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A Case Study on *Nasa Arsha*

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ABSTRACT

Arsha is an old mankind being an abnormal to routine life. *Arsha* does not cause any threat to life but troubles a lot, so it is included in one of the *Astha Maharogas* by *Sushruta*. Nasal polyp is a chronic inflammatory disease affecting the nasal cavity and the paranasal sinuses. It is a relatively common disease occurring in 1% - 4% of the general population, but it is also seen in the pediatric population. Children present with nasal polyps are also known to have other underlying systemic diseases, mainly cystic fibrosis and bronchial asthma. Nasal polyp is common in the pediatric population especially in teenage, and is found usually bilateral. In *Samhita* we don't get detail explanation of *Nasa Arsha Nidana Samprapti*, *Lakshana* and *Chikitsa*. It can be correlated with nasal polyp. It is affecting upto 4% population. We can treat a disease more easily, successfully and cost effectively by Ayurvedic treatment.

Key words: *Nasa Arsha, Kshara, Nasal Polyp, Nasya.*

INTRODUCTION

The term *Arsha* is generally defined as, the disease, which tortures the person like an enemy is called as Arshas.[1] The incidence and prevalence of the disease *Arshas* is increased due to several factors. It is being an occupational disease effects all. Irrespective of age, sex and religion. Most of the people in tropical countries are suffering from the disease.

Broadly defined, Nasal polyps are abnormal lesions that originate from any portion of the nasal mucosa or paranasal sinuses. Polyps are an end result of varying disease processes in the nasal cavities. The most commonly discussed polyps are benign semi transparent nasal lesions that arise from the mucosa of the nasal cavity or from one or more of the paranasal sinuses, often at the outflow tract of the sinuses.

Multiple polyps can occur in children with chronic sinusitis, allergic rhinitis, cystic fibrosis (CF), or allergic fungal sinusitis. An individual polyp could be an antral-choanal polyp, a benign massive polyp, or any benign or malignant tumor (e.g., encephaloceles, gliomas, hemangiomas, papillomas, juvenile nasopharyngeal angiofibromas, rhabdomyosarcoma, lymphoma, neuroblastoma, sarcoma, chordoma, nasopharyngeal carcinoma, inverting papilloma). Clinically, one must evaluate all children with benign multiple nasal polyposis for CF and asthma.[2]

In a study, it was noted that 33% of the patients with polyps had antral-choanal polyps, and in 20% of the patients, the polyps were unilateral. In 18% of the patients, the polyps were bilateral, and in additional 29%, they occurred bilaterally in association with CF.[1]

Most studies suggest that polyps are associated more strongly with non allergic disease than with allergic disease. Statistically, nasal polyps are more common in patients with nonallergic asthma (13%) than with

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allergic asthma (5%), and only 0.5% of 3000 atopic individuals have nasal polyps.[2]

In this study, it was also noted that the history of an allergy was infrequently associated with nasal polyps. Allergies are potentially major contributing factors to nasal polyps only in patients without CF whose nasal polyps are bilateral.

Currently, patients with antral-choanal polyps are mostly managed by simultaneous Caldwell-Luc antrostomy and polypectomy. They generally have the risk of recurrence. The surgeries are also associated with complications, including epistaxis and intranasal synechia, in about 3% of the cases. Therefore, a different approach is needed to tackle the disease condition in a safer and noninvasive way.[1]

CASE REPORT

A 22 yrs Male patient, residing in Mumbai, Maharashtra (India) came to the Shalakya OPD, Sir R.K.M Ayurveda Medical College and Hospital, Vijayapura, Karnataka, with complaints of difficulty in breathing since 8 months and repeated sneezing and On and off cold and tinnitus.

History of present illness

Patient was asymptomatic before 8 months. Consulted for difficulty in breathing and repeated sneezing since 8 months.

Started with *Kshawathu* treatment for 1 month and patient got 80% relief. But tinnitus remains same and feels complete block of right nostril, while doing *Pranayama*.

Personal History : Nothing significant.

Family History: Nothing significant.

On physical examination

Physical examination revealed the presence of right nostril polyp and hypertrophied posterior turbinate on the left side with inflamed mucosa bilaterally.

(Computed tomography scan could not be done due to economic constraints; it would have helped know the origin of polyp).

During the treatment, the patient was advised to remain in *Nivatasthana*, and to avoid cold, spicy, oily food, *Divaswapna* and *Ratri Jagarana*, the patient was advised to take Lukewarm water, *Shunthijala* (water prepared by decoction of ginger), *Ganji* (gruel prepared with rice), *Upma, Krushra*, or *Khichadi* (prepared with green gram and rice) as *Pathya Ahara* and *Vihaara*.

Treatment Given

Nasya - with *Palasha Kshara*

Kavala - *Dashamoola + Trikatu Kwata*

Tikshana Dhumapana - *Chitraka, Trikatu, Devadaru*

After the procedure *Shunti Grutha* is given for *Nasya* daily 3 drops and *Agastya Haritaki Rasayana* 1 tsf BD after food for one month.

OBSERVATION AND RESULTS

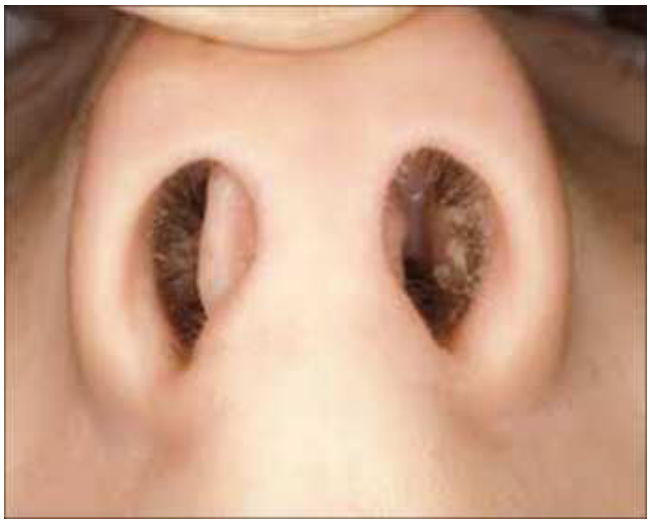
On 3rd day patient got small part of mass during sneeze. After the 3rd day of treatment, the patient had shown improvement - no mouth breathing, sound sleep, and increased appetite.

After the 4th day of treatment, there was reduction in the inflammation of nasal mucosa and gradually, reduction in the size of the polyp.

After 7 days of Treatment patient got complete relief.

Breathing become Normal.

No tinnitus.



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DISCUSSION

Since the disease *Samprapti* had *Kapha* and *Jala Bahulyata*, it was indicated to bring about the *Apatarpana* and *Rukshana*. Since the patient age is very tender age in terms of easy fluctuation of *Doshas* as it is *Avastha* of *Aparipakwadhaatu*, *Aarohanakrama Nasya* drops were used. The treatment was intended to bring about the *Sthaanik Doshas* to normalcy, to repair the inflamed mucosa, and to remove the polyps. *Shodhana* form of *Nasya* was also beneficial looking at the chronicity in this case. The clinical success was achieved by the adapted treatment due its specificity in healing the vitiated *Doshas*.

Rationale of treatment

Nasa Arsha has been mentioned in *Sushruta* and *Vagbhata* in which they have clearly mentioned that patient feel difficulty in breathing, therefore patient breathes from mouth, fluid discharge from the nose, constant sneezing, nasal voice, bad smell in the nose, and headache are the common symptoms.[6]

- *Dosha* according to age : *Kapha*
- *Dosha* of *Vyadhi Sthana* : *Kapha*
- *Dhatu*: *Mamsa*
- Predominant *Lakshanas* such as *Srava, Shotha*, and *Jalabahulyata* indicate predominance of *Kapha Dosha.*
- This indicates the *Kapha Dosha Prabalata*, along with *Alpa Pitta* and *Vata.*
- Looking at the above *Samprapti*, the treatment modality would be *Apatarpana*.
- Looking at the reversal of pathology, *Kshariya Nasya* was chosen with gradual increase in number of drops to get *Dosha Shodhana* without aggravating other *Doshas.*[7]

Nasya was planned because of following reasons.

- Chronicity of the disease.
- Progressive nasal congestion.
- Association of *Kapha* and *Mamsa*.
- Physical presence of *Nasa Arshas.*
- *Udaka* and *Kaphabahaulyta*.

Action of *Nasya*

Nasya is procedure where *Aushada* is administered through nose to eliminate the vitiated *Dosha* situated in head reason. We have reference of *Navasadara Nasya* in *Yogartnakra* and *Kshara* is also a drug of choice in *Arsha*.

With this reference we are using ***Palasha Kshariya Jala*** for *Nasya* here.

Preparation of *Kshariya Jala.*

Pinch of *Palasha Kshara* is mixed with 5-8 drops of *Jala*.

Importance of *Kshariya Jala*

- It will reduces the *Virya*.
- If we do *Pradamana Nasya* it is difficulty to reach all parts so we made little change by using *Yukti* so to enhance the possible reaching of *Nasya Dravyas.*

Mode of action of *Kshara* on skin

- *Ksharas* destroys the *Soumya*.
- Properties also cures the disease. Though first it produces the *Kshata* (hurt or wound), later it gives the relief (*Akshata*).

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Action of *Dhumapana*: As *Paschyata Karma* of *Nasya* and to get best result we selected *Dhuma*.

Dhuma Dravya as *Chitraka, Trikatu* and *Devadaru* in *Twaka, Masa, Medagata Adisthana Dhatu*. Because they are *Snighda* and *Mrudu* in nature. We are using *Dravya's* which have opposite properties.

CONCLUSION

Ayurvedic management has been found very effective in this case, by using proper *Yukti*, and keeping *Pathya* and *Apathya* for the patient. *Shodhana Chikitsa* with *Nasya* was found beneficial in the management of nasal polyp (*Nasa Arsha*) in the present case. *Nasa Arsha* is one of the major surgical disease in nasal disorder, there is chance of recurrence after surgery as per allopathic science. We can treat it by Ayurvedic line of treatment easily and more effectively. There is no chance of recurrence of disease where *Kshara Prayoga* is done.

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