

## CASE STUDY

# Ayurveda Management of Dushtapratisyaya with Darvyadi Arka Nasal Drop – A Case Study

Dhanya Raj<sup>1</sup>, Swapnil Rasker<sup>2</sup>

\*PhD Scholar, Department of Kaumarbhritya, Parul Institute of Ayurved, Parul University, Gujarat

\*\* Professor, HOD, Department of Kaumarbhritya, Parul Institute of Ayurved, Parul University, Gujarat

### ABSTRACT

*Dushta pratisyaya is a disease with complications commonly observed in general practice and also common among school-going children. It is well known for its recurrence and chronicity. The disease reoccurs when the vitiated dosha has not been eliminated properly. In such conditions, the dosha resides in its latent stage and gives rise to disease when associated with the aggravating factors. Dushtapratisyaya is very difficult to treat, krichra sadhya or asadhya and leads to multiple complications like bhadhira, andatha, and grananasha. The features of dushtapratisyaya can be correlated with chronic rhinosinusitis. Chronic sinusitis is a long-term inflammation of the sinuses. Normally, the sinuses drain through small openings into the inside of the nose. Obstruction to this will disrupt the flow of mucus drainage, which leads to sinusitis. The subjects who approached Netra Chikitsa Ayurved Hospital with the symptoms of nasavarodha, nasavrava, sirashoola, and mukha daurgandhya were systematically reviewed and treated with darvyadi arka nasal drop two drops in each nostril for seven days. The subject showed marked improvement symptomatically. Dushtapratisyaya is characterized with nasavarodha, nasavrava, shirashoola, mukhadaurgandhya, and recurrent episodes, which closely resemble chronic rhinosinusitis. Darvyadi arka was selected for nasya due to its kapha-pitta shamana, shothahara, krimighna and lekhana properties. The nasal administration of darvyadi arka facilitated dosha vilayana, srotoshodhana and local anti-inflammatory action, leading to significant symptomatic relief. Darvyadi arka nasal drop was effective in relieving the clinical symptoms of dushtapratisyaya, including nasavarodha, sirashoola, mukhadaurgandhya and post-nasal drip. The treatment was found to be safe, simple, cost-effective, and patient-compliant.*

**Keyword:** Ayurveda, Dushtapratisyaya, Chronic rhinosinusitis, darvyadi arka nasal drop, Paediatric age.

Received 24.09.2025

Revised 21.12.2025

Accepted 09.02.2026

How to cite this article:

Thulasi V.S and Manjusha Karkare. Polycystic Ovarian Syndrome (PCOS) Management Through Ayurveda- A Case Study. Adv. Biores. Vol 17 [2] February 2026. 254-257

### INTRODUCTION

Duṣṭa Pratiśyāya [1] is a chronic and recurrent upper respiratory disorder frequently encountered in general clinical practice, particularly among school-going children. It is characterized by persistent symptomatology and a high rate of recurrence, often attributed to incomplete elimination of vitiated doṣas. In such conditions, the residual doṣas persist in a latent state and manifest clinically upon exposure to precipitating or aggravating factors.

Classical Ayurvedic literature describes Duṣṭa Pratiśyāya as kṛcchra sādhyā (difficult to manage) or even asādhyā (refractory), with the potential to progress into complications such as bādhira (hearing impairment), andhatā (visual disturbances), and ghrāṇa nāśa (anosmia). The clinical features of Duṣṭa Pratiśyāya show close resemblance to chronic rhinosinusitis (CRS), a condition characterized by prolonged inflammation of the nasal and paranasal sinus mucosa. CRS affects approximately 5–15% of the urban population [2] and presents with symptoms such as nasal obstruction, mucopurulent discharge, headache, facial pressure, and post-nasal drip.

Physiologically, the paranasal sinuses drain through narrow ostia into the nasal cavity. Any obstruction in these drainage pathways disrupts mucociliary clearance, leading to mucus stasis, microbial colonization, and chronic inflammation, ultimately resulting in sinusitis. Conventional management of CRS often includes corticosteroids and nasal sprays; however, short courses of oral corticosteroids have been

associated with adverse effects such as insomnia and gastrointestinal disturbances [3]. Similarly, intranasal steroidal sprays may cause local side effects including burning sensation, dryness, crusting, and occasional hypersensitivity reactions [4].

In this context, there is a need to explore safe, effective, and sustainable therapeutic alternatives. The present study aims to understand the pathophysiology of *Duṣṭa Pratiśyāya* in correlation with chronic rhinosinusitis and to evaluate a simple and effective Ayurvedic management approach for its treatment.

### **CASE REPORT**

An eleven-year-old male patient approached with the chief complaint of *nasavarodha*, *shirashoola*, and *nasa kandu* [5] on and off for two years, associated with thick yellow nasal discharge.

### **HISTORY OF PRESENT ILLNESS**

Patient was apparently normal before two years, then he gradually developed sneezing, especially in the morning and evening, blockage in the nose, sometimes watery discharge in the eyes and nose. For these complaints, he consulted an allopathic hospital but did not get any relief in the symptoms.

### **HISTORY OF PAST ILLNESS**

Dust allergy since past five years. No other relevant history was noticed.

### **PERSONAL HISTORY**

Appetite: Moderate

*Koshṭa*: *Madhyama Koshta*

Micturition: Regular and Normal Bowel habit: Irregular

Sleep: Disturbed sometimes due to nasal congestion

Vitals:

Respiratory Rate: 20 bpm Temperature: 96 0F

Pulse: 62 bpm

### **PHYSICAL EXAMINATION**

Weight: 31kg Height: 140cm

Pallor: No pallor

Lymphadenopathy: No lymphadenopathy

### **EXAMINATION OF THE NOSE**

Inspection: Swelling of the nasal mucosa, thin secretion.

Anterior: The lower and the anterior part of the septum, the middle turbinate appears red, the floor of the nose becomes red septum appears normal.

Nasal patency: No nasal polyps

### **EXAMINATION OF THE EAR**

EAC: Normal

Tympanic membrane: Normal

### **EXAMINATION OF SINUS**

Tenderness present on facial pressure

### **LABORATORY**

Hb: 13.5mg/dl

TLC: 5800/cu mm Neutrophil: 63%

Lymphocyte: 29%

Monocyte: 3%

Eosinophil: 5 ESR: 30mm/hr

AEC: 595/ cu.mm

## SYMPTOMS & GRADINGS

**Table 1. Clinical Symptom Grading Criteria for Nasal and Associated Conditions**

| SYMPTOMS  | GRADE |
|---|-------|
| <b><i>Nasavarodha (Nasal Obstruction)</i></b>                   |       |
| Absent  | 0     |
| Occasional (1-2 episodes in a day, not at regular intervals)    | 1     |
| More than two episodes in a day at regular intervals            | 2     |
| Continuous  | 3     |
| <b><i>Shirasoola (Headache)</i></b>                             |       |
| No headache   | 0     |
| An occasional headache does not interfere with daily activity   | 1     |
| Intermittent headache and some interference with daily activity | 2     |
| Continuous headache   | 3     |
| <b><i>Mukhadaurgandhya (Halitosis)</i></b>                      |       |
| Absent  | 0     |
| Occasional  | 1     |
| Intermittent  | 2     |
| Continuous  | 3     |
| <b>Post-Nasal Drip</b>  |       |
| Present   | 1     |
| Absent  | 0     |
| <b>Anterior Rhinoscopic Examination (color of the mucosa)</b>   |       |
| Clear   | 0     |
| White   | 1     |
| Green/Yellow  | 2     |
| Red/Pink  | 3     |

## INTERVENTION

The patient was treated in *Kaumarabhritya* OPD, Netra Chikitsa Ayurved College, Amreli. *darvyadi arka* nasal drop was administered with two drops on each nostril daily for seven days.

## RESULTS

After the completion of seven days of nasal administration of medicine and follow-up, the clinical assessment was made from the objective and subjective parameters as follows.

**Table 2. Comparative Assessment of Symptom Scores Before Treatment (BT), After Treatment (AT), and Follow-Up (FU)**

| Symptom / Parameter                                     | BT | AT | FU |
|---|----|----|----|
| <b>Nasavarodha (Nasal Obstruction)</b>                  | 3  | 2  | 0  |
| <b>Shirasoola (Headache)</b>                            | 3  | 2  | 1  |
| <b>Mukhadaurgandhya (Halitosis)</b>                     | 2  | 1  | 0  |
| <b>Post-Nasal Drip</b>                                  | 1  | 0  | 0  |
| <b>Anterior Rhinoscopic Examination (Mucosal Color)</b> | 2  | 2  | 1  |

BT: Before Treatment; AT: After Treatment; FU: Follow-Up. Scores indicate severity based on predefined grading criteria.

## DISCUSSION

*Dushtapratishyaya* is described in *Ayurveda* as a chronic, recurrent condition arising from the improper or incomplete elimination of vitiated *doshas*. When *pratishyaya* is neglected or treated inadequately, it attains a *dushta* (chronic) stage characterized by long-standing symptoms such as *nasavarodha* (*Nasal Obstruction*), *nasasrava* (*Nasal Discharge-Rhinorrhoea*), *shirashoola* (*Headache*), *mukhadaurgandhya* (*Halitosis*), and recurrent episodes, which closely resemble chronic rhinosinusitis in contemporary medicine.

In *ayurveda* perspective, *dushtapratishyaya* involves *tridosha* predominance, with *kapha* being the primary *dosha* causing obstruction of nasal passages, *vata* contributing to chronicity and headache, and *pitta* responsible for discoloration, foul smell, and inflammatory changes. The disease pathogenesis includes *agnimandya*, *ama* formation, *srotorodha*, and *dosha sthanasamshraya* in the *urdhvajatrugata* region.

In the present case, the patient had a prolonged history of nasal obstruction, thick yellow discharge, headache, and facial tenderness, indicating *kapha-pitta dushti* with associated *vata* involvement. Raised ESR and absolute eosinophil count further suggested a chronic inflammatory and allergic component.

*Nasya* is considered the prime line of treatment for *urdhvajatrugata vikara*. *Darvyadi arka* [6] was selected for *nasya* due to its *kapha-pitta shamana*, *shothahara*, *krimighna* and *lekhana* properties. *Darvi*, the main ingredient, possesses *tikta and kashaya rasa*, *laghu* and *ruksha guna*, and *ushna veerya*, which help in liquefying thick *kapha*, reducing mucosal inflammation, and clearing nasal passages.

*Arka kalpana*, enhances drug potency, quick absorption, and penetration through the nasal mucosa, allowing direct action on the affected sinus and nasal srotas. The nasal administration of *darvyadi arka* facilitated *dosha vilayana*, *srotoshodhana* and local anti-inflammatory action, leading to significant symptomatic relief.

The results showed marked improvement in *nasavarodha*, *mukhadaurgandhya*, and post-nasal drip, with considerable reduction in *shirashoola*. Improvement in anterior rhinoscopic findings further supports the effectiveness of the therapy. The absence of adverse effects indicates that *darvyadi arka* nasal drop is safe and well-tolerated in paediatric patients.

Thus, this case highlights the potential role of *ayurveda nasya* therapy as an effective, economical and non-invasive treatment modality for chronic nasal disorders like *dushtapratisyaya*.

## CONCLUSION

*Dushtapratisyaya* is a chronic, recurrent nasal disorder that significantly affects the quality of life, especially in children. The present case study demonstrates that *darvyadi arka* nasal drop was effective in reducing the clinical symptoms of *dushtapratisyaya*, including *nasavarodha*, *sirashoola*, *mukhadaurgandhya* and post-nasal drip.

The therapeutic efficacy can be attributed to its *kapha-pitta shamana*, *shothahara* and *srotoshodhana* actions, along with the rapid absorption property of the *arka* formulation [7,8] through the nasal route. The treatment was found to be safe, simple, cost-effective, and patient-compliant.

## REFERENCES

1. Vaidyajadavji Trikamjiacharya, (2019). Sushruta Samhitha of Sushruta, Dalhana's Nibandhasangraha, Uttarantra 24/14-15, Chaukhambha Orientalia, Varanasi, Edition reprint. 652.
2. M Jain Devendra, (2020). Comparison of Outcomes of Management of Chronic Rhino sinusitis by Conservative Approach Vs Endoscopic Sinus Surgery with Review of Literature, JMSCR Vol. 05. Issue. 03. <https://dx.doi.org/10.18535/jmscr/v5i3.165:13369>
3. Head K, Chong LY, Hopkins C, Philpott C, Burton MJ, Schilder AG. (2016). Short-course oral steroids alone for chronic rhino sinusitis. Cochrane Database Syst Rev.; 4 (4): CD011991. doi:10.1002/14651858.CD011991.pub2.PMID:27113367; PMCID: MC8504433
4. Cleveland Clinic centre for continuing education. Lily C Pien, (2022). How long can my patient use intranasal steroid sprays? Peter International Journal of Trend in Scientific Research and Development. <https://www.clevelandclinicmeded.com/medica>.
5. Vaidyajadavji Trikamjiacharya, (2019). Sushruta Samhitha of Sushruta, Dalhana's Nibandhasangraha, Uttarantra 24/14-15, Chaukhambha Orientalia, Varanasi, Edition reprint: 652
6. Yogaratnakara translated by Dr Madham Shetty Suresh Babu, Ed. (2008). Published by Chowkhamba Sanskrit Series Office Varanasi, Uttarakhand, Vol. 2, Nasarogachikitsa /65, p.1071-1072.
7. CCRAS, (2003). The Ayurvedic Formulary of India, 2nd edition, New Delhi, GOI, Ministry of family and welfare, Part 1, Vol 1, P. 43-45. 14. CCRAS. The Ayurvedic pharmacopoeia of India, Ministry of Health and Family, Govt. of India, Part 2, Vol 2, Page 1-24
8. Gite Shweta, et.al., (2020). Arka Kalpana - A Developing Science, WJPLS, Vol. 6, Issue 4, 116-119.

**Copyright:** © 2026 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.