

A Case Report on Ayurvedic Management of Kaphaja Shirashoola W.R.T Chronic Sinusitis

Dr. Abhilash K N¹, Dr. Prakruthi G²

¹Consultant, Department of Shalakya tantra, Sri Paripoorna Sanathana Ayurveda Medical, College and Research Centre, Arjunabettahalli, Bangalore rural.

²Associate professor and HOD, Department of Shalakya tantra, Sri Paripoorna Sanathana Ayurveda Medical, College and Research Centre, Arjunabettahalli, Bangalore rural.

Abstract

Background: Sinusitis is a common multifactorial inflammatory disorder of the upper airway system which severely affects the patient's quality of life. It is affecting an estimated 30% of the whole population. About two billion are spent annually on medications to treat nasal and sinus problems. It is estimated that one among eight Indians are hit by chronic sinusitis Kaphaja Shirashoola is one among the Shiroirogas having symptoms like heaviness, swelling of eyes and face, coating of Kapha in head and oral cavity, facial pressure, fatigue, drowsiness. Pain is dull during the day and severe in the night. This condition can be clinically analyzed with the features of Chronic Sinusitis. Chronic Sinusitis refers to sinus infection lasting for months (>12 weeks) or years. Failure to resolve the acute infection is considered to be the most important cause of chronic sinusitis. Ayurveda emphasizes various treatment modalities for Kaphaja Shirashoola which includes various Panchakarma procedures and internal medicines which are said to be effective in the management of Kaphaja Shirashoola. In the present case, the patient was treated with Nasya Karma—a specialized Panchakarma therapy beneficial for head-related disorders—along with Marma Chikitsa, an ancient therapeutic technique that stimulates vital energy points to restore balance and function. The integration of Marma Chikitsa with classical Ayurvedic treatment has shown promising outcomes in the management of chronic sinusitis. This synergistic approach not only aids in symptom relief but also addresses the root cause of the disorder by enhancing pranic flow and supporting systemic detoxification and rejuvenation. The combined modality contributed significantly to the effective management of chronic Kaphaja Shirashoola in this case

Objectives: To evaluate the therapeutic efficacy of Nasya and Marma chikitsa in the management of Kaphaja Shirashoola w.r.t. Chronic sinusitis.

Method: A single case study was taken up to scientifically validate the effects of Nasya and Marma Chikitsa. The treatment was given for 7 consecutive days.

Case report: A male patient aged about 45 years approached SPSAMC, H & RC with the complaints of heaviness of head, headache (Dullache in nature) associated with running nose, sneezing and snoring occasionally for past 1 month.

Keywords: Kaphaja Shirashoola, Chronic Sinusitis, Nasya, Marma Chikitsa.

INTRODUCTION

Ayurveda has comprised of 8 branches, therefore called as Ashtanga Ayurveda. Shalakya Tantra is one

among 8 branches deals with Urdhwajatrugata Rogas (Diseases above clavicle region). It includes Netra, Karna, Nasa, Mukha and Shiro Rogas with their management.¹ Shiras is considered as 'Uttamanga'² as it is the seat of vitals like Prana, Prana Vayu, Marma, Sadhaka Pitta, Alochaka Pitta, Tarpaka Kapha. Uttamanga is said to be the seat for all Gyanendriya and also controls the functions of Karmendriya.²

Kaphaja Shiroroga is one among the Shirorogas mentioned by Brihatrayis and Laghutrayis. Along with Samanya Nidanas of Shirorogas, Acharya Charaka has mentioned Vishesha Nidana for Kaphaja Shirashoola. The Vishesha Nidanas are Guru (Heavy to digest), Snigdha (More unctuous) and Ati Matra Sevana (Excess intake of food), Swapnasukha (Excess sleep) and Divaswapna (Sleeping at mornings).³

Acharya Sushruta explains the Lakshanas of Kaphaja Shirashoola as Shirolagam Kaphopadigdham (Coating of Kapha in Head and Throat), Guru (Feels heaviness), Pratishtabdhm (Kapha adheres to Head and Throat) and Himam (Feels cold), Shoonakshikootam Vadanam (Swelling of Eyes and Face).⁴ Lakshanas added by Acharya Vagbhata and Acharya Charaka are Aruchi (Anorexia), Vami (Vomiting), Tandra (Drowsiness), Alasyam (Fatigue/laziness), Karnakandu (Itching sensation in Ears) and Ruk Manda Ahni Adhika Nishi (Pain will be dull during the day time and severe in the night).^{5,6}

According to Acharya Charaka, in all types of Shiroroga, Nasya Karma is considered as prime treatment modality where elimination of the accumulated Doshas happens quickly and cures the ailment from its root.⁷ The signs and symptoms of Kaphaja Shirashoola can be correlated with headache due to Sinusitis. It is caused by mucous build up as a result of inflammation and pressure within sinus during sinus infection. The pain is usually more of a dull pain and usually worsen at nights. Sinusitis is also coined as Rhinosinusitis.⁸

In the Western populations the prevalence rates of Acute Rhinosinusitis and Chronic Rhinosinusitis range from 6% to 15% and 5% to 15% respectively. Meanwhile, studies from several Asian countries show lower prevalence rates of Chronic Rhinosinusitis ranging between 2.7% and 8%.⁹ About 30% of the whole population and it is estimated that 1 among 8 Indians are hit by chronic sinusitis.¹⁰ Viral infections of upper respiratory tract followed by bacterial invasion, Entry of water into the sinus during diving or swimming, External trauma to the sinus, Oedema of middle meatus, secondary to associated ipsilateral maxillary or ethmoid sinus infection are the major causes of Chronic sinusitis. In contemporary system of medicine, Sinusitis is managed by analgesics, nasal decongestants, antibiotics and surgery. There is no permanent cure for sinusitis in modern medicine and there are side effects of the analgesics, antibiotics and nasal decongestants. It brings rebound congestion within few hours. Surgery causes complications like CSF leak, epiphora and diplopia. The recurrence rate after surgery is also more.¹¹

CASE REPORT

A 45-year-old male patient presented to the Shalaky Tantra OPD of SPSAMC, H & RC, Arjunbettahalli (IPD.No -1246) with the complaints of heaviness of head, headache associated with running nose, sneezing and snoring occasionally for past 1 year. The symptoms got aggravated since 15 days. He had similar history of symptoms 2yrs back, found relief on oral contemporary medicines.

Nature and Duration of Pain: The patient reports a dull-aching headache that has been persistent for the past one year. The intensity of the pain increases during nighttime. Although the headache is not incapacitating, it is significant enough that it cannot be ignored. Despite this, the patient is able to carry out daily activities.

Character and Associated Symptoms: The headache is described as a dull ache. Occasional running nose and snoring were present. There is no

significant family history relevant to the condition. The patient's lifestyle reveals signs of irritability and stress, which may contribute to or exacerbate the condition.

Systemic Examination:

- **Respiratory System:** Normal vesicular breath sounds (NVBS) are heard; no added sounds are present.
- **Gastrointestinal, Cardiovascular, and Central Nervous Systems:** No significant or contributory findings noted upon examination.

Local Examination:

- **Nose:**
- **External Nose:** No abnormality detected (NAD).
- **Anterior Rhinoscopy:** Bilateral congested nasal mucosa with watery discharge. Bilateral inferior turbinate hypertrophy is present. No deviation of the nasal septum (DNS) observed.

Paranasal Sinuses (PNS):

- **Frontal Sinuses:** Marked bilateral tenderness (+++).
- **Maxillary Sinuses:** Right-sided maxillary tenderness (++) noted.

The investigations conducted included an X-ray of the paranasal sinuses (PNS), which revealed sinus involvement characterized by radio-opaque shadows suggestive of mucosal thickening in the bilateral maxillary and frontal sinuses. Additionally, bilateral inferior turbinates showed moderate hypertrophy. Blood investigations, including a Complete Blood Count (CBC) with Erythrocyte Sedimentation Rate (ESR) and an Absolute Eosinophil Count (AEC), were performed to assess for infection, inflammation, or allergic components contributing to the patient's chronic symptoms. All blood parameters were within normal limits, indicating no active systemic infection or marked allergic response at the time of testing.

Intervention:

The intervention began with Deepana–Pachana for 3 days using Chitrakadi Vati (1 tablet twice daily before food) to improve digestion and enhance the efficacy of subsequent therapies. This was followed by Nasya Karma for 7 days, which included Mukhabhyanga with Asanabilwadi Taila followed by Bashpa Sweda (steam therapy). Nasya was performed using Guda-Nagara taila, administering 6 drops into each nostril. Additionally, Kavala (gargling) with Triphala Kashaya was done to further cleanse and support the upper respiratory tract. Marma Chikitsa targeting specific sinus marma points was administered for 7 days to relieve blockage and stimulate energy flow. Internally, the patient was given Vyoshadi Vati (1 tablet twice daily after food for one week) to address Kapha imbalance and respiratory symptoms, along with Haridra Khanda (1 teaspoon twice daily with 1 teaspoon honey before food for one month) for its anti-inflammatory and immunomodulatory effects.

Nasya Karma

Administration of medicines through nose to get the desired therapeutic effects is called Nasya. It is considered as prime treatment modality in Urdhwa Jatru Vikaras.

Nose is considered as gateway to the head, so it is important to keep the nasal passages and the paranasal sinuses clear of excess mucus and toxins so that they can function properly. These channels bring Prana or life force to the brain and surrounding tissues and protect the body by filtering out potentially dangerous air borne substances or allergens. Many of the nerves emanating from the head have their ends extended to the inner nose. Thus, the medicines applied there can effectively spread their potency to the entire shiras and to some parts of the body either through these nerves directly or by stimulating them thereby producing the desired results.

Procedure

Purva Karma: After assessing the Deepana-Pachana, patient was subjected for Mukhabhyanga followed by Bhaspa Sweda. The patient was asked to lie down in supine and head low position. Mridu Swedana and Mardana are then performed over Jatrurdhvam, Kapola, Lalatapradesha and Gala.

Pradhana Karma: Guda-Nagara Nasya Dravya (Fresh Nagara (Ginger) and Guda are pounded with water and then extract is taken) was taken in a dropper and instilled 6 drops in each nostril. The patient was asked to take deep inhalation so that the medicine will reach the all channels.

Paschat Karma: The patient was asked to spit out if any medicine that reaches throat. At last, the patient was administered with Kavalagraha with Koshna Saindhava Jala and Dhumapana with Haridra Varti to eliminate excess secretions.¹²

Marma Chikitsa

Marma points are gateways to access the body's inherent self-healing mechanism which are specific energy points that relate to functions of organs. They are the junction between the body and consciousness where muscles, veins, ligaments, bones or joints meet. These are intersections of vital force, of body and mind. They regulate the flow of vital energy, chemicals (enzymes) toxins and information; they bridge the gap between the physical and subtle bodies by conveying energy information between the mind and the physical organs. The Marma points related to Sinusitis are Karunai Marma, Munmudichu Marma, Ruthra Marma, Manthira Marma, Minvitti Marma, Kamboori Marma, Moorthi Marma, Kavali Kalam.¹³

RESULT

After 7 days of scheduled treatment and oral medications, it is clearly observed that there is significant improvement in the complaints of patient i.e., the patient's headache and heaviness of head was significantly reduced as compared to before admission along with that good improvement in quality of life is seen.

DISCUSSION

Kaphaja Shirashoola is one among Shirorogas, in which there will be Shirashoola due to accumulation of vitiated Kapha in Shirah Pradesha. The symptoms are heaviness of head, swelling of eyes and face, coating of Kapha in head and oral cavity, facial pressure, fatigue, drowsiness. Pain is dull during the day and severe in the night. This condition can be clinically analyzed with the features of Chronic Sinusitis. Chronic Sinusitis refers to the persistent sinus infection which lasts for months (>12 weeks) or years. The characteristics include inflammatory thickening and polypoid changes in the mucosa and also marked tissue eosinophilia.

The Nidanas (Causative factors) include exposure to pollen grains, dust particles, Rajo-Dhooma (Can be considered as animal dander/smoke), Sheeta Vayu (cold air) and Pragvata Sevana (Exposure to vayu). These Nidanas causes the vitiation of Kaphapradhana Tridoshas resulting in the formation Ama (toxins) which circulates through the body with Vata Dosha and accumulate in areas of vulnerability (Khavaigunya), particularly in the Shiras.¹⁴ In contemporary science this can be compared to the inflammation and swelling of the mucosal lining of the sinuses which causes mucus build up and sinus headaches. The treatment principle in Ayurveda aims to drain the accumulated Kapha Dosha from the affected sinuses. This is achieved through Teekshna Nasya (strong nasal therapy), Kavala (gargling), Dhoomapana (medicated smoking), and Vamana (therapeutic emesis), with a focus on Shodhana Nasya

(purification nasal therapy).¹⁵

Probable mode of action of Nasya

Nose is considered to be the gateway of Shiras. It drags the Doshas from all the minute Srotases in the Shiras. Guda-Nagara is one of the Teekshna type of Avapeedana Shodhana Nasya.¹⁶ Nagara having Kapha-Vatahara, Shoolahara properties¹⁷ and Purana Guda having Vatahara, Srotovishuddhikara and Anulomaka Gunas helps to bring out Dushita Kapha and Vata.¹⁸ The Nasya Dravya reaches Shringataka Marma in the Shiras, which is formed by the Siras of Nasa, Netra, Kantha and Karna. The drug spreads by the same root and eliminates the morbid Doshas of Urdhwajatru and excretes them from Uttamanga. In this context Acharya Sushruta clarified the Shringataka Marma is a Siramarma formed by the union of Sira supplying to Nasa, Karna, Netra and Jihwa. Thus, it can enter Shiras and purifies them.¹⁹

NASAL DRUG ABSORPTION

Initial absorption of the drug takes place at the level of nasal mucosa locally. Administered substance gets absorbed directly into the olfactory endings through trans-neural absorption. Olfactory cilia- receptor cells and olfactory bulbs through this pathway the chemical constituents of drugs get absorbed and reach the level of the cribriform plate and spread into the brain. Transmucosal nasal drug delivery is coming up as a promising route for non-invasive systemic delivery of numerous therapies. It is being accepted that many drugs have better bioavailability by nasal route than oral route due to rich vasculature and a highly permeable structure of nasal mucosa, avoidance of hepatic first-pass elimination and gut wall metabolism and/or destruction in the gastrointestinal tract.

Effect on Neurovascular Junction: As the efferent vasodilator nerves are spread out on the superficial surface of the face, receive stimulation by fomentation and it may engender increased blood flow to the brain, i.e. Momentary hyperaemia. It is also possible that the fall of arterial pressure due to vasodilatation may encounter with Cushing's reaction. In, the reduction of the ratio between the C.S.F pressure and cerebral arterial pressure results in the increased C.S.F pressure which tends to compress the arteries in the brain causing transient ischemia in the brain. By this, the aroused "ischaemic response" will subsequently raise the arterial pressure (Cushing's reaction). This act convinces us more of the "Slush" created in intracranial space, probably forcing more transfusion of fluids into the brain tissue.²⁰

During the procedure of Nasya, for Mukha Abhyanga and Kavala - Asanabilwadi Taila (The ingredients are Asana (*Pterocarpus marsupium*), Bilwa (*Aegle marmelos*), Bala (*Sida cordifolia*), Amruta (*Tinospora cardifolia*), Ksheera (Milk), Madhuka (*Madhuca longifolia*), Nagara (*Zingiber officinale*), Vibhitaki (*Terminalia bellirica*), Amalaki (*Phyllanthus emblica*), Haritaki (*Terminalia chebula*), Tila taila) and Triphala Kashaya (The ingredients are Vibhitaki (*Terminalia bellirica*), Amalaki (*Phyllanthus emblica*), Haritaki (*Terminalia chebula*) were used respectively. Both are having Kapha-Vatahara Gunas which helps in Kapha Nirharana.^{21,22}

Probable mode of action of Marma chikitsa:

Marma chikitsa works on the principle of stimulating specific vital points (marma) that serve as junctions of muscles, vessels, ligaments, bones, and joints where prana (vital energy) is believed to be highly concentrated. When these points are gently manipulated in a therapeutic manner, it helps regulate the flow of prana through the srotas (body channels), thereby energizing weakened or blocked pathways. In conditions like Kaphaja Shirashula or migraine-type headaches, where pain is the dominant symptom, stimulation of marma points—particularly those associated with the head, face, and sinuses—helps to relieve congestion, reduce local inflammation, and improve circulation. This not only provides analgesic

effects but also helps balance the aggravated Kapha and Vata doshas. Additionally, Marma Chikitsa is believed to have a calming effect on the nervous system, reducing stress and emotional triggers that often exacerbate chronic headaches. Thus, the integration of Marma therapy in treatment provides both symptomatic relief and supports overall energy balance and healing.²³

Shamanoushadhis used in this case are:

Vyoshadi Vati contains Shunti (*Zingiber officinale*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Amlavetasa (*Garcinia pedunculata*), Chavya (*Piper retrofractum*), Talisa (*Abies Webbiana*), Chitraka (*Plumbago zeylanica*), Jeeraka (*Cuminum cyminum*), Tintideeka (*Tamarindus indica*), Twak (*Cinnamomum verum*), Ela (*Elettaria cardamomum*), Patra (*Cinnamomum tamala*) and Guda (Jaggery).²⁴ Haridra Khanda contains Haridra (*Curcuma longa*), Ksheera (Milk), Khanda Sharkara (Sugar candy) along with Prakshepaka Dravyas like Shunti (*Zingiber officinale*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Twak (*Cinnamomum verum*), Ela (*Elettaria cardamomum*), Patra (*Cinnamomum tamala*), Vidanga (*Embelia ribes*), Trivrit (*Operculina turpethum*), Vibhitaki (*Terminalia bellirica*), Amalaki (*Phyllanthus emblica*), Haritaki (*Terminalia chebula*), Nagakesara (*Mesua ferrea*), Musta (*Cyperus rotundus*), Loha bhasma (Ferrous oxide).²⁵

The Shamanoushadhis advised in the present condition has majorly of Kapha-Vatahara Dravyas and Rasayana Guna which helped to combat the vitiated Doshas and as it is the chronic disease rasayana guna helps in strengthening the Dhatus.

CONCLUSION

Kaphaja Shirashoola is a type of Shirashoola which is correlated to Chronic sinusitis. The present case study proves the efficiency of ayurvedic therapies in management of Kaphaja Shirashoola. After a course of Nasya along with Marma Chikitsa, it has showed a significant result by reducing the intensity of pain along with frequency of pain. Hence, we have found the better results through the Chikitsa advised and to draw more effective conclusions in this regard, study needs to be conducted on larger sample for larger duration.

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