (+++), throat congestion, and yellowish discharge in the left external auditory canal. Palpation revealed tenderness over the frontal and ethmoidal sinuses.

Diagnostic Assessment

The diagnosis in these cases was confirmed on the basis of classical signs and symptoms of Dusta Pratisyaya. The patients consistently presented with paroxysmal sneezing, nasacl obstruction, rhinorrhea, headache, nasal itching and coughing. The presence of this symptoms, persisting over a long duration, aligns with the clinical features described in Ayurvedic texts for Dusta Pratisyaya and supports the diagnostic assessment of chronic rhinosinusitis.

Therapeutic Interventions

The therapeutic protocol was designed in accordance with classical Ayurvedic principles for *Dusta Pratisyaya*. Each patient underwent Urdhvajatrughata Abhyanga with *Narayana Taila* for five minutes, followed by Urdhva-jatrughata Svedana for another five minutes, administered prior to *Nasya Karma*. The principal intervention, Nasya Karma with *Katphala Cura*, was performed using one pinch of the powder instilled into each nostril daily. Alongside this, internal medications were prescribed: Pathyadi Kvatha (40 ml twice daily on an empty stomach) and Sitopaladi Cura (3 g twice daily before meals with *Madhu*). The external therapies were continued for a total of 21 days, while the internal medications were administered for 51 days.

Follow Up and Outcomes

	Case NO.1		Case NO.2		Case NO.3	
	B.T	A.T	B.T	A.T	B.T	A.T
Kṣavathu	>50 sneezes in a day	Less than 10 Sneezes in a day	>20 sneezes in a day	Sneezes after exposure to allergens only	>30 sneezes in a day	Less than 10 Sneezes in a day
Nasa Avrodha	Inhalation & exhalation with effort with feeling of moderate obstruction Inhalation & to be supplemented with mouth breathing	No obstruction	Inhalation and exhalation with effort with feeling of mild obstruction	No obstruction	Complete blockage and with total mouth breathing	Inhalation & exhalation with effort with feeling of mild obstruction
Nasa Srava	Severe Rhinorrhoea with copious fluid needs continuously moped	Occasional Rhinorrhoea with a feeling of running nose without visible fluid	Rhinorrhoea with running nose which needs moping but controllable	No discharge	Severe Rhinorrhoea with copious fluid needs continuously moped	Occasional Rhinorrhoea with a feeling of running nose without visible fluid
Siraḥa Sula	1)Severe crippling headache that renders patient bedridden 2)Mostly Frontotemporal and continuous	No headache	1)Moderate headache 2)Mostly Frontal and felt relief after the tension	No headache	1)Severe headache patient restless & able to carry routine work with difficulty 2)Episodic 3) use daily analgesics for relief	Mild headache sometimes
Kanḍu	Severe itching	No Itching	Severe itching	No Itching	Severe itching	No Itching
Kasa	Severe continuous cough with throat & chest pain	No cough and no pain in throat & chest	Cough with throat ache and yellowish in colour	Occasional cough without throat ache	Severe continuous cough with throat & chest pain	Occasional cough without throat or chest pain
Nasal Examination						
Inspection	1)Hypertrophy of all 3 Turbinate's in Right side 2)Compensatory Hypertrophy in left side 3)Erythematous mucosa in B/l nose	Mild Hypertrophy of Inferior Turbinate with normal pink mucosal lining	1)Hypertrophy of Inferior Turbinate in left Nose 2)B/L Nasal mucosa congestion	Normal pink mucosal lining	1)B/L Nasal mucosa congestion with crusting +++ 2)Throat congestion 3)Left external auditory canal – yellowish	Mild nasal mucosal congestion with light red colour No any crusting in nose throat and external auditory canal
Palpation	Tenderness at Frontal and Ethmoidal sinuses	No Tenderness found	No tenderness found	No Tenderness found	Tenderness at Frontal and Ethmoidal sinuses	NoTenderness found

DISCUSSION

Pratishyaya is a clinical condition mentioned in Ayurveda in which vitiated *Doshas* lodge in *Shirah* and causes the signs and symptoms of *Pratishyaya*. *Dusta Pratishyaya* is advanced stage of *Pratishyaya*. *Dushta Pratishyaya* is considered as difficultly manageable clinical condition. Aggravated *Doshas* in *Shirah* can be eliminated by performing *Shodhana* type of *Nasya*. *Katphala churna Pradhamana Nasya* is commonly used for the *Shodhana* of vitiated *Doshas* from the *Shirah Pradesh*. *Pathyadi kvatha* is

mentioned in *Sharangdhara Samhita*, especially in the management of *Shiroroga*. The ingredients of *Pathyadi kvatha* are *Guduchi, Haridra, Triphala, Bhunimba, Nimba* having *Tikta - Kashaya Rasa, Laghu - Ruksha Guna, Ushna Virya* and *Vata -Kaphahara* action.*Sitopaladi Churna* is a combination of *Tvaka, Ela, Pippali, Vamshalochan* and *Sarkara* predominantly having *Madhura*, *Tikta*, *Kashaya Rasa*, *Ushna Virya*, *Laghu Guna* and having *Vata- Kaphahara* action. It is indicated in the diseases of respiratory system including *Shvasa* and *Kasa*. It is also useful in the treatment of *Pratishyaya.Katphala churna* is indicated for *Shodhana* type of Pradhamana *Nasya*. *Shodhana* type of *Nasya* is used to eliminate vitiated *Doshas* out of *Shirah Pradesh* and thus helpful to provide relief in the diseases of this region including *Dushta Pratishyaya*. Elimination of vitiated *Doshas* out of the body do not get aggravation again easily and hence prevent the recurrence of the disease.

In modern system of medicine, they are considering treatment a wide range of antibiotics are prescribed with antihistaminic, nasal decongestants and local as well as systemic steroids. All these are prescribed for a considerable long time till the disease resolves as recurrence of the disease is common. These medications do have certain adverse effects. Surgical intervention is indicated in the patients who do not respond to conservative treatment however recurrence may occur after surgery. Ayurvedic management of *Dushta Pratishyaya* includes elimination of vitiated *Doshas* from *Shirah Pradesh* by *Shodhana Nasya* along with oral medicaments which helps to pacify the *Doshas* and ultimately helps to cure this disease condition.

Informed Consent

Consent of the patient was obtained for the reporting the case report for publication.

CONCLUSION

The above case series is an evidence of *Shodhana* and *Shamana Chikitsa* in effective management of *Dushta Pratishyaya*. Selection of *Pradhamana Nasya* as the *Shodhana chikitsa* was done on the basis of *Dosha Avastha* and *Dosha Sthana*, which gave an intended result. *Nasya* showed better result in *Nasagat rogas*, So it can be said that *Nasya* with oral medication may be much beneficial for early cure of the disease.The recurrence rate is high in this kind of disease.For good and long-lasting results *Shodhana* or *Shamana* therapy alone will not be adequate. A combination of *Shodhana* and *Shamana* therapy will yield better and longer lasting effects.

REFERENCES

1. Dr Devendra M. Jain, -MS ENT (Pune), Comparison of Outcomes of Management of Chronic Rhinosinusitis by Conservative Approach Vs Endoscopic Sinus Surgery with Review of Literature
2. Shi JB, Fu QL, Zhang H, Cheng L, Wang YJ, Zhu DD, et al. Epidemiology of chronic rhinosinusitis: results from a cross-sectional survey in seven Chinese cities. Allergy. 2015;70(5):533-9.
3. Hirsch AG, Stewart WF, Sundaresan AS, Young AJ, Kennedy TL, Scott Greene J, et al. Nasal and sinus symptoms and chronic rhinosinusitis in a population-based sample. Allergy. 2017;72(2):274-81.
4. Hastan D, Fokkens WJ, Bachert C, Newson RB, Bislimovska J, Bockelbrink A, et al. Chronic rhinosinusitis in Europe--an underestimated disease. A GA²LEN study. Allergy. 2011;66(9):1216-23.
5. Ahn J-C, Kim J-W, Lee CH, Rhee C-S. Prevalence and Risk Factors of Chronic Rhinosinusitus, Allergic Rhinitis, and Nasal Septal Deviation: Results of the Korean National Health and Nutrition Survey 2008-2012. JAMA Otolaryngology–Head & Neck Surgery. 2016;142(2):162-7.
6. Sushruta; commented by Dalhana and Sri Gayadas; (Ed) Vaidya Yadavji Trikamji Acharya; Sushruta Samhita; Chaukambha Orientalia, Varanasi; Reprint 2012; Uttara tantra 24/1
7. Yogatnakar,nasaroga,nidanstha 16, Vidyotini Hindi Comm. By Vd. Laxmipati Shastri, Yogratnakar, Choukhambha Sanskrit Sansthan, Varanasi, India. &. Shribhavamishra, Bhavprakash Nighantu,madyama khanda,65/16, Edited by Padmashree Pro. Krushnachandra Chunekar, Reprint Edition, Chaukhambha Bharati Academy, 2015;
8. Sushruta, Sushruta Samhita Uttaratantra, Dalhanatika by Vaidyajadavji Trikamjiacharya, Chowkhamba Prakashan Varanasi, reprint-2014, Uttara tantra, 24st chapter, shloka- 16
9. Agnivesha, Charaka Samhita elaborated by Charaka & redacted Dridabala, with Ayurveda Dipika commentary by Chakrapanidatta, Acharya Yadavji Trikamji editor, edition 2009, Chaukhamba Orientalia Varanasi,chikitsa stana 26th chapter, 107th shloka
10. Vagbhata; commented by Arunadatta and Hemadri; (Ed) Bhisagacharya Harasastri Paradakara Vaidya ; Astangahrdayam; Chaukambha Orientalia; Varanasi; 9th Edition Reprint2002; Uttara tantra 19th chapter; 9th sloka
11. Agnivesha, Charaka Samhita elaborated by Charaka & redacted Dridabala, with Ayurveda Dipika commentary by Chakrapanidatta, Acharya Yadavji Trikamji editor, edition 2009, Chaukhamba Orientalia Varanasi,Chikitsa stana 26th chapter,107-113th shloka
12. Sh.sa m.k 145-147 Sharangadhara. Sharangdhar Samhita. Adhamalla's Dipika and Kasiram's, Gudhartha Dipika. In: Vidyasagar PS, editor. Madhyama khanda. 7th ed. Varanasi: Chaukhamba Orientelia; 2008;2nd chapter,145-147th sloka
13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6287398/