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NASAVARODHA AND ITS AYURVEDIC UNDERSTANDING WITH CORRELATION TO MODERN NASAL BLOCKAGE

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Abstract

Blocked or congested nasal passages are one of the most common complications with varying patterns of blockage. The blockage may be bilateral, unilateral, partial, temporary and complete or chronic and may have other associated symptoms. Treatment for a blocked nose can be as simple as changing behaviors related to an identified trigger, use of oral or topical medications, or even surgery depending on the cause and nature of the blockage. Therefore, treatments may be either medical or surgical in origin. From an anatomical standpoint, *Nasavarodha* refers to a state of impaired air flow in the nasal passages that result from obstruction of the nasal passages. Based on Ayurvedic theory, the condition of *Nasavarodha* occurs when the airway in the nose is blocked as a result of *Kapha* becoming disordered and causing structural narrowing, along with *Vata* affecting the ability of the respiratory system to function normally. Therefore, *Nasavarodha*, demonstrates both the functional and structural/anatomical changes associated with the nasal cavity.

Key-Words: *Ayurveda, Nasavarodha, Nasal Blockage, Nose, Vata*

Introduction

There are many diseases that involve the nose and the paranasal sinuses; these constitute a large portion of this specialty. These conditions have been documented thoroughly in iconic texts from ancient India by way of anatomical and clinical descriptions. The nose is often the most common complaint within the practice of otorhinolaryngology. Nasal obstruction is usually the central presenting symptom. The anatomy of nasal obstruction can vary in each case based on the type of disease, the location of the obstruction, and the severity. Commonly, nasal obstruction is caused by cold and allergic rhinitis; structural abnormalities: inflammatory disorders of the nasal mucosa and sinus lining; deviated nasal septum and turbinate hypertrophy; presence of foreign bodies such as cotton balls; nasal polyps; benign and malignant neoplasms, etc [1-4]. These conditions can be either congenital or acquired, and there is a large range of anatomical diversity with each, which can result in different clinical manifestations of disease, approaches to management, and prognosis. The pathogenesis of disease is depicted in **Figure 1**, which typically involve role of *Kapha dosha, Nasa Srotas* and *Udana Vata*.

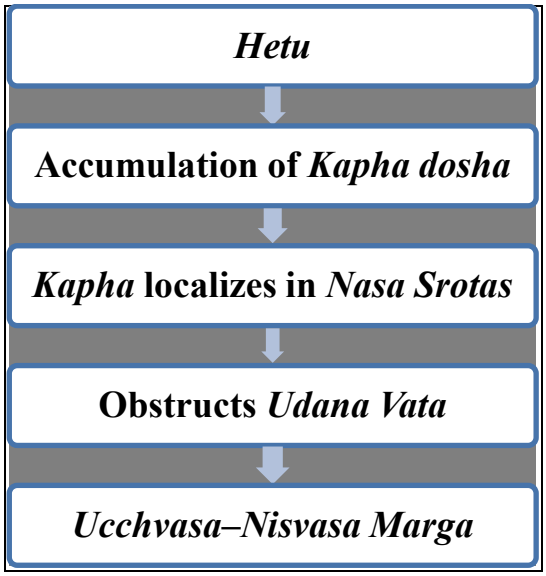

Figure 1: Pathogenesis of *Nasavarodha*

Role of Congenital Conditions

Congenital conditions frequently associated with nasal obstruction in newborns are congenital tumours, congenital mouth abnormalities, and other congenital disorders such as choanal atresia. Unilateral cases will usually present later in life, whereas bilateral cases can

be considered a medical emergency due to the potential respiratory distress they pose to the patient, and they require urgent treatment. Congenital nasal tumours are also common causes of obstruction in very young children [4-6].

Deviation of the nasal septum is one of the most frequently encountered forms of structural abnormality resulting in nasal obstruction among acquired causes. Deviation of the nasal septum that leads to obstructed breathing will also typically result in complaints of related symptoms. Obstruction due to deviated nasal septum and other pathologies will both create obstructions leading to narrowing of the nasal airway, and thus will necessitate incision and drainage with appropriate antibiotics [5-7].

Other causes

A second large group of factors leading to nasal obstruction are inflammatory, allergic, and infective processes of the nasal mucosa and paranasal sinuses. These disorders primarily obstruct the nasal airway due to mucosal edema, turbinate hypertrophy and anatomical abnormalities. Managing these problems often involves identifying the underlying condition causing nasal obstruction and relieving symptoms by using antihistamines and decongestants medications and performing surgical procedures.

In children, nasal obstruction can arise from foreign bodies occluding the nasal cavity or nasopharynx, or as a consequence of adenoid hypertrophy. Adenoid hypertrophy may cause pubertal obstruction of the nasopharyngeal airway; in mild cases, it can often be treated conservatively with medication. Severe or persistent cases require surgical treatment, either *via* adenoidectomy or through endoscopic, coblation-assisted techniques.

Trauma to the nasal support structures, such as nasal bone fractures, displacement of the septum, and formation of hematomas or abscesses, etc. also causes *Nasavarodha*; similarly neoplasms of the nose and nasopharynx are another category of conditions that can cause *Nasavarodha*. These neoplasms may be benign or malignant, and their presence in the nasal cavity creates spatial limitations for airflow [4-6].

Nasal polyps are one of the most common anatomical causes for nasal obstruction. Most often found as antrochoanal and ethmoid polyps, these polyps are soft, swollen, fleshy outgrowths from the inner lining of nasal passages or from the tissues surrounding the sinuses.

Anatomical Aspects of *Nasavarodha*

Nasavarodha is refers to blockage or obstruction in the nasal passage, occurs when both *Vata* and *Kapha* become vitiated, thereby obstructing the *Ucchvasa Marga*. The condition of obstructed nasal airways mainly occurs due to mucosal congestion and altered nasal airflow dynamics. The condition can occur as a result of *Udana Vata* being encased in or surrounded by *Kapha*, resulting in derangement or alteration in the normal course of *Udana Vata*. *Dalhanacharya* describes this condition as an *Avarana* of *Vata* (an obstruction caused by *Kapha*) to be a functional and/or anatomical obstruction that prevents respiratory airflow. Blockage of the nasal passages associated with overflow of *Shleshma* obstructing the free passage of *Vata*. According to these texts, both the inability to inspire and expire will occur as a consequence of the anatomical narrowing of the nasal passages.

Structurally, the anatomy of the nose has a nasal vestibule, cavity, septum, turbinates, meatuses and choanae that enables the nose to help filter, warm and humidify the incoming air we breathe from the environment. Structural and/or functional changes in any or all of these are possible causes of *Nasavarodha*.

The Ayurvedic view of *Nasavarodha* suggests that obstructions *via* the *Ucchvasa-Nisvasa Marga* account for the majority of cases of *Nasavarodha*. From an anatomical perspective, the narrowing of the nasal passage due to the predominance of *Kapha* results in mucosal thickening, accumulation of mucus and obstruction from congestion of the turbinates. Additionally, the presence of *Vata* creates the impairment of the airflow dynamics of the nasal passage [6-8].

Anatomical sites for obstruction can occur at the nasal septum, resting just below the nasal cavity at the inferior and middle turbinates, in the osteomeatal complex and/or at the posterior choanae. Conditions including: deviation of the septum, enlargement of the turbinates, swelling of the mucus membranes of the nose, nasal polyps, adenoids and space-occupying lesions, mechanically reduce the patency of the nasal passage.

***Chikitsa* of *Nasavarodha*:**

Nasavarodha is generally diagnosed and treated with holistic approaches comprising diet, herbal medicines and therapeutics focused on correct airway and nasal passages, as per Ayurvedic texts. *Snehapanam* is the primary intervention, and recommended *Snigdha Dhooma*, *Shirovasti* and extensive use of *Bala Taila*, much like the treatment for *Vatavyadhi*.

These techniques were designed to combat the causes of dryness and congestion of the nasopharyngeal tract and restore normal airflow through the nasal passages. Administration of *Bala Taila*, *Shirovirechana* can be used as a last resort after conservative treatment methods have failed, to eliminate obstruction affecting the head and nasal passage [8-10].

Conclusion

Nasavarodha is condition that is considered as nasal blockage primarily related to the obstruction(s) of the nostrils. One of the most common and therefore, important treatments for *Nasavarodha* according to Ayurveda, is the use of *Bala Taila*. However, in modern science, nasal blockage is not considered to be an independent disease; rather, it is a symptom caused by many other diseases that affect not only the nasal cavity but also structures associated with it. While *Nasavarodha* is classified in Ayurveda as a unique form of *Nasa Roga* with nasal blockage being the primary symptom, in modern medicine there are many degrees and multiples of conditions that can produce nasal obstruction or blockage. The clinical presentation of a blocked airway can have multiple factors, many causes and associated symptoms. Clinically, the treatment of a blocked airway can be managed through a broad range of inclusive treatments, such as supportive care, therapeutic procedures or surgical correction, to resolve the clinical issues associated with a blocked airway. *Nasavarodha* is seen primarily as a manifestation of vitiated *Kapha*, which causes narrowing of nasal passages, along with a vitiated *Vata* causing derangement of the normal respiratory process. As such, *Nasavarodha* is both a functioning and an anatomical disease of the nasal passage.

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