

CASE STUDY

Ayurvedic Management of Kaphaja Shirashoola with Special Reference to Sinusitis – A Case Study

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ABSTRACT

Sinusitis is an inflammatory disorder of the paranasal sinuses characterized by nasal obstruction, facial pain, heaviness of head, and headache. In Ayurveda, these symptoms resemble Kaphaja Shirashoola, a type of Shiroroga caused by vitiation of Kapha and Vata dosha. Ayurvedic management including Nasya, internal medicines, and local applications is described to relieve Kapha accumulation in the Urdhwajatrugata region. To evaluate the effectiveness of an Ayurvedic treatment protocol consisting of Shadbindu Taila Nasya, Vacha-Shunthi Lepa, Laxmi Vilasa Rasa, and Pathyadi Kashaya in the management of sinusitis correlated with Kaphaja Shirashoola. A 65-year-old female patient presented with frontal and maxillary headache, nasal obstruction, heaviness of head, neck stiffness, sneezing, and occasional vertigo for one month. The condition was diagnosed as Kaphaja Shirashoola based on Ayurvedic assessment. Treatment included Laxmi Vilasa Rasa 125 mg twice daily with honey, Pathyadi Kashaya 15 ml twice daily before meals, local application of Vacha-Shunthi paste over sinuses, and Nasya Karma with Shadbindu Taila (6 drops in each nostril daily for 7 days) after Abhyanga and Swedana. The patient showed marked relief in headache, nasal obstruction, and heaviness of head with no adverse effects. Sinusitis correlated with Kaphaja Shirashoola can be effectively managed with an integrated Ayurvedic approach. Nasya with Shadbindu Taila along with internal medicines and local application helps pacify Kapha dosha, clear nasal passages, and reduce inflammation, providing safe and effective relief.

Keywords: Sinusitis, Kaphaja Shirashoola, Ayurveda, Shadbindu Taila, Nasya, Laxmi Vilasa Rasa, Pathyadi Kashaya, Kapha Dosha.

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INTRODUCTION

Sinusitis, commonly known as a sinus infection, is the inflammation of the sinuses, which are air-filled cavities located in the skull. This condition can cause symptoms such as facial pain, nasal congestion, and a reduced sense of smell. Sinusitis can be triggered by various factors, including viral infections, bacterial infections, allergies, and environmental pollutants. In Ayurveda, sinusitis is closely associated with Kaphaja Shirashoola, a disorder characterized by the vitiation of the Kapha dosha affecting the head region. The term 'Shirashoola' denotes 'headache,' and 'Kaphaja' indicates that the condition arises from the accumulation of Kapha. In Ayurvedic literature, *Kaphaja Shirashoola* is elaborated with reference to *Urdhwajatrugata Vikara*, especially in texts like *Ashtanga Hridaya*, *Sushruta Samhita*, and *Madhava Nidana*. It is primarily attributed to the vitiation of Kapha Dosha, leading to obstruction in the *srotas* and derangement of normal *udana vata* and *prana vata* functions in the region of the head and sinuses. Despite the availability of various modern pharmacological and surgical options, the management of sinusitis often faces limitations such as recurrence, antibiotic resistance, and side effects. In contrast, Ayurveda offers a comprehensive and individualized approach targeting the root cause through Shodhana and Shamana therapies. Nasya, one of the five major routes of Panchakarma, is considered the prime treatment for diseases above the clavicle (*urdhwajatrugata rogas*), particularly effective in clearing Kapha accumulation from the head region. This case study explores the successful management of a clinically diagnosed case of *Kaphaja Shirashoola* (sinusitis) using a holistic Ayurvedic regimen comprising

Shadbindu Taila Nasya, Pathyadi Kashaya, Vacha-Shunthi Lepa, and Laxmi Vilasa Rasa. Each of these formulations has specific actions on Kapha and Vata doshas, with proven efficacy in alleviating symptoms such as nasal blockage, headache, mucosal congestion, and sinus tenderness. The aim of this study is to document the integrative Ayurvedic approach in managing a condition analogous to chronic sinusitis, and to provide evidence on the potential of traditional interventions in offering sustainable and non-invasive relief.

CASE REPORT

A 65-year female patient visited ENT OPD of shalakya tantra, Parul ayurved hospital on 22/05/2025 with the chief complaints of headache localized over the frontal and maxillary regions, nasal obstruction, heaviness of the head, stiffness in neck and occasional sneezing and vertigo for the past 1 months. The symptoms were more pronounced in the early morning and aggravated in cold weather. ENT examination revealed tenderness over the frontal and maxillary sinuses. X-ray of the paranasal sinuses (Water's view) showed haziness in the right maxillary sinus suggestive of mucosal thickening. No structural anomalies were observed. Patient was apparently normal before 1 month gradually she develops above said symptoms initially consulted at different hospital but patient didn't feel better so she visited our shalakya OPD, Parul ayurved hospital, Vadodara, Gujarat.

Table 1 Clinical examination findings of the patient with Kaphaja Shirashoola (Sinusitis)

Parameter	Observation
General Appearance	Mild discomfort, alert and oriented
Vital Signs	Stable
Nasal Examination	Nasal mucosa congested; mild edema; nasal discharge mucoid, no purulence
Sinus Tenderness	Tenderness presents over frontal and maxillary sinuses
Throat Examination	NAD
Tongue (Jihwa)³	Coated white; indicative of Kapha dominance
Neck Examination	Mild stiffness reported; no lymphadenopathy
Sneezing Episodes	Occasional; aggravated in early morning
Vertigo	Reported occasionally, associated with heaviness of head
Nadi Pariksha (Pulse Exam)	Kapha-dominant pulse with mild Vata association
Mukha pariksha¹ (Oral Exam)	Pale oral mucosa, coated tongue
Prakriti¹ (Body Constitution)	Kapha-Pitta prakriti
Shira Gurutva² (Head Heaviness)	Present; worsens in early morning or cold exposure

INVESTIGATION

Radiological imaging (X-ray PNS, Water's view) revealed mucosal thickening and opacification of the right maxillary and frontal sinuses with obscured osteomeatal complex suggesting right-sided sinus blockage, nasal endoscopy showed oedematous mucosa and mucoid secretions obstructing the right middle meatus, and laboratory investigations revealed mild neutrophilic leucocytosis, moderately elevated ESR and CRP, with normal random blood sugar.

CLINICAL ASSESSMENT

The patient was evaluated based on the subjective characteristics (lakshana) of kaphaja shirashoola, along with the clinical signs of sinusitis observed which included the following –

Table 2 Correlation of clinical features of sinusitis with Kaphaja Shirashoola lakshana

Signs & symptoms reference ²	Ayurvedic correlation reference ²
Headache	Shirashoola
Nasal obstruction	Nasaavarodha
Heaviness of head	Shirah Gaurava
Neck stiffness	Griva Stambha
Vertigo	Bhrama
Sneezing	Kshavathu

INTERVENTION

The intervention included Sthanika chikitsa (localized treatment) such as Nasya, Lepa. In this case, a blend of herbal and herbo mineral formulation was used to attain therapeutic effects.

Table 3: Treatment protocol used in the management of Kaphaja Shirashoola

Treatment	Dose	Duration	Frequency
Nasya with Shadbindu Taila ²	6 drops in each nostril	7 days	Once daily (morning)
Lepa with Vacha + Shunthi Churna ⁴	Q.S. mixed with warm water	14 days	Twice daily for 10 mins
Pathyadi Kashaya ² (oral)	40 ml before meals	15 days	Twice daily
Laxmi Vilasa Rasa ⁵ (oral)	1 tablet (125 mg) with honey	15 days	Twice daily with honey

TIMELINE

The total treatment period spanned 15 days, with an intensive treatment phase of seven days, followed by follow up visits on the 8th and 15th days.

Outcome

The patient showed significant improvement within 10 days. Symptoms like headache, nasal blockage, and heaviness reduced notably.

By the end of 14 days, there was complete relief from discharge and facial tenderness. No adverse effects were observed.

Table 4 Ayurvedic formulation action in kaphaja shirashoola (sinusitis)

Drug/ Formulation	Shadbindu Taila (Nasya)	Vacha-Shunthi Lepa	Laxmi Vilasa Rasa	Pathyadi Kashaya
Rasa (Taste)	Tikta, Katu	Katu, Tikta	Katu, Tikta, Madhura	Tikta, Kashaya, Madhura
Guna (Qualities)	Laghu, Snigdha	Laghu, Tikshna	Laghu, Tikshna	Laghu, Ruksha
Veerya (Potency)	Ushna	Ushna	Ushna	Ushna
Vipaka (Post-digestive Effect)	Katu	Katu / Madhura (Shunthi)	Katu	Katu
Dosha Action	Vata-Kapha hara	Vata-Kapha hara	Vata-Kapha hara	Kapha-Pitta hara
Ayurvedic Pharmacological Action	Shirovirechana, Srotoshodhana, Kapha Vilayana, Indriya Prasadana	Vedanasthapana, Srotoshodhana, Kapha Vilayana	Kapha Shoshana, Deepana, Pachana, Rasayana	Shiroshoolahara, Srotoshodhana, Kapha Vilayana, Shothahara
Drugs main action on Sinusitis	Lubricates nasal mucosa, liquefies mucus, clears sinus ostia, improves smell	External counter-irritant, increases local blood flow, reduces frontal sinus pain & swelling	Antimicrobial, mucolytic, reduces nasal discharge, enhances immunity	Anti-inflammatory, relieves headache, reduces mucosal edema, promotes sinus drainage

RESULT

The patient was monitored throughout the 15-day treatment period with specific focus on symptomatic relief, clinical signs, and radiological findings

Table 5 Clinical outcome during treatment period

Day	Symptoms	Observations
Day 0	Headache (frontal & maxillary), nasal obstruction, heaviness of head	Severe symptoms; nasal congestion, frontal sinus tenderness present, X-ray: Right maxillary haziness
Day 7	After Nasya cycle	Mild relief in nasal obstruction; headache intensity reduced; mucus discharge decreased
Day 15	End of treatment	Headache relieved almost completely; nasal passage clear, olfactory function normal
Post-treatment X-ray	-	Clear paranasal sinuses; no haziness; significant resolution of previous mucosal thickening

X-ray of the paranasal sinuses (Water's view)-

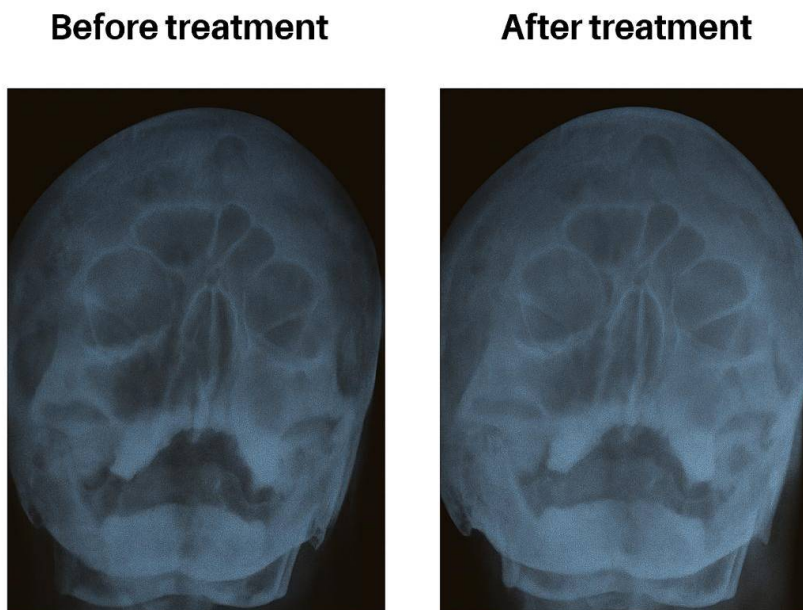


Figure 1 Radiological improvement before and after Ayurvedic treatment

Before treatment - Right maxillary sinus haziness

After treatment - No haziness

DISCUSSION

Kaphaja Shirashoola, as per Ayurvedic literature, is primarily due to *Kapha dosha vitiation* leading to *srotorodha* (obstruction of channels), accumulation of *ama* (toxins), and deranged *vata* in the head region. Its clinical features – heaviness of the head, mucoid discharge, dull headache, and nasal obstruction – align closely with the modern diagnosis of *chronic sinusitis*. The therapeutic protocol in this case was formulated with a specific focus on *Kapha-Vatahara* properties and *Urdhvajatrugata* chikitsa principles: *Shadbindu Taila Nasya* plays a pivotal role in clearing *Kapha* from the nasal passages. It enhances mucosal drainage, reduces inflammation, and restores normal *pranavaha srotas* function. The oil's *srotoshodhana* and *shirovirechana* properties facilitated decongestion and relieved headache effectively.

Pathyadi Kashaya, described in classical texts like *Ashtanga Hridaya*, is well known for its action on *Kapha-Vata* disorders, especially in *shirahshoola*. It provides systemic support by reducing inflammation and preventing recurrence.

Vacha-Shunthi Lepa, applied locally, acted as a counter-irritant (*vedanasthapana* and *shothahara*). *Vacha* is *sarvendriya vardhaka* and clears *Kapha*, while *Shunthi* improves circulation and reduces local edema.

Laxmi Vilasa Rasa is a classical herbo-mineral formulation with *Kapha-Vata* pacifying effects. It improves respiratory functions, reduces mucus, and strengthens immune response. Its *rasayana* action likely contributed to long-term symptomatic relief.

The integration of *Shamana* and *Snehana Nasya* provided both local and systemic relief. The outcome of this case shows clear subjective and objective improvement in symptoms and sinus clearance as evidenced by post-treatment X-ray, suggesting that traditional Ayurvedic regimens can be effective alternatives or complements to modern treatments for sinusitis.

CONCLUSION

This case study highlights the efficacy of a holistic Ayurvedic protocol in the management of *Kaphaja Shirashoola*, clinically resembling chronic sinusitis. The combined use of *Shadbindu Taila Nasya*, *Pathyadi Kashaya*, *Vacha-Shunthi Lepa*, and *Laxmi Vilasa Rasa* significantly relieved symptoms without adverse effects and improved the patient's quality of life.

This evidence suggests that Ayurveda, when applied with proper diagnosis and classical guidelines, can provide safe and effective management for chronic sinusitis. Further large-scale clinical trials are warranted to validate these findings and promote integrative approaches in ENT care.

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