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Comprehensive Ayurvedic Approach in the Management of Kaphaja Shirashoola Wsr Chronic Rhinosinusitis - A Case Study

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ABSTRACT

Chronic Rhinosinusitis is an inflammatory condition characterized by persistent sinus inflammation, nasal congestion and headache lasting for more than 12 weeks. The clinical features resemble closely with *Kaphaja Shirashoola* described under *Shirogata Rogas* in *Ayurveda*. A 21year old male patient with a history of recurrent nasal obstruction, headache, and heaviness of the head since 2 years, presented with aggravated symptoms including persistent frontal headache, nasal blockage, intermittent ear pain, and hyposmia. The clinical and radiological evaluation confirmed Chronic Rhinosinusitis, while Ayurvedic assessment revealed *Kapha*-dominant features such as *Gauravata* (Heaviness of head), *Nasavarodha* (Nasal obstruction), *Shoonakshikootavadana* (Facial pressure), *Shiroabhitapa* (Headache), *Manda Agni* (Anorexia), and *Jivha Liptata* (Coated tongue). Among various treatment modalities described under *Shirorogas, Nasya Karma* is considered as a prime therapeutic intervention especially in *Kaphaja Shirashoola*. The patient was managed with *Shodhana Nasya*, *Viddha Karma*, along with internal medications. With respect to post-treatment radiological findings significant results were observed without adverse effects. This case indicates that a structured *Ayurvedic*, non-invasive approach can provide safe and effective management of Chronic Rhinosinusitis correlated with *Kaphaja Shirashoola*.

KEYWORDS: *Kaphaja Shirashoola*, Chronic Rhinosinusitis, *Nasya Karma*, *Shirorogas, Viddha Karma*

INTRODUCTION

Sinusitis refers to a group of disorders characterized by inflammation of the mucosa of the paranasal sinuses. Because the inflammation nearly always also involves the nose, the term rhinosinusitis is often being used to describe this inflammation of the lining mucosa of nose and paranasal sinuses[1]. Rhinosinusitis is classified as chronic when it crosses more than 12 weeks.

Sinusitis is an extremely prevalent disorder that has a significant impact on the quality of life of affected individuals. According to the National Ambulatory Medical Care Survey (NAMCS), approximately 14% of adults report having an episode of rhinosinusitis each year, accounting for 0.4% of ambulatory

diagnoses. In India, chronic sinusitis affects nearly 134 million people, making it the country with the second largest number of sufferers in the world. One in eight Indians suffer from chronic sinusitis[2].

The mucosal inflammation of the paranasal sinuses may be an acute or chronic process. Etiological contributors include mucociliary dysfunction, anatomical obstructions such as ostiomeatal complex obstruction, nasal polyps or septal deviation, and persistent microbial exposures involving bacteria (most commonly caused by *Streptococcus pneumoniae* and *Moraxella catarrhalis*[3]) and fungi that may promote biofilms and prolonged inflammation. Allergic inflammation, asthma, and immunological defects (e.g., cystic fibrosis, immune barrier dysfunction) further predispose to chronic disease, while environmental irritants like smoke and pollutants exacerbate mucosal inflammation.

The triggering factors disrupt the epithelial barrier and provokes chronic inflammation leading to the long-term persistence of Chronic Rhinosinusitis.

Symptoms include nasal obstruction, congestion, discharge with facial pain or pressure, alteration in the sense of smell, hyposmia or anosmia. Other symptoms include cough, fever, halitosis, fatigue, dental pain, pharyngitis, headache, or ear fullness[4]. The treatment of sinusitis includes antibiotics, decongestants, antihistamines and analgesics, when the condition worsens surgery is inevitable. Fear of surgery, its expense, and complications have restricted patients from opting for surgery. Persistent or recurrent episodes may lead to complications such as mucus retention cysts, osteomyelitis, and serious intracranial manifestations including meningitis and encephalitis[4].

In view of the magnitude of the problem, there is a need to elucidate a therapy within reach of the patient and having the potential to drain the sinuses by removing the pathology with sustained effect and reduced recurrence[5].

In *Ayurveda*, the cardinal features of *Kaphaja Shirashoola* can be closely related with the headache due to sinusitis. *Acharya Sushruta* has described eleven types of *Shirorogas*[6], while *Acharya Charaka* has classified five types of *Shiro Roga*[7], among which *Kaphaja Shiroshoola* is a significant entity.

According to *Acharya Charaka*, the *Lakshanas* of *Kaphaja Shirashoola* includes *Asya Sukha* (Lethargy), *Swapna Sukha* (Excess sleep), and excessive intake of *Guru* (Heavy) and *Snigdha* (Unctuous) foods[8]. Whereas the *Lakshanas* according to *Acharya Sushruta* are *Shirogalam Kaphopadigdham* (Coating of *Kapha* in the head and throat), *Guru* (Heaviness), *Pratishtabdham* (Obstruction due to Kapha), *Himam* (cold sensation), and *Shoonakshi Kootam Vadanam* (Puffiness of the eyes and face)[9]. *Acharya Vagbhata* has added *Aruchi* (Loss of taste), *Alasya* (Lassitude), *Manda Ruk Ahni Adhika Nishi* (Dull pain during the day and severe pain at night), *Tandra* (drowsiness), and *Vami* (vomiting)[10].

Kaphaja Shiroshoola emphasizes *Kapha-Shamana* therapies such as *Swedana*, *Shirovirechana*, *Dhoomapana*, *Nasya*, *Teekshna Gandusha, Kavala*, *Vamana*, *Basti* and *Sthanika Lepa*[11,12].

The present case report shows the successful management of *Kaphaja Shirashoola* with special reference to Chronic Rhinosinusitis.

TIMELINE

The detailed timeline of this case is shown in Table 1.

CASE REPORT

A 21-year-old male patient, Mr. Saad Shah, a student by occupation, residing in Nelamangala, Bangalore, presented to the Outpatient Department of *Shalakya Tantra* at Sri Paripoorna Sanathana Ayurveda Medical College & Research Centre on 18th November 2025 with complaints of persistent headache associated

with a sensation of heaviness of the head for the past one month, with significant worsening over the preceding fifteen days. The symptoms had progressively intensified and interfered with his daily routine, academic activities, and quality of life.

The patient reported a history of recurrent, on-and-off symptoms for the past two years, consisting of nasal congestion, headache, and heaviness of the head. These episodes showed temporary relief with symptomatic treatment but repeatedly recurred, particularly following exposure to cold weather and climatic variations. The present episode also had additional symptoms such as intermittent dull earache, mild cough, low-grade fever, and gradual reduction in the sense of smell. The ear pain was non-radiating and aggravated by exposure to cold, without associated ear discharge, hearing impairment, or tinnitus. These recurring symptoms were often continuous, more severe, and unresponsive to routine medical management, prompting him to seek specialized care.

Initially, the patient consulted a local clinician and was prescribed oral medications, which provided partial relief from fever and cough but did not resolve the primary complaints. Subsequently, after further exposure to cold weather, the symptoms worsened. On 11th November 2025, he consulted an ENT surgeon and was diagnosed with Sinusitis. As there was no satisfactory improvement with medical treatment, Functional Endoscopic Sinus Surgery (FESS) was advised. The patient declined surgical intervention due to fear of surgery and a preference for conservative management, and therefore approached our OPD seeking a holistic and non-invasive therapeutic approach.

The prolonged and recurrent nature of the illness had a significant psychological and functional impact, with the patient reporting irritability, mental fatigue, difficulty in concentration, and reduced academic performance, leading to increased mental stress.

There was no history of allergic rhinitis, bronchial asthma, chronic respiratory disorders, or other chronic systemic illnesses such as diabetes mellitus or hypertension. There was no history of previous surgeries or long-term medication use. Family history was non-contributory.

Vayaktika Vruttanta

- *Ahara* (Diet): Mixed Diet
- *Abhyavahara Shakti* (Appetite): Reduced
- *Nidra* (Sleep): Sound sleep (6–7 hours per night)
- *Mala Pravritti* (Bowel Habits): Regular; once to twice daily
- *Mutra Pravritti* (Micturition): 4–5 times per day

Asta Sthana Pariksha

- *Nadi - Pittaja*, 78/min
- *Mala* - Once to twice daily
- *Mutra* - 4–5 times per day
- *Jivha - Ishat Liptata* (mild coating)
- *Shabda - Prakruta*
- *Sparsha - Prakruta*
- *Drik - Prakruta*
- *Akriti - Madhyama*

General Physical Examination

- **Build:** Moderately built
- **Nourishment:** Moderately nourished

- **Age / Sex:** Young adult male
- **Level of Consciousness:** Conscious
- **Orientation:** Oriented to time, place, and person
- **Vital Signs:** Within normal physiological limits
- **Pallor**
- **Icterus**
- **Cyanosis**
- **Clubbing**
- **Lymphadenopathy**
- **Pedal Oedema**

Absent

Systemic Examination

- Respiratory System
- Cardiovascular System
- Central Nervous System
- Gastrointestinal System

No abnormality detected

PNS and Nasal examination

Shown in Table 3

Visual Acuity

Shown in Table 4

Nidana Panchaka

Shown in Table 5

MATERIALS AND METHODS

The treatment was planned after assessment of *Rogabala* (strength of the disease) and *Aturabala* (strength of the patient).

Intervention:

Nasya with ***Guda-Nagara*** was done for five days (18/11/25–23/11/25), followed by ***Ksheerabala Taila 101*** for three days (24/11/25–26/11/25), in the early morning on an empty stomach, with ***Viddha Karma*** was performed on the 5th and 7th days.

***Nasya* (Nasal therapy)**

Materials used: *Guda, Nagara, Ksheerabala Taila,* cotton, steam inhaler, *Saindhava Lavana*, water and *Haridra Dhuma Varti*.

Methodology of treatment

Poorva Karma

- Patient was examined and made to lie in supine position (*Uttanashayinah*).
- *Mukhaabhyanga* done with *Ksheerabala Taila* (*Snehana*).
- Steam inhalation (*Swedana*).

Pradhana Karma

- Instill 8-8 drops of *Guda Nagara* and *Ksheerabala Taila* in each nostril (*Nasya*).
- Advised to Spit out the *Kapha*.

Paschat Karma

- *Kavala* with *Saindhava Jala* (4 pinches of *Saindhava Lavana* in 100ml of warm water).
- *Dhoomapana* with *Haridra Varti* (3 times in each nostril).

Pathya – Apathya

- *Pathya – Laghu Ahara* like *Ganji*, *Kicchdi*. Cotton plugs in ears, warm clothes.
- *Apathya – Shirasnana* (Head bath)*, Dadhi Sevana*, *Divaswapna, Yana, Chinta, Sheetala Ahara* and *Vihara*.

Therapeutic Interventions -

Shown in Table 2

Results: After the course of treatment, the detailed results have been shown in timeline Table 1 and in figures 1,2 and3.

DISCUSSION

Discussion on disease -

Chronic Sinusitis is a persistent inflammatory disorder of the paranasal sinuses characterized by symptoms lasting for more than twelve weeks despite appropriate medical management. More than 1 in 5 antibiotics prescribed in adults are for Rhinosinusitis, making it the fifth commonest diagnosis liable for antibiotic therapy[13,14]. The chronicity of the disease is attributed to triggering factors such as mucociliary dysfunction and anatomical obstruction that lead to stasis of sinus secretions and sinus ostia blockage, which prevent nasal drainage. Stagnant mucus promotes microbial colonization and biofilm formation by bacteria and fungi, which further disrupts the epithelial barrier and provokes chronic inflammation. Persistent exposure to microbes and irritants triggers epithelial barrier damage, immune activation, and release of cytokines, resulting in chronic mucosal inflammation, goblet cell hyperplasia, submucosal edema, tissue remodeling, obstruction of sinus ostia, impaired mucociliary clearance, and stagnation of secretions[15]. These pathological changes lead to a vicious cycle of inflammation resulting in nasal obstruction, facial heaviness, headache, postnasal drip, and altered sense of smell, leading to the long-term persistence of Chronic Rhinosinusitis.

Recent large meta-analyses indicate that the global pooled prevalence of Chronic Rhinosinusitis (CRS) is approximately 8.7%, with variation by region, age group, and individual risk factors such as smoking and comorbid disease; CRS with nasal polyps (CRSwNP) has a lower pooled prevalence around 0.65%. Furthermore, prevalence estimates have increased markedly over time — from around 4.7% in the 1980–2000 period to nearly 19.4% in 2014–2020, suggesting a rising global burden of disease. This increasing trend parallels similar rises in other chronic airway diseases, implying shared environmental and immunologic contributors. Environmental exposures such as air pollution, tobacco smoke (active and second hand), occupational irritants, and allergens have been repeatedly associated with higher rates of CRS, potentially through sustained mucosal irritation and impaired mucociliary clearance. Additionally, host factors including comorbid allergic rhinitis, asthma, immune deficiency, gastroesophageal reflux, obesity, and genetic predisposition further contribute to susceptibility and disease chronicity[16,17,18,19].

In the present case, the patient presented with continuous frontal headache, heaviness of the head, bilateral nasal obstruction, postnasal drip, intermittent ear pain, and hyposmia, with a history of recurrent, on-and-off symptoms persisting for nearly two years. The symptoms showed only partial and temporary relief with conventional treatment and recurred following exposure to cold weather and climatic variations. The current episode was more severe, continuous, and refractory to medical therapy. Radiological evidence of haziness in the frontal and maxillary sinuses supported the diagnosis of Chronic Rhinosinusitis. Aggravation of symptoms during cold exposure and early morning hours reflects increased mucosal congestion and impaired sinus drainage, characteristic of chronic inflammatory pathology. The failure of

conservative management and the recommendation for surgical intervention further substantiate the chronic and refractory nature of the disease.

From an *Ayurvedic* perspective, the clinical presentation closely relates with *Kaphaja Shirashoola*, one of the five types of *Shiroroga* described by *Acharya Charaka* and elaborated by *Acharya Sushruta* and *Acharya Vagbhata*. *Kaphaja Shirashoola* occurs due to *Kapha Prakopa* and its accumulation in the *Shirah Pradesha*, resulting in obstruction of the *Urdhva Jatrugata Srotas*. Classical *Nidanas* such as *Guru* and *Snigdha Ahara*, *Sheeta Sevana*, and *Manda Agni* contribute to *Kapha Dushti* and *Srotorodha*. The long-standing, recurrent nature of symptoms over two years indicates long standing *Kapha Sanchaya* with incomplete *Dosha Prashamana*, consistent with a chronic disease state.

The patient exhibited classical features of *Kaphaja Shirashoola* including *Shirogurutva* (Heaviness of the head), *Nasavarodha* (Nasal obstruction), *Manda Vedana* (Dull headache), *Sheeta Asahatva* (Aversion to cold), *Liptata* of *Jivha* (Tongue coating) and *Manda Agni* (Anorexia). The continuous nature of pain suggests associated involvement of *Vata Dosha*, leading to *Kapha-Avarita Vata*, wherein obstructed *Kapha* restricts the normal *Gati* of *Vata*, resulting in persistent headache and pressure sensation. This *Ayurvedic Samprapti* closely parallels the modern understanding of Chronic Sinusitis, wherein mucosal oedema and stagnation of secretions obstruct sinus drainage and perpetuate inflammation.

Thus, based on the two-year intermittent history, prolonged and recurrent course, radiological findings, poor response to conventional therapy, and *Ayurvedic Samprapti*, the condition was clearly established as chronic in nature, justifying both the diagnosis and the selection of a *Kapha-Shamaka* and *Srotoshodhaka* therapeutic approach.

Discussion on treatments -

Nasya Karma was the main therapeutic intervention, as stated in classical texts: Nasa Hi Shiraso Dwaram. Initially, *Guda–Nagara* was administered as *Teekshna Avapeedana Shodhana Nasya*[20]. *Nagara* (Zingiber officinale) possesses *Ushna, Tikshna, Kapha-Vatahara*, and *Shulahara* properties[21], which help to liquefy and disintegrate accumulated *Kapha*. *Purana Guda* (Jaggery) exhibits *Vatahara, Srotovishuddhikara*, and *Anulomana* properties[22], facilitating expulsion of morbid *Doshas*. This resulted in significant reduction in nasal obstruction, discharge, and heaviness of the head.

Following *Kapha Shodhana*, *Ksheerabala Taila* 101 *Nasya* was administered to pacify residual *Vata* and nourish the nasal mucosa and neural tissues[23]. *Bala* (Sida cardifolia) provides *Balya* and *Vatahara* effects[24], *Ksheera* (cow's milk) offers soothing and anti-inflammatory action, and *Taila* (Sesame oil) acts as a *Yogavahi*, ensuring deeper tissue penetration and sustained therapeutic action. This sequential *Shodhana-Shamana* approach helped prevent recurrence and ensured long-term relief.

Viddha Karma (modified form of *Raktamokshana*) performed at the *Shankha Pradesha* using 26 ½ gauze needle contributed to rapid relief of headache and sinus pressure by relieving local *Srotorodha* and releasing *Avarita Vata*. *Viddha Karma* works by clearing blood vessel obstructions, stimulating sensory fibers with peripheral receptors, and reducing irritating impulses from the affected site[25]. It also improves local circulation and reduces inflammatory congestion.

Sthanika Shunthi Lepa (Zingiber officinale) provided *Ushna*, *Teekshna* and *Shothahara* effects, which helped in *Vata-Kaphahara*, reduce mucosal oedema, enhance local circulation, and promote drainage of secretions, thereby alleviating facial heaviness and tenderness[26].

Internal Medications

Dashamoola Katutrayadi Kashaya acted systemically as a *Kapha-Vatahara*, *Shothahara*, and *Vedanasthapana* formulation. The combination of *Bruhat Panchamoola, Laghu Panchamoola, Trikatu*,

and *Vasa* imparts anti-inflammatory, analgesic, expectorant, and mucolytic actions, helping in resolution of chronic sinus inflammation[27].

Avipattikara Choorna corrected *Manda Agni*, reduced *Ama* formation, and prevented further *Kapha* accumulation, which is essential in chronic disease management[28].

The marked improvement observed in both subjective parameters (VAS score, nasal obstruction, heaviness of head) and objective findings (reduction in sinus haziness on X-ray) demonstrates the effectiveness of this *Ayurvedic* approach. The absence of adverse effects and sustained relief during follow-up further confirms the safety and clinical utility of this treatment protocol.

This case highlights that *Kaphaja Shirashoola* offers a precise *Ayurvedic* correlation to Chronic Rhinosinusitis, and that a structured treatment protocol involving *Nasya*, *Viddha Karma*, *Sthanika Lepa*, and appropriate *Shamana Aushadhis* can successfully break the pathogenesis, provide long-term relief, and reduce the need for surgical intervention.

CONCLUSION

Chronic Rhinosinusitis is a recurrent inflammatory disorder that often shows limited response to conventional medical management and frequently leads to surgical intervention. In the present case, the clinical features, chronicity, and radiological findings are closely correlated with *Kaphaja Shirashoola* as described in *Ayurvedic* classics. The *Ayurvedic* treatment approach based on the principles of *Kapha-Shamana, Srotoshodhana*, and *Vata-Anulomana* demonstrated significant improvement in both subjective and objective parameters.

The sequential administration of *Guda–Nagara Nasya* for *Kapha Shodhana* followed by *Ksheerabala Taila Nasya* for *Vata Shamana*, along with *Viddha Karma*, *Sthanika Shunthi Lepa*, and appropriate internal medications, effectively reduced headache, nasal obstruction, heaviness of head, and sinus mucosal involvement without any adverse effects.

This case highlights the clinical relevance of *Ayurvedic* principles in the management of Chronic Rhinosinusitis and supports the role of *Nasya*-based protocols as a safe, effective, and conservative therapeutic option.

REFERENCES

1. Benninger MS. Rhinosinusitis. In: Kerr AG, editor. *Scott-Brown's Otolaryngology, Head and Neck Surgery*. 7th ed. Vol. 2. London: Hodder Arnold; 2008.
2. One in eight Indians hit by chronic sinusitis: study. *Times of India* [Internet]. Available from: http://timesofindia.indiatimes.com/india/1–in–8–Indians–hit–by–chronic–sinusitis–Study/article_show/
3. Panigrahi HK. Efficacy of ayurvedic medicine in the treatment of uncomplicated chronic sinusitis. *Anc Sci Life*. 2006;26(1–2):6–11.
4. Dhingra PL, Dhingra S. *Diseases of Ear, Nose and Throat and Head and Neck Surgery*. 8th ed. New Delhi: Elsevier; 2014.
5. Verma M. A conceptual study on Kaphaja Shiroroga with special reference to sinusitis. *Int J Complement Altern Med*. 2017;6(2):209–211. doi:10.15406/ijcam.2017.06.0018.
6. Acharya JT, editor. *Susruta Samhita of Susruta with the Nibandhasangraha commentary of Sri Dalhanacharya*. Uttarasthana; Shirorogavignaneeyam Adhyaya, Chapter 25, Verse 4. Varanasi: Chaukhambha Orientalia; 2017. p.654.

7. Acharya JT, editor. *Charaka Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*. Sutrasthana; Kiyanthashirasiyam Adhyaya, Chapter 17, Verse 15. Varanasi: Chaukhambha Surbharati Prakashan; 2008. p.100.
8. Agnivesha. *Charaka Samhita*, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta. Acharya JT, editor. Sutrasthana; Chapter 17, Verses 16–24. Varanasi: Chaukhambha Krishnadas Academy; 2010. p.100.
9. Acharya NR, editor. *Susruta Samhita with Dalhanacharya Teeka*. Uttaratantra; Chapter 25, Verse 7. Varanasi: Chaukhambha Orientalia; 2009. p.654.
10. Kunte AM, Navre KR, editors. *Ashtanga Hridaya with Sarvangasundari commentary of Arunadatta and Ayurvedarasayana of Hemadri*. Uttaratantra; Chapter 23, Verse 10. Varanasi: Chaukhambha Surbharati Prakashan; 2008. p.859.
11. Tripathi B, editor. *Ashtanga Hridayam of Srimad Vagbhata with Nirmala Hindi Commentary*. Uttaratantra; Chapter 24, Verses 13–24. Delhi: Chaukhambha Sanskrit Pratishthan; 2007. p.1058.
12. Acharya JT, editor. *Susruta Samhita of Susruta with the Nibandha Sangraha commentary of Sri Dalhanacharya*. Uttaratantra; Shirorogapratishedha Adhyaya, Chapter 26, Verses 18–20. Varanasi: Chaukhambha Orientalia; 2015. p.657.
13. Park JJH, Seidel DU, Bachert C, Dazert S, Kostev K. Medication use in patients with chronic rhinosinusitis in Germany: a large retrospective patient-based study. *Rhinology*. 2019;57(2):94–100.
14. Philpott CM, Erskine S, Hopkins C, Kumar N, Anari S, Kara N, et al. Prevalence of asthma, aspirin sensitivity and allergy in chronic rhinosinusitis: data from the UK National Chronic Rhinosinusitis Epidemiology Study. *Respir Res*. 2018;19(1):129.
15. Kwon E, Sutton AE, O'Rourke MC. Chronic Sinusitis. [Updated 2026 Jan 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441934/
16. Schleimer RP, Lee H, Park J, et al. Global incidence and prevalence of chronic rhinosinusitis: a systematic review and meta-analysis. *Clin Exp Allergy*. 2024.
17. Gao WX, Ou CQ, Fang SB, Sun YQ, Zhang H, Cheng L, et al. Occupational and environmental exposures associated with chronic rhinosinusitis: a systematic literature review. *Saudi Med J*. 2021.
18. Fokkens WJ, Lund VJ, Mullol J, et al. Epidemiology of chronic rhinosinusitis: prevalence estimates worldwide and associated risk factors. *World Allergy Organ J*. 2012;5(7):93–101.
19. Hirsch AG, Stewart WF, Sundaresan AS, Young AJ, Kennedy TL, Scott Greene J, et al. Chronic rhinosinusitis in the United States: prevalence and burden of disease. *JAMA Otolaryngol Head Neck Surg*. 2016.
20. Sastri P, editor. *Sharangadhara Samhita with Adamalla Deepika and Gudartha Deepika commentaries*. Uttarakhanda; Chapter 8, Verse 18. Varanasi: Chaukhambha Publications; 2010. p.341.
21. Kunte AM, Navre KR, editors. *Ashtanga Hridaya with Sarvangasundari and Ayurvedarasayana commentaries*. Uttaratantra; Chapter 24, Verse 39. Varanasi: Chaukhambha Surbharati Prakashan; 2008. p.750.
22. Kunte AM, Navre KR, editors. *Ashtanga Hridaya with Sarvangasundari and Ayurvedarasayana commentaries*. Sutrasthana; Chapter 5, Verse 47. Varanasi: Chaukhambha Surbharati Prakashan; 2008. p.75.
23. Murthy KR, translator. *Ashtanga Hridayam*. 9th ed. Vol. 2, Chikitsa Sthana; Chapter 22, Verses 45–46. Varanasi: Chowkhamba Krishnadas Academy; 2013. p.518.

24. Acharya JT, editor. *Charaka Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*. Sutrasthana; Chapter 25, Verse 40. Varanasi: Chaukhambha Surbharati Prakashan; 2008.
25. Gogate RB. *Viddha and Agnikarma Chikitsa*. Pune: Author Publication; Year not mentioned.
26. Sharma P, editor. *Dhanvantari Nighantu* by Dhanvantari. 1st ed. Varanasi: Chaukhambha Orientalia; 1982. p.88.
27. Nishteshwar K, Vidyanath R. *Sahasrayoga*. Kashaya Prakarana. Varanasi: Chaukhambha Sanskrit Series; p.14.
28. Das G. *Bhaishajya Ratnavali*. 3rd reprint ed. Varanasi: Chaukhambha Prakashan; 2013. Chapter 56, Verses 25–29. p.922.

ATTACHMENTS

Tables:

Table 1: Timeline of events

Parameters	*Shirobhitapa*	*Shirogurutva*	*Shirashoola* (VAS score)	*Pratishtabdam* (Nasal obstruction)
18/11/2025 0th day (Before treatment)	+++	+++	8	++
23/11/2025 5th day	++	+	5	Absent
26/11/2025 8th day (After treatment)	+	+	1	Absent
31/11/2025 13th day (Followup)	No symptoms noticed			
03/01/2026 (Followup)	No symptoms noticed			
05/03/2026 (Followup)	No symptoms noticed			

Table 2: Therapeutic Interventions

Day 1 to Day 5			
SL NO	**Intervention**	**Dose**	**Duration**
1	*Nasya* with *Guda Nagara*	8 drops in each nostril, empty stomach, early morning	Once daily for 5 days
2	*Shunthi Lepa*	Local application over frontal and maxillary sinus regions	Once daily
3	*Viddha Karma*	Performed bilaterally at *Shankha Pradesha*	On 5th day

4	*Dashamoola Katutrayadi Kashaya*	10 ml - 0 - 10 ml with 50ml of warm water	Twice daily before food
5	*Avipattikara Choorna*	0 - 0 - 1 tsp with warm water	Daily
Day 6 to Day 8			
SL NO	**Intervention**	**Dose**	**Duration**
1	*Nasya* with *Ksheerabala Taila 101*	8 drops in each nostril, empty stomach, early morning	Once daily for 3 days
2	*Shunthi Lepa*	Local application over frontal and maxillary sinus regions	Once daily
3	*Viddha Karma*	Performed bilaterally at *Shankha Pradesha*	On 7th day
4	*Dashamoola Katutrayadi Kashaya*	10 ml - 0 - 10 ml with 50ml of warm water	Twice daily before food
5	*Avipattikara Choorna*	0 - 0 - 1 tsp with warm water	Daily

Table 3: Local examination

Head posture	Normal	
Facial symmetry	Symmetrical	
Ocular posture	Orthophoria	
Lacrimal apparatus	Right – Normal Schirmer's test - 14mm	Left – Normal Schirmer's test - 12mm
IOP	16 mmHg	15 mmHg
PNS Tenderness	**RIGHT SINUS**	**LEFT SINUS**
Frontal Sinus	++	++
Anterior Ethmoidal Sinus	+	++
Maxillary Sinus	+	+
NOSE	**ANTERIOR**	**RHINOSCOPY**
	RIGHT NOSTRIL	**LEFT NOSTRIL**
Mucosa	Congestion +	Congestion +
Inferior Turbinate	Hypertrophied +	Hypertrophied +
DNS	Present	-
	POSTERIOR	**RHINOSCOPY**
Mucosa	Congestion +	Congestion +

Table 4: Visual acuity

Distant vision	**Right eye**	**Left eye**	**Both eyes**
Visual acuity without Power Glasses	6/6	6/6	6/6
Near vision	**Right eye**	**Left eye**	**Both eyes**

Near acuity without Power Glasses	N6	N6	N6

Table 5: *Nidana Panchaka*

Nidana	• *Sheetala Ahara at night* • *Dadhi Sevana* • *Purovata* • *Yaana* • *Chinta* • *Divaswapna*
Poorvarupa	❖ *Avyakta*
Lakshanas	➢ *Shirogurutva* ➢ *Shiroshoola* ➢ *Nasapratishtabda* ➢ *Tandra* ➢ *Karnaruja* ➢ *Arochaka*
Samprapti	*Nidana Sevana* ➔ *Agnimandya* ➔ *Ama* ➔ *Kapha Pradhana Dosha Dusti* at *Kapha Sthana (Shiras)* ➔ Pain and Tenderness of Head ➔ *(Kaphaja Shirashoola).*

Figures:

Figure 1: X-Ray PNS (Before treatment)

Figure 2 and 3: CT scan PNS (After treatment)