



Review Article

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A NARRATIVE REVIEW ON NASARSHA WITH SPECIAL REFERENCE TO NASAL POLYPS

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ABSTRACT

Introduction: In Ayurveda, Nasal disorders are classified under the category of 'Nasarogas' in the Sushruta Samhita. Acharya Sushruta has described Nasarsha as one of the diseases under the Nasaroga in the Uttara Tantra of the Sushruta Samhita. The symptomatology and therapeutic principles related to Nasarsha are elaborated in the sections of Arsha Nidana and Arsha Chikitsa, the vitiated Doshas affect the Tvak, Mamsa, and Meda, leading to the formation of Mamsankura referred to as Arsha. Acharya Sushruta outlines the clinical features of Nasarsha as Pratishyaya, Kshvathu, Swasakashata, Putinasya, Anunasikavakya, Shirashoola. Considering its clinical presentation nasal polyps can be included in broad category of Nasarsha. Nasal polyps are a late-stage result of chronic inflammation in the sinonasal tract, often caused by nasal allergy and chronic sinus infection. Treatment typically involves antibiotics, corticosteroids, decongestants and surgery. Chikitsa of Nasarsha is not specifically mentioned by Acharya Sushruta but he advises to follow the line of treatment of Arsha — Bhesajya, Kshar, Agni, Shashtra. Bhesajya Chikitsa is indicated in the early stages of Arsha, characterized by recent onset, mild Dosha vitiation, minimal symptoms, and absence of any complications. Kshara Karma is recommended in cases where the Arsha is soft, enlarged, deeply rooted, and exhibits protrusion. Agnikarma is advised for Arshas that are rough, firm, broad-based, and hard in consistency. Shashtra Karma is considered appropriate for Arshas that are protruding, moist in nature, and possess a thin base or root.

Keywords: Nasarsha, Nasya, Kshar Karma, Shashtra karma, Agni karma, Nasal Polyps

INTRODUCTION

In Ayurveda, Shira as Uttamanga (the supreme organ) highlights its significance as the control centre of the body. Among the nine openings in the body, seven are located in the head, with nose being considered the primary gateway.

Most of the Acharyas except Acharya Charaka has mentioned the Nasarsha under the caption on Nasaroga.

Nasarsha occurs due to the intake of Aharaja Nidana such as irregular dietary habits, diminished digestive fire, and excessive water intake. Viharaja Nidana such as prolonged exposure to cold, smoke, and dust, along with Manasika Nidana like excessive anger and grief, aggravate the Doshas. Pratishyaya can also be the Nidana for Nasarsha because it is a cause for all Urdhwajatrugataroga¹. These aggravated Doshas ascend upward and localize in the nasal region, where they vitiate Rasa, Rakta, Mamsa, Tvak, and Meda, ultimately leading to the formation of Arsha (nasal polyps). Acharya Sushruta has mentioned four types of Nasarsha in Uttara Tantra — Vataja, Pittaja, Kaphaja, and Sannipataja. The symptoms of Nasarsha are described in the Arsha Nidana and include Pratishyaya (nasal discharge), Kshvathu (sneezing), Kriccha uchhvasata (difficulty in breathing), Putinasya (foul smell from the nose), Sanunasika Vakyata (nasal

voice), and Siroduhkha (headache). Treatment of Nasarsha includes Aushadha, Kshara, Agni and Shashtra karma.

Nasal polyp can be included under the umbrella of Nasarsha. Nasal polyps are benign, non-neoplastic growths arising from oedematous mucosa of the nasal passages or paranasal sinuses. In the normal population the prevalence is between 1 and 4% in adults and 0.1% in children. Nasal polyps are more common in males (2-4:1).² Nasal allergy coupled with sinus infection is commonly implicated in the development of nasal polyps.³

There are two types of nasal polyps which includes the Bilateral ethmoidal polyp which arises from the Ethmoid sinus and the Antrochoanal polyp which begins from the maxillary sinuses. According to the European guidelines, these conditions are clinically defined as inflammation of the nose and paranasal sinuses associated with two or more symptoms, one of which must include either nasal blockage or obstruction, or congestion, or nasal discharge⁴. In Conservative medicine, the management of nasal polyps typically involves a combination of antihistamines, nasal decongestants, antibiotics, steroids, and surgery

Review of Nasarsha

The disease review elaborates on the general description of the disease Nasarsha.

Table 1: Types of Nasarsha according to different Acharyas

Disease	Sushruta	Vagbhata	Charak	Madhav	Sharangdhara	Bhavprakash	Yogratnakar	Vangsen
Nasarsha	+	+	-	+	+	+	+	+
Types of Nasarsha	+	-	-	+	-	+	+	+

Vedic literature: Rigveda and Atharvaveda

There is no direct reference for the disease as Nasarsha is available from Vedic literature.

Bruhatrayee

Charak Samhita: Acharya Charak, in Arsha Chikitsa⁵, has mentioned different locations of Arshas in the body, according to Acharya Charaka, Arsha can appear in different parts of the body, such as the skin, auditory canal, eyelids, oral cavity, pharynx, hard palate, uterus, genitalia, and occurrence of Arsha in the nose. However, no detailed description of the symptoms is provided in the Charak Samhita.

Sushruta Samhita: Acharya Sushruta has described Nasarsha as a disease in the Uttaratantra⁶ under the Nasaroga Adhikara, and classified it into four types: Vataja, Pittaja, Kaphaja, and Sannipataja. However Acharya Sushruta mentioned symptoms of Nasarsha in Nidana Sthana of Arsha, which include: Pratishyaya (nasal discharge), Kshvathu (sneezing), Kriccha Uchvasata (difficulty in breathing), Putinasya (foul smell from the nose), Anunasika Vakya (nasal voice), and Shirodukha (headache).⁷

Ashtanga Hridaya: In Ashtanga Hridaya Uttara Tantra, Acharya Vagbhata has mentioned the symptoms of Nasarsha as Kricchauchvasana (difficulty in breathing), Peenasa (nasal discharge), Pratata Kshuti (frequent sneezing), Anunasika Vakya (nasal voice), Putinasya (foul smell from the nose), and Shirovayatha (headache).⁸

Other Classics

Later texts such as Yogratnakara, Chakradatta, Bhavprakash, and Bhaishajya Ratnavali have mentioned different treatment modalities for Nasarsha.

In Vangsen Samhita, Acharya Vangsen described Nasarsha as resembling cow teats and also provided a detailed description of the Ksharkarma procedure for Nasarsha.⁹

Vyutpatti and Nirukti

Nirukti (Definition of Nasa): Nasa is described as the seat of Ghranendriya i.e sense of smell. Amarkosha mentioned the synonym of Nasa i.e Nasa, Nasika, Ghranam, Gandhavaha, Ghrana.¹⁰

Vyutpatti (Etymology of Arsha): The term Arsha can be derived by 'Hru gatau' Dhatu with the suffix of San gives the meaning of 'as violent'.¹¹ According to Shabdakalpdruma, the word Arsha is derived from "Ash" Dhatu after an addition of "Ach"¹²

Nirukti (Definition of Arsha): According to Acharya Vagbhata it is an entity in which muscular projection troubles the patient like enemy and causes obstruction.¹³

Definition of Nasa Arsha

Nasa + Arsha

Nasarsha refers to a muscular projection or growth in the nasal cavity that obstructs the nasal passage and causes discomfort.

Nidana of Nasarsha

The specific causative factors of Nasarsha are not distinctly outlined in the classical Ayurvedic texts. Therefore, the general etiological factors of Nasarog should be taken into consideration. Pratishyaya can also be the Nidana for Nasarsha¹⁴ because it is said to be the cause of all Urdhwajatrugataroga. Acharyas such as Sushruta, Charak, Vagbhata, Kashyap, Madhava, Yogratnakar have elaborated on the common Nidan associated with Nasarog. Additionally, Acharya Sushruta and Yogratnakar has also mentioned about the Sadhyojanak Nidana of Pratishyaya.

Table 2: Aharaja Nidana of Nasarsha according to different Acharyas

Nidana	Su. Sa	Cha.Sa ¹⁵	A.h /A.sa ¹⁶	Y. R ¹⁷	Ka. S ¹⁸	Ma. Ni ¹⁹	Bhav.P ²⁰
Ajirna (Indigestion)	-	+	-	+	-	+	+
Vishamashana (Irregular dietary habits)	-	-	-	-	+	-	-
Mandagni (Diminished digestive fire)	-	-	-	-	+	-	-
Atiambupana (Excessive water intake)	-	+	+	+	-	+	+
Atishita Ambupana (Excessive intake of cold water)	-	-	-	-	+	-	-
Guru, Madhura, Shita, Ruksha Padartha Sevana (Intake of Heavy, Sweet, Cold and Dry substances)	-	-	-	-	+	-	-
Atisheeta Jalapana by Kapha Prakriti person (Excessive intake of cold water by Kapha Prakriti person)	-	-	-	-	+	-	-
Bhojnotara Atidrava Padarth Sevana (Intake of liquids after eating food)	-	-	-	-	+	-	-

Table 3: Viharaja Nidana of Nasarsha

Nidana	Su. Sa ²¹	Cha. Sa	A.h /A.sa	Y. R	Ka. S	Ma. Ni	Bhav.P
Vega Sandharana (Suppression of natural urges)	+	+	-	+	+	+	+
Atibhasya (Excessive Speaking)	-	+	+	+	-	+	+
Atipravahana (Excessive sneezing and nose blowing)	-	+	+	-	-	-	-
Ritu Vaishamya (Seasonal irregularity)	-	+	-	+	-	+	+
Shiroabhitapa (Burning in head)	+	+	-	+	-	+	+
Atijagarana (Staying awoken for long time)	-	+	+	+	-	+	+
Atiswapna (Excessive sleep)	-	+	+	+	-	+	+
Avshyay (Dew)	-	+	+	+	-	+	+
Ati Nariprasanga (Excessive indulgence in sexual activity)	+	+	+	+	-	+	+

Ati Ashru Srava (Excessive crying)	-	+	-	+	-	+	+
Dhuma (Smoke)	+	+	-	-	-	+	+
Raja (Dust)	+	+	+	+	-	+	+
Shitam Atipratap (Excessive cold or excessive hot)	+	-	-	-	-	-	-
Anil Sevan (Exposure to wind)	-	-	+	-	-	-	-
Nicha Atiuccha Updhana (Use of pillow in high headed or lower headed)	-	-	+	-	-	-	-
Piten Anyena Varina (Drinking water from different sources)	-	-	+	-	-	-	-
Chardibashpa Graha (Suppression the urges of vomiting and crying)	-	-	+	-	-	-	-
Gurubhojanottara Snana (Bathing after consuming heavy food)	-	-	-	-	+	-	-
Nitya Anupahita Shayana (Consistently poor sleep habits)	-	-	-	-	+	-	-
Atiparshwa Shayana (Excess sleeping in unilateral side)	-	-	-	-	+	-	-
Avrita Mukha shayana (sleeping with the face covered)	-	-	-	-	+	-	-

Table 4: Mansika Nidana of Nasarsha

Nidana	Su. Sa	Cha. Sa	A.h /A.sa	Y. R	Ka. S	Ma. Ni	Bhav.P
Krodha (Excessive anger)	-	+	-	+	-	-	-
Shoka (Excessive grief)	-	+	-	+	-	-	-

Etiological factors of Nasal polyps

The aetiology of nasal polyps is complex and not fully understood. They are often associated with inflammatory conditions of the nasal mucosa, such as rhinosinusitis, as well as disorders of ciliary motility or abnormal nasal mucus composition, as seen in conditions like cystic fibrosis. Various diseases associated with the formation of nasal polypi are: ^{22 23}

Chronic rhinosinusitis: Polypi are seen in chronic rhinosinusitis of both allergic and nonallergic origin. Non allergic rhinitis with eosinophilia syndrome (NARES) is a form of chronic rhinitis associated with polypi.

Asthma: In patients with nasal polyps 30–71% have been shown to have asthma and there is a direct association between asthma severity and the presence of nasal polyps. Of patients with late-onset asthma, 10–15% develop nasal polyps, with patients generally developing asthma first, then polyps within 9–13 years. This occurs faster in patients with aspirin-induced asthma, about 2 years from the onset of symptoms. Asthma and nasal polyps share the same basic features of eosinophilia, mucus cell hyperplasia, oedema, thickened basal membrane and increased pro-inflammatory mediators, for example cysteine leukotrienes.

Aspirin intolerance: Thirty-six per cent of the patients with aspirin intolerance may show polypi. Samter's Triad consists of nasal polypi, asthma and aspirin intolerance.

Cystic fibrosis: Twenty per cent of patients with cystic fibrosis form polypi. It is due to abnormal mucus. Examination of cystic fibrosis patients with nasal polyps usually reveals bilateral polyposis with thick rhinorrhoea and facial deformities such as hypertelorism.

Allergic fungal sinusitis: Approximately 80% of patients with fungal sinusitis have nasal polyps. It is a type 1 hypersensitivity reaction to fungal antigens in which patients usually present with unilateral or bilateral nasal polyps.

Primary ciliary dyskinesia: Primary ciliary dyskinesia (PCD) is a rare autosomal recessive disease in which abnormal or absent beating of cilia hinders normal mucociliary clearance. The commonest presentations are in the upper and/or lower respiratory tracts, with mucus retention and recurrent infection leading to nasal polyposis and/or bronchiectasis. Kartagener's syndrome is a clinical variant of PCD and is a triad of chronic sinusitis, bronchiectasis and situs inversus. Twenty-seven per cent of patients with Kartagener's syndrome have nasal polyps

Young syndrome: Young's syndrome is a rare disease consisting of three components: obstructive azoospermia, bronchiectasis and sinus disease. The exact nature and natural history of the sinus disease component is not widely understood

EGPA (eosinophilic granulomatosis with Polyangiitis) or Churg–Strauss syndrome: Consists of asthma, fever, eosinophilia, vasculitis and granuloma. Nasal polyps affect approximately 50% of patients with EGPA and consistently recur after surgery in patients not receiving immunosuppressive therapy.

Purvarupa

Pratishyaya is considered a causative factor for all Nasarogas. Nasarsha is the chronic nasal disorder and it is the complication of the Jeerna Pratishaya.so, the symptoms of Pratishyaya can be taken as Purvarupa of Nasarsha.

Table 5: Purvarupa of Nasarsha

Purvarupa	Su. Sa ²⁴	A.h /A.sa ²⁵	Y. R ²⁶	Ma. Ni ²⁷	Bhav.P ²⁸
Anaddah pihita nasa /Ghrana Uprodha (Nasal Obstruction)	+	+	+	+	+
Tanu Strava (Thin discharge)	+	-	+	+	+
Gala, Talu, Osth Sosh /Mukha Sosh (Dryness of Mouth)	+	+	+	+	+
Nistoda shankha (Pricking pain in temporal region)	+	+	+	+	+
Swaropghata /Swaravsada (Hoarsness of voice)	+	+	+	+	+
Ushna Sapitta strava (Yellowish hot discharge)	+	+	+	+	+
Krusha (Lean)	+	-	+	+	+
Atipandu (Pale)	+	-	+	+	+
Santapa /Jwara (Fever)	+	+	+	+	+
Trishna (Thirst)	+	+	+	+	+

Sadhuma Sahsa Vami (Fumes coming out from nose)	+	-	+	+	+
Shukla Shita strava (White and Cold discharge)	+	+	+	+	+
Shunaksha (Inflammation of eyes)	+	-	+	+	+
Guru Shiromukha (Heaviness in head and mouth)	+	-	+	+	+
Shiro, Gala, Talu, Otha Kandu (Itching sensation in head, throat, palate and lips)	+	+	+	+	+
Kshvathu (Sneezing)	-	+	-	+	-
Ghrana Pitika (Boil in nose)	-	+	-	-	-
Bhrama (Dizziness)	-	+	-	-	-
Kasa/Shwasa (Coughing and difficulty in breathing)	-	+	-	-	-
Aruchi (Aversion towards the food)	-	+	-	-	-
Vmathu (Vomiting)	-	+	-	-	-
Shukla Aksha (whitish discoloration in eye)	-	-	-	+	-
Vaktra vairasya/ Madhurya vadane (Tastelessness or sweetness in mouth)	-	+	-	+	-

Rupa

Rupa represents the stage of full manifestation of a disease. In the context of Shadvidha Kriya Kalpa, it corresponds to the Vyaktavastha, or the phase of evident expression. The Purvarupa (prodromal symptoms) may persist into the Rupa stage (manifested phase of the disease), suggesting a continuum in the pathological process. Roga Lakshana are broadly divided into two distinct types:

Samanya Lakshana

Vishesha Lakshana

Samanya Lakshana: Only Acharya Sushruta, Vagbhatta and Vangsen have mentioned about the general symptoms of Nasarsha.

Table 6: Samanya Lakshana of Pratishyaya

Symptoms	Su. Sa	A.h/ A.sa	Van.Sa
Pratishyaya (Rhinitis)	+	+	-
Kshvathu (Sneezing)	+	+	-
Kricchauchvasata (Difficulty In breathing)	+	+	-
Dukhnindrata (Difficulty to fall asleep)	-	-	+
Putinasya (Bad odour from nose)	+	+	-
Anunasika Vakya (Hyponasal Voice)	+	+	-
Shirashoola (Headache)	+	+	-
Shiro, Lalata, Talu Gauravata (Heaviness in head, Forehead and Palate)	-	-	+

Vishesha Lakshana

Table 7: Vishesha Lakshana of Vataj Arsha

Symptoms	Acharya			
	Charaka	Sushruta	A.H	A.sa
Shape				
Bimbiphala, Karkandhu and Kharjura Sannibham (Resembles with Ivy gourd, jujube fruit and dates)	-	-	+	+
Kadamb Pushpa, Tundikeri (Resembles with burflower tree and cotton fruit)	-	+	+	+
Siddharthaka Sannibham (Resembles with mustard)	-	-	+	+
Mukul, Nadi and Suchimukhakruti Sannibham (Resembles with bud of flower and point of needle)	-	+	-	-
Colour				
Shyava – Aruna Varna (Bluish- black or red)	+	+	+	+
Consistency				
Ruksha, Parusha, Khara (Rough)	+	-	-	-
Kathina, Shushka (Hard and Dry)	+	+	+	+
Tikshana (Sharp)	+	-	+	+
Surface				
Visham Madhyani (Irregular In centre)	-	+	-	-
Vakra, Sphutita Mukha (Crooked and cracked mouth)	+	-	+	+

Specific symptoms of Pittaja Arsha

Table 8: Vishesha Lakshana of Pittaja Arsha

Symptoms	Acharya			
	Charaka	Sushruta	A.H	A.sa
Shape				
Yakrita Khanda (Resembles with the liver lobe)	-	-	+	-
Shuka Jihva, Jalouka Vaktra (Resembles with tongue of Parrot and face of Jalouka)	-	+	+	+
Colour				
Nila Agrani /Nila Mukha/ Pitta/Rakta/Krishna varna (Bluish Green/Yellowish/Red/Black in colour)	+	+	+	+
Yakrita Prakashini (Resembles with the colour of liver)	-	+	-	+
Consistency				
Mridu (Soft)	+	-	+	+

Surface				
Tanu, Shithila (Thin and Flaccid)	+	+	+	+
Praklinna/ Sweda Upkleda Bahulani (Excessive sweating and Moisture)	+	+	-	+
Visarpani (Diffuse in nature)	-	+	-	-
Visragandhi (Foul smelling)	+	+	+	+

Specific symptoms of Kaphaj Arsha

Table 9: Vishesh Lakshana of Kaphaj Arsha

Symptoms	Charaka	Sushruta	A.H	A.sa
Shape				
Gostana, Karira and Panasa asthi (Resembles with cow breast, <i>Capparis decidua</i> and jackfruit seed)	-	+	+	+
Colour				
Shweta/Pandu Varna (Whitish yellow)	+	+	+	-
Consistency				
Snigdha (Unctuous)	+	+	+	+
Sthira (Firm)	-	+	-	+
Picchila (Slimy)	+	-	+	+
Shlakshna (Smooth)	+	-	+	-
Guru (Heaviness)	+	-	+	-
Surface				
Mahamulani (Deep rooted)	-	+	+	+
Vrutta (Round)	-	+	+	+

Polypos sign and symptoms

Clinical Features: Clinical presentation is variable and depends on the extent of polyp disease. Small polyps may not produce symptoms and may be identified incidentally during rhinoscopic examination, whilst larger polyps may cause significant symptoms.

Symptoms

- Nasal stuffiness leading to total nasal obstruction may be the presenting symptom.
- Partial or total loss of sense of smell.
- Headache due to associated sinusitis.
- Sneezing and watery nasal discharge due to associated allergy.
- Mass protruding from the nostril.
- Massive polyps or a single large polyp that obstructs the nasal cavities or nasopharynx can cause chronic mouth breathing and obstructive sleep symptoms. Rarely, proptosis,

hypertelorism and diplopia can result from alterations in the craniofacial structure.

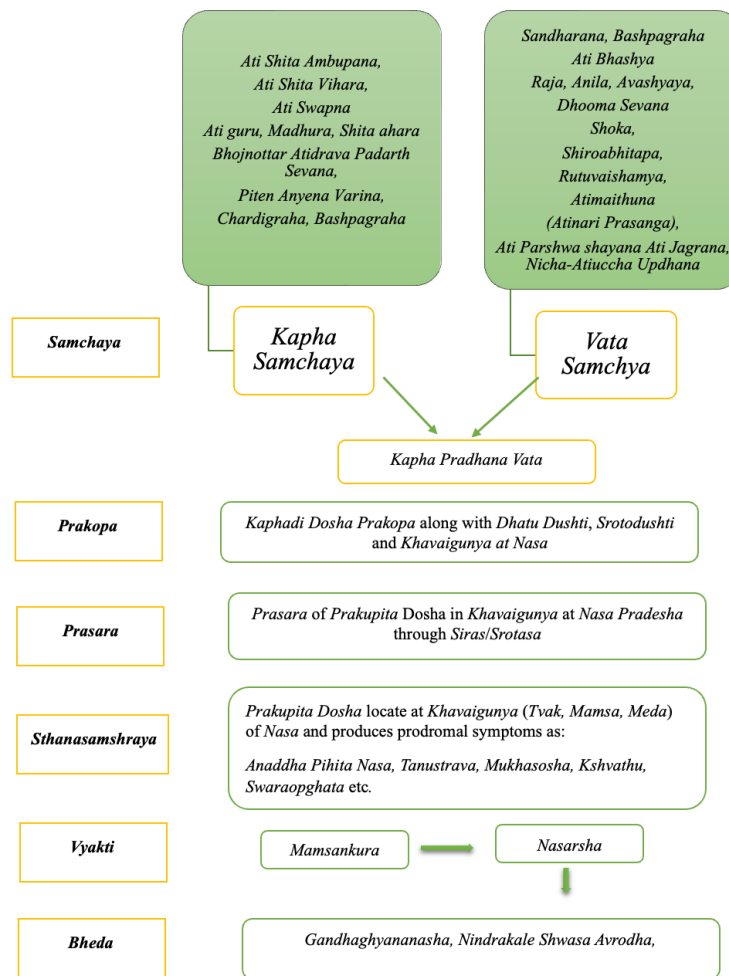
Signs

- On anterior rhinoscopy, polypi appear as smooth, glistening, grape-like masses often pale in colour.
- Multiple and bilateral.
- Long-standing cases present with broadening of nose and increased intercanthal distance.
- A polyp may protrude from the nostril and appear pink and vascular simulating neoplasm Nasal cavity may show purulent nasal discharge due to associated sinusitis.
- Probing of solitary ethmoidal polyp may be necessary to differentiate it from hypertrophy of the turbinate or cystic middle turbinate. On probing nasal polyp can be easily moved, soft and smooth in consistency, greyish pink to yellow in colour, does not bleed on touch, appears in the middle meatus or sphenoethmoidal recess.

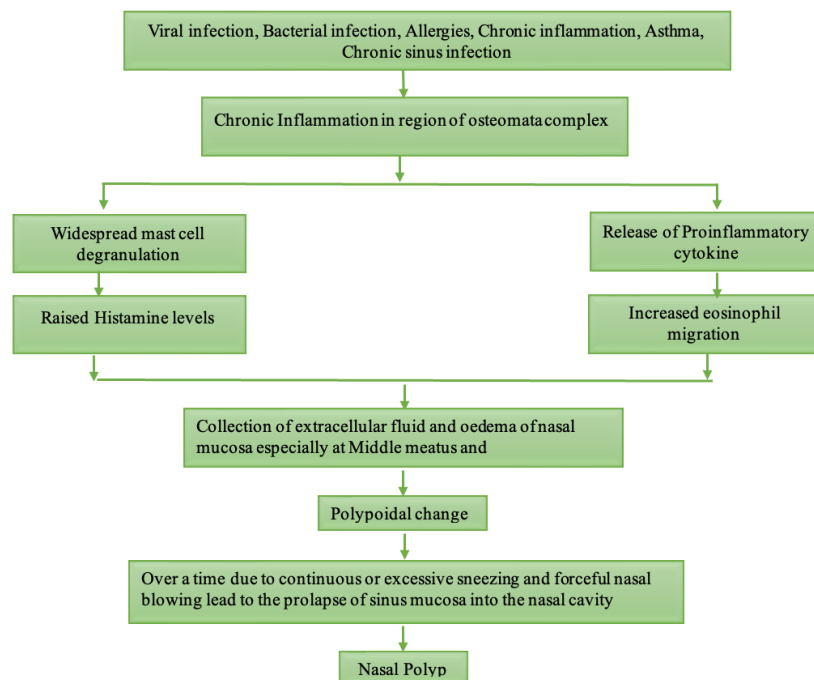
Samprapti

Table 10: Samprapti Ghataka of Nasarsha

Nidana	Kapha Vata Prakopaka Ahara Vihara
Dosha	Kapha Pradhan Vata
Dushya	Rasa (Tvak), Rakta, Mamsa, Meda,
Srotas	Rasavaha, Raktavaha, Mamsavaha, Medavaha, Annavaha, Udakvaha, Pranavaha
Sroto Dushti	Sanga, Vimargagamana, Siragranthi, Atipravrutti
Agni	Jatharagni, Dhatvagni
Udbhva sthana	Amashaya
Vyaktisthana	Nasa
Rogamarga	Madhyam
Vyadhiswabhava	Chirkari
Sadhya-Asadhyata	Ekdoshaja: Sadhya , Dwidoshaja: Yapya , Chronicity more than one year: Kriccha Sadhyta , Tridoshaja: Asadhya



Pathogenesis of Nasal polyp



Chikitsa: As no distinct line of treatment is mentioned for Nasarsha in the Sushruta Samhita, the general management approach prescribed for Samanya Arsha can be considered for Nasarsha that is Bheshaja, Kshar, Agni and Shashtra karma. Acharya Charaka has mentioned Arsha under Mamsapradoshaja Vyadhi and treatment for that is Shastra, Kshar, Agnikarma. Pratishyaya is also said to be the cause of all Nasarogas so treatment of Pratishyaya can be considered for the Nasarsha.

Bheshaja Chikitsa: Bheshaja Chikitsa is indicated in the early stages of Arsha, characterized by recent onset, mild dosha vitiation, minimal symptoms, and absence of any complications.

In Pakwaavastha of pratishyaya vitiated Dosha should be eliminated by Shirovirechan Nasya or Avapeeda Nasya, Snehapurva Vamana and Virechana, Asthapana, Dhoomapana,

Swedana, Kavala, Ghritapana etc, can be also apply accordingly Dosha. According to Acharya Sushruta, when Updrava are also present in Pakwa Pratishyaya, First Langhana, Pachana, and Deepana Chikitsa should be done.

There are no special preparations mentioned for Nasarsha but preparation mentioned for Pratishyaya such as Chitraka Haritaki Avleha, Agatsya Haritaki, Shatyadi Churna, Panchlavan Siddha Ghrita and Vidharigandhadi Gana Siddha Ghrita, Vyoshadi Vati, Pippalyadi Rasayana, Panchamrita Rasa, Trikatu Churna, Katphaladi Churna, Haridra Khanda, Nidagdhika Kwath, Trayodashanga kwath.

There are different kind of medicated oil are described for Nasya are listed below:

Table 11: Different Oil mentioned in Samhita for Nasya in Nasarsha

Taila Name	Content
Chitrakadi Taila ²⁹	Chitraka, Chavya, Yavani, Kantkari, Karanja, Lavana, Arka, Gomutra
Karavirapushpadya Taila ³⁰	Rakta-Karvira, Jaati, Mallika, Vijaysara flowers
Gruhadhuma Taila ³¹	Gruhadhuma, Pippali, Yavakshara, Devadaru, Saindhava, Apamarga
Vyoshadi Taila ³²	Vyosha, Dhanyaka, Kusuma, Gandiraka, Avalgujabeeja
Tuvrakadi Taila ³³	Tuvarika, Vibhitaki, Haridra, Lodhra, Priyangu, Karanja, Gudodaka
Karanja-Lodhradi Taila ³⁴	Karanja, Lodhra, Utpala, Madhuka, Tindukasthi, Triphala, Khadirasara

Kshar Karma: Kshara Karma is recommended in cases where the Arsha is soft, enlarged, deeply rooted, and exhibits protrusion. Kshara has properties of Chhedan (excision), Bhedan (incision), Lekhana (scrapping) and Tridosahara.

Kshara can be used in the treatment of Nasarsha in various forms. One common method is the application of Kshara Churna (dry powder) through Pratisarana Karma. i.e Apamarga Kshar According to Acharya Vagbhata the management of Nasarsha primarily involves Daha Karma³⁵ (cauterization), which may be performed using either Kshara (alkaline substances) or Agni (thermal cautery). This procedure is subsequently followed by the application of a medicated Varti (suppository) formulated with ingredients such as Danti, Trivrit, Saindhava, Manahshila, Haratala, Pippali, Chitraka, along with Madhu and Ghrita (ghee). Acharya Vagbhata has recommended the localized application of Kshara Patana in the management of Nasarsha. As per the text, the Kshara Patana should be administered for a duration of 50 Matra.³⁶ Acharya Vangasena has further mentioned the use of a Yantra crafted from gold or silver, intended for accurately assessing the dimensions of the nasal aperture prior to administration of Kshara Patana in Nasarsha.³⁷

Agnikarma: Agnikarma is advised for Arshas that are rough, firm, broad-based, and hard in consistency.

Shashtrakarma: Shastra Karma is considered appropriate for Arshas that are protruding, moist in nature, and possess a thin base or root

Modern treatment modality

Medical: All patients should have a trial of medical therapy first. Medical treatment consists mainly of topical and systemic corticosteroids, which are thought to affect eosinophil function directly by reducing both eosinophil viability and activation, and indirectly by reducing the secretion of haemostatic cytokines by nasal mucosa and polyp epithelial cells.

Prolonged use of topical corticosteroids can lead to irritation, dryness inside nose, headache and sometimes nosebleed.

Surgical: Surgical management is considered for patients who have failed to respond to maximal medical treatment and for those with complications. Functional endoscopic sinus surgery aims to improve sinus ventilation and drainage as well as removing polyps.

Postoperatively, patients should be treated with nasal douching and intranasal or systemic corticosteroids, and compliance with this treatment will influence the long-term efficacy of surgery. Although polyp recurrence is common after endoscopic sinus surgery with control of polyps up to 18-months found in approximately 60–70% of patients.³⁹

Pathya-Apathya

Table 12: Pathya Apathya in Nasarhsa

Pathya	Apathya
Ahara (Diet should be taken)	Ahara (Diet should not be taken)
Katu, Amla, Lavana, Snigdha, Ushna, Laghu Bhojana (Spicy, sour, salty, unctuous, hot and light food) Purana Yava and Shali, (old barely and rice) Kulattha and Mudga Yusha, (Soup of green gram and Horse gram) Varataka, (Bringle), Shigru, (Drumstick), Karkota, (Snake gourd), Balamulakam, (Tender radish), Lashuna, (Garlic), Taptambu, (Hot water), Ghrita (Clarified Butter), Trikatu, Haritaki	Shitambu, (Cold Water) Atiruksha-Ashana, (Excessive dry food) Drava Ahara. (Excessive Liquid diet)

Vihara	
Swedana, (Steam inhalation)	Krodha (Anger)
Shiroabhyanga, (Massage on head)	Atichinta (Excessive stress)
Nivata Shaiya Sevana, (Sleeping in a place that is free from wind)	Shoka, (Grief)
Shirah Sughanapariveshtana (Thick and warm clothes wrapping around head)	Mala-Mutra-Adhovayu Dharana (Suppression of the urges of stool, urine and flatulence)
	Bhumishaiyya (Sleeping on the ground)

DISCUSSION

Nasarsha is mainly caused by Kapha Pradhana Vata Doshas, due to the continuous indulgence in the Nidana of Nasaroga. The intake of Guru (heavy), Madhura (sweet), Shita (cold) substances, Atiambupana (excessive intake of water), and Atidrava Padartha Sevana (excessive intake of liquid food), especially immediately after meals, leads to the vitiation of Kapha Dosha. Vitiation of Kapha results in Mandagni (weakened digestive fire), causing improper digestion of food and production of Ama. The Ama causes Srotorodha, which further aggravates the Doshas. These aggravated Doshas undergo Vimargagamana and locate at the site of Nasa through Sthanasaṃsraya, ultimately leading to the manifestation of Pratishyaya, which is considered a precursor condition to Nasarsha.

Vegasandharana, Atibhashya, Shiroabhitapa, Atijagaran and Rituvashmya leads to vitiation of Vata dosha. According to Acharya Dalhana in Pratishyaya Prati means Abhimukha and Shyaya means Gamanam, which literally means Kaphadi Doshas propelled upward by the vitiated Vata dosha leading to manifestation of Pratishyaya.

Atinaprasanga (Excessive indulgence in sexual activity) leads to manifestation of Pratishyaya. Sexual activity involves autonomic nervous system stimulation, with the parasympathetic system becoming more active. This heightened autonomic activity, combined with intense emotional arousal, may lead to the release of mast cell mediators. These mediators can contribute to nasal congestion and other rhinitis-like symptoms in susceptible individuals.

Excessive exposure to Avashyaya (air filled with snow/fog/mist) particularly in polluted or dry region can contain Raja (dust) and Dhuma (smoke), this leads to increased inhalation of Raja and Dhuma which causes irritation of the nasal mucosa. Persistent exposure may lead to chronic inflammation, resulting in nasal discharge and sneezing, which can eventually lead to the formation of Nasarsha. Pitena Anyena Varina (consumption of water from different or unfamiliar sources) may expose an individual to microbial contaminants, allergens, or chemical pollutants such as fungal spores, chlorine, and heavy metals. This can compromise the immune system, lower the body's resistance to allergens, and increase hypersensitivity of the nasal mucosa, ultimately leading to nasal discharge and sneezing.

When Pratishyaya (rhinitis) persists for a long time, Atipravahana (forceful nasal blowing along with frequent sneezing) may lead to the prolapse of the nasal mucosa. This phenomenon can be understood through the Bernoulli principle, which states that when a gas or fluid passes through a narrowed or constricted area, a negative pressure is generated adjacent to the constriction. This negative pressure creates a suction effect, which may pull the sinus mucosa into the nasal cavity, leading to mucosal prolapse and polyp formation.

Symptoms of Nasarsha includes Pratishyaya: Chronic Pratishyaya causes persistent nasal mucosal inflammation, leading to mucosal hypertrophy. Repeated sneezing and forceful nasal blowing may result in mucosal prolapse, contributing to the formation of polypoidal changes in mucosa. Kshavathu in

Nasarsha results from irritation and inflammation of the nasal mucosa. Polyps cause mechanical obstruction and stimulate nerve endings, while underlying allergic rhinitis further exacerbates sneezing.

Shirashoola in Nasarsha often arises from blocked sinus drainage, leading to pressure buildup and sinusitis. Kriccha Uchchhasata occurs due to obstruction of the nasal passages by polypoidal growths. This mechanical blockage impairs airflow. Anunasika Vakyata in Nasarsha results from obstruction in the nasal cavity, which restricts normal nasal airflow and alters vocal resonance. Putinasya in Nasarsha happens due to mucus build-up, poor drainage, and bacterial infection, which leads to a bad odour.

Vataj Nasarsha may be correlated with inverted papilloma. Inverted papilloma is often pedunculated in nature and may present with symptoms such as nasal discharge, headache occasionally sneezing which is also described in Vataj Nasarsha.

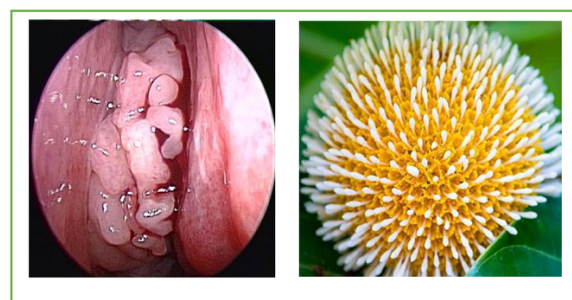


Figure 1: Inverted Papilloma and Kadamb flower.

Pittaja Nasarsha may be correlated with capillary hemangioma in contemporary science due to its resemblance to a liver lobe in appearance and its tendency to bleed, which aligns with the features of Pittaja Nasarsha described in Ayurveda.

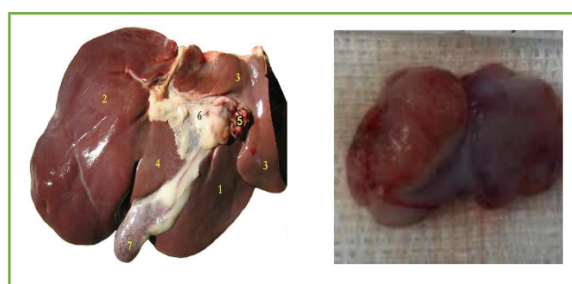


Figure 2: Liver lobe and capillary haemangioma of nose

Kaphaja Nasarsha maybe correlated with Nasal polyps, as both share similar features-such as smooth, glistening and pale appearance and symptoms like nasal discharge, sneezing. In Ayurveda Kaphaja Nasarsha is described as whitish yellow, round, slimy and smooth in nature which closely resembles with the clinical presentation of Nasal polyps.

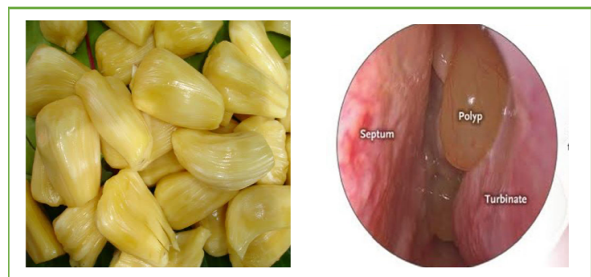


Figure 3: Jackfruit seed and nasal polyp

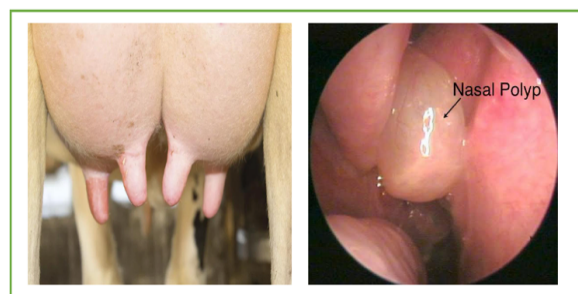


Figure 4: Cow teats and Nasal polyps

Chikitsa of Nasarsha includes Bheshaja, Kshar, Agni and Shashtra karma. In Bheshaja Chikitsa is indicated in early stage of Nasarsha characterized by recent onset, mild dosha involvement, minimal symptoms and absence of any complications, Nasarsha is the chronic nasal disorder and it is the complication of the Jeerna Pratishyaya so to break the Samprapti of Nasarsha Pratishyaya Chikitsa is necessary. Nasya is particularly advantageous in diseases of the upper part of the collar bone, i.e., spanning from the neck to the crown of the head, as the nasal passages serve as the gateway to this region. Nasya karma is best to cure such chronic nasal conditions and also many medicated oils for Nasya karma are indicated in Nasarsha in Ayurvedic classics. Most of the medicated oil which are advised for the Nasya in Nasarsha are having Ushna -Tikshana Guna, Tridosahara and Shodhaniya properties which expels the doshas from the Nose.

Kshara karma is advised in Arshas which are soft, enlarged, deeply rooted, and exhibits protrusion. On the basis of this indication Ksharkarma should be done in Kaphaj Nasarsha or nasal polyps as they are soft and deeply rooted. Acharya Dalhana, the esteemed commentator of the Sushruta Samhita, describes Ksharana as the property that enables Kshara to mobilize and eliminate deformed tissues and mucosa. Kshara acts by cauterizing the oedematous nasal mucosa and causing the shrinkage of Nasarsha due to its Ksharana (erosive) and Kshanana (scarifying) properties.

Agnikarma is advised for Arshas that are rough, firm, broad-based, and hard in consistency. As per the indications, Agnikarma is advisable in Vataja Nasarsha or its clinical correlate, inverted papilloma, which is characterized by roughness (Khara), hardness (Kathina), and pain—features attributed to Vata dominance.

Shashtra Karma is considered appropriate for Arshas that are protruding, moist in nature, and possess a thin base or root so the nasal polyps which completely obstructs the nasal cavity, blocking both the nostrils significantly impacting breathing should be removed by surgery.

Nasarsha can be correlated with various nasal masses. Acharya Sushruta has described four types of Nasarsha i.e Vataja, Pittaja, Kaphaja, Sannipataj. On the basis of Rupa mentioned by Acharya Sushruta Kaphaj Nasarsha can be correlated with nasal polyps. In the initial stage of Nasarsha, various Nasya therapies can be administered as part of Aushadha Chikitsa, along with appropriate Pratishyaya Chikitsa. Based on the signs and symptoms of Nasarsha characterized by softness, enlargement, and deep-seated nature Kshara application (Pratisaraniya Kshara) is indicated. In the advanced stage of Nasarsha, where the polyps protrude from the nasal cavity, Shastrakarma (surgical intervention) becomes necessary. To prevent the recurrence of Nasarsha, a comprehensive line of treatment including Pratishyaya Chikitsa and Aushadha Chikitsa is essential.

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