

AYURVEDIC MANAGEMENT OF CHRONIC RHINOSINUSITIS (CRSsNP) - A CASE REPORT¹Remya A R, ²B Mukhopadhyay¹PhD Scholar, Dept of Shālākyaṭāntra, Faculty of Ayurveda, IMS, BHU²Professor, Dept of Shālākyaṭāntra, Faculty of Ayurveda, IMS, BHUCorresponding Author: drremyarajendran@gmail.com<https://doi.org/10.46607/iamj3211102023>

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**ABSTRACT**

Chronic rhinosinusitis (CRS) is a multifactorial inflammatory disease of nasal and paranasal mucosa presenting with a variety of symptoms combinations. It is an inflammatory process that involves the paranasal sinuses and persists for 12 weeks or longer. If not treated properly it can cause complications. A 36-year-old female patient came to OPD, complaining of nasal obstruction, postnasal discharge and heaviness of head. The features suggestive of chronic rhinosinusitis and CT PNS confirmed the diagnosis of right frontal and left maxillary sinusitis. The patient was given *Lakshmilāsa rasa* 250 mg bd and *Pratimarṣa Nasya* with *Shadbindu taila* 3drops in each nostril for one month. The patient became asymptomatic and there was no fluid accumulation or opacification in paranasal sinuses after one month of treatment. Chronic rhinosinusitis (CRS) is characterized by prolonged mucosal inflammation of the nose and paranasal sinuses. This treatment is very cost effective and beneficial for reducing inflammation. *Pratimarsa Nasya* can be done daily without having many restrictions and can yield the benefits same as that of *Marsa Nasya*.

Keywords: Chronic rhinosinusitis, CRS, CRSsNP, *Lakshmilāsa rasa*, *Shadbindutaila*, *Pratimarṣa Nasya*

INTRODUCTION

Chronic rhinosinusitis (CRS) is a multifactorial inflammatory disease of nasal and paranasal mucosa presenting with a variety of symptoms combinations. It is an inflammatory process that involves the paranasal sinuses and persists for 12 weeks or longer¹. It may be used to describe conditions ranging from unilateral single sinus disease to widespread sinonasal airway inflammation. It affects a considerable percentage of the population worldwide and is closely associated with the development and prognosis of lower airway diseases, including asthma and chronic obstructive pulmonary disease. CRS represents a significant disease burden worldwide, affecting at least 11% of the population and consequently carrying with it a substantial economic burden to healthcare systems, to patients and to the economy from loss of productivity in the workplace². It also leads to a significant decrease in the quality of life of patients. Diagnostic criteria for CRS include presence of any one of these symptoms such as nasal obstruction and nasal discharge (anterior or posterior) and CT PNS showing mucosal thickening or opacification in the osteomeatal complex or paranasal sinuses³.

Case report

The 36 years old female patient came to OPD complaining of nasal obstruction, postnasal discharge and heaviness of head for 4 months. The side of obstruction changes intermittently and felt more in midnight. She was also suffering from headache and heaviness of head which aggravates on exposure to sunlight. It was not associated with nausea or vomiting.

Clinical findings

On local examination of the nose by inspection and palpation, the external nose was normal. Anterior rhinoscopy revealed turbinate hypertrophy. Nasal endoscopic examination showed mucopurulent discharge in left middle meatus. CT- PNS confirmed the diagnosis of chronic left maxillary and right frontal sinusitis. Partial fluid to soft tissue density opacification was seen in left maxillary and right frontal sinus. Osteomeatal complexes appeared normal. A nasal swab was taken, and culture sensitivity test showed the bacteria *Staphylococcus aureus*.

Treatment

The patient was given *Lakshmilāsa Rasa (Naradīya)* tablet 250mg bd with honey for one month and *Shadbindu taila Pratimarśa Nasya* 3 drops in each nostril in morning, for one month. The patient was assessed after one month and also kept for observation for the next 2 consecutive months for assessing its recurrence.

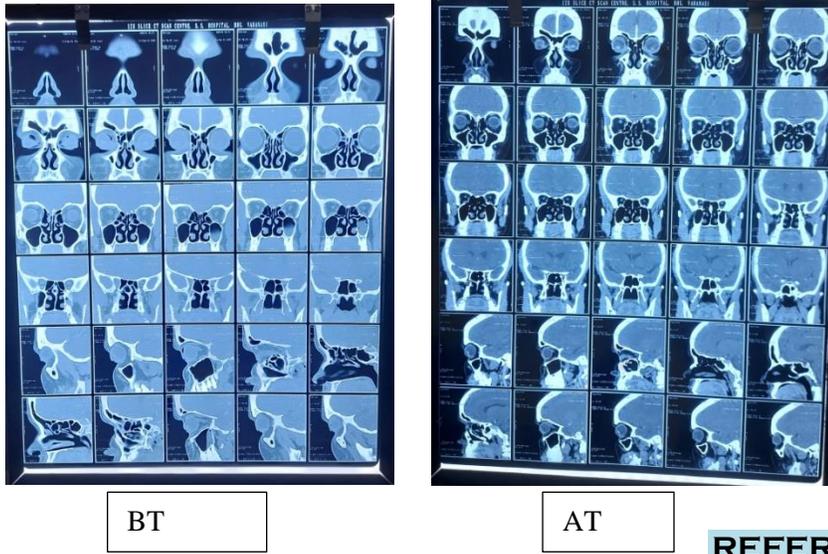
Results

The patient got complete relief after one month of treatment. Nasal swab culture had shown normal bacterial flora. Nasal endoscopic examination revealed discharge free in nasal cavity and there was no fluid or soft tissue opacification in CT – PNS. The changes in CT PNS and nasal endoscopy were assessed by Lund-Mackay score and Lund Kennedy endoscopic score respectively. The patient had not developed any recurrence of the symptoms till now. Assessment of signs and symptoms is given in Table 1 and CT PNS changes were given in figure 1.

Table 1. Details of analysis of symptoms, Endoscopic and CT scan score of patients

	Grade – Baseline	Grade - After 30 days
Nasal obstruction	2	0
Postnasal discharge	2	0
Heaviness of Head	1	0
Headache	1	0
Endoscopic score	5	0
CT PNS	2	0

Figure 1 Changes in CT- PNS



DISCUSSION

Chronic rhinosinusitis is a heterogenous disease; its clinical picture has close resemblance with *Sannipāta pratiśyāya* and *Kaphaja pratiśyāya*⁴. While analysing its pathogenesis in ayurvedic view; CRS is a *Vāta kapha* predominant *Sannipāta* condition. *Laksh-mivilāsa rasa* is *Vāta kapha śamana* and *Rasāyana*. *Shadbindutaila* has also *Kapha vātahara* and *Srotośo-dhana* properties hence helps in mucosal drainage⁵. The *Rasāyana* property may enhance the ciliary function.

CONCLUSION

Chronic rhinosinusitis (CRS) is characterized by prolonged mucosal inflammation of the nose and paranasal sinuses. This treatment is very cost effective and beneficial for reducing inflammation. *Pratimarśa Nasya* can be done daily without having many restrictions and can yield the benefits same as that of *Marśa Nasya*. Hence administration of *Pratimarśa Nasya* can be advised if there is normal osteomeatal complex (OMC), for enhancing mucociliary clearance and thereby preventing complications.

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