



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## NASANAHA: AN INTEGRATIVE REVIEW OF AYURVEDIC AND MODERN PERSPECTIVES ON NASAL OBSTRUCTION

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### ABSTRACT

Nasal disease represents a major public health concern, especially in developing countries like India. The nasal cavity serves as the primary passage for respiration and plays a significant role in conditioning of inspired air, humidification, and temperature regulation. Any disturbance in the anatomical or physiological function of the nose may result in significant morbidities. In Ayurveda, the nose is regarded as **Nasa Hi Sirso Dwaram** (gateway to the head), highlighting its anatomical and physiological importance. Among the various Nasaroga (nasal diseases) described, Nasanaha is primarily characterized by obstruction of the nasal passage. This review article seeks to critically evaluate the concept of Nasanaha through Ayurvedic references and to establish correlation with comparable conditions in contemporary medical science.

**KEYWORDS:** NASAROGA, NASANAHA, NASA HI SIRSO DWARAM

### INTRODUCTION

The nose, beyond being a mere respiratory passage, represents a complex anatomical structure with multifaceted physiological functions. Its role extends from basic respiration to sophisticated functions including olfaction, speech resonance, and immunological defense. In the modern era, nasal obstruction affects approximately 30-40% of the global population, significantly impacting quality of life, sleep patterns, and overall health.

Ayurveda, the ancient Indian system of medicine, recognized the paramount importance of nasal health centuries ago. The classical Ayurvedic texts describe the nose as “Nasa hi Shirso Dwaram” (the nose is the gateway to the head), emphasizing its critical anatomical position and therapeutic significance. Among the spectrum of nasal disorders classified in Ayurvedic literature, Nasanaha occupies a prominent position due to its prevalence and impact on respiratory function.

### AYURVEDIC PERSPECTIVE OF NASANAHA

#### Etymology and Definition

The term “Nasanaha” is derived from two Sanskrit words: “Nasa” (nose) and “Anaha” (obstruction or blockage). Classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, describe Nasanaha as a condition characterized by blockage or obstruction of the nasal passage, preventing normal airflow during respiration.

उच्छ्वासमार्गन्तु कफ सवातो सन्ध्यात् प्रातीनाहमुदाहरेत्तम ॥ माधव ॥

## Classification in Ayurvedic Literature

According to classical Ayurvedic texts, Nasanaha is classified under Nasaroga (diseases of the nose). Different Acharyas have provided varying classifications:

Charaka Samhita describes Nasanaha as one among the Pranavaha Srotodushti Vikara (disorders of the respiratory channels), emphasizing its impact on Prana Vayu (vital breath).

Sushruta Samhita categorizes it under Nasagata Roga and provides detailed descriptions of its etiology, pathogenesis, and management.

Madhava Nidana elaborates on the differential diagnosis and distinguishing features from other similar nasal conditions.

### Nidan(Etiology)

Ayurvedic texts identify multiple causative factors for Nasanaha:

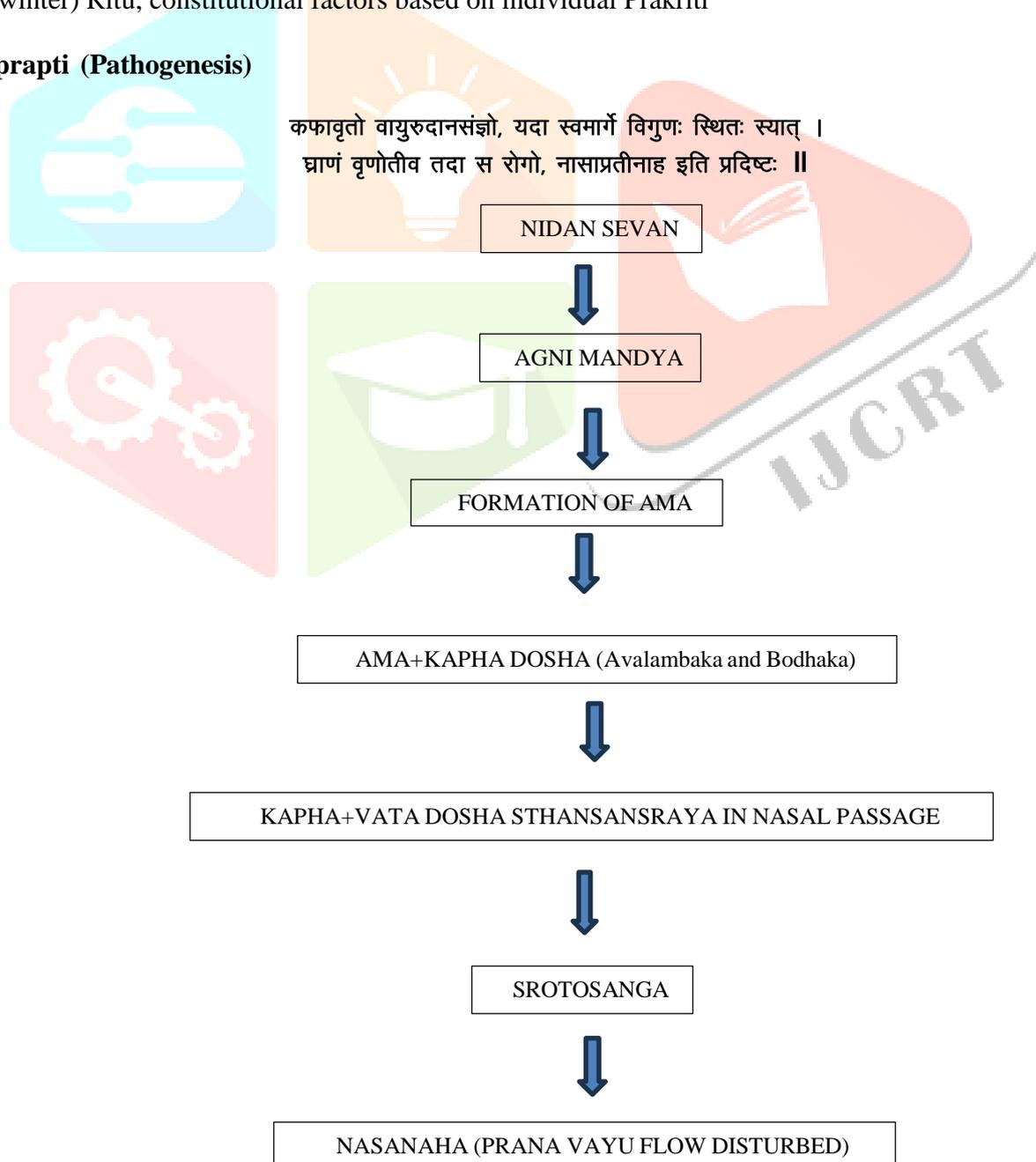
**Ahara Nidana ( Dietary Factors):** Excessive consumption of cold foods and beverages, heavy and difficult-to-digest foods, incompatible food combinations, excessive intake of curd, fish, and cold milk.

**Vihara Nidana Lifestyle Factors):** Exposure to cold and humid environments, suppression of natural urges (especially sneezing), sleeping during daytime, excessive exposure to dust and smoke, irregular sleep patterns.

**Manasika Nidana ( Psychological Factors):** Stress and anxiety may contribute to aggravation of symptoms.

**Anya Nidana ( Other Factors):** Seasonal variations, particularly during Hemanta (early winter) and Shishira (late winter) Ritu, constitutional factors based on individual Prakriti

### Samprapti (Pathogenesis)



The chronicity may lead to further complications involving Tarpaka Kapha and affecting Shiras (head).  
Rupa Clinical Features.

### Classical Texts Describe The Following Cardinal Features Of Nasanaha:

#### PRADHANA LAKSHANA ( PRIMARY SYMPTOMS):

Nasa Sanga (nasal blockage), difficulty in breathing through the nose, Mukha Shwasa (mouth breathing), disturbed sleep due to nasal obstruction. ANUBANDHI LAKSHANA

#### (ASSOCIATED SYMPTOMS):

Shirogurava (heaviness in head),  
Ghrana Nashti (loss or reduction of smell), Karna Badhirya (hardness of hearing), Swara Bheda (altered voice quality), Mukha Shosha (dryness of mouth),

If left untreated, Nasanaha may lead to Shiroshoola (headache), Karna Roga (ear diseases), Kasa (cough), Pinasa becoming chronic, disturbed sleep leading to systemic manifestations.

#### Modern Medical Perspective Definition and Prevalence

In contemporary medical science, nasal obstruction is defined as the subjective sensation of reduced airflow through the nasal passages. It represents one of the most common complaints in otorhinolaryngology practice, affecting quality of life significantly. Studies indicate that approximately 30-40% of the general population experiences nasal obstruction at some point, with higher prevalence in urban areas due to environmental pollution.

#### Anatomical and Physiological Considerations

The nasal cavity performs several critical functions: filtration of particulate matter through nasal hairs and mucus, humidification of inspired air to 100% relative humidity, warming of air to body temperature, olfactory function, immunological defense through nasal-associated lymphoid tissue NALT, regulation of airway resistance.

The nasal cycle, a physiological alternating congestion and decongestion of the nasal turbinates

#### Upadrava (Complications)

SLEEP APNEA  
CARDIOVASCULAR ISSUES  
CHRONIC HYPOXIA  
SINUS INFECTION  
RHINITIS  
CHRONIC RHINOSINUSTIS

### PATHOPHYSIOLOGY

The pathophysiology varies based on the underlying cause. In inflammatory conditions, the process involves exposure to allergens or irritants triggering IgE-mediated or non-IgE-mediated responses, release of inflammatory mediators including histamine, leukotrienes, and cytokines, vasodilation and increased vascular permeability leading to mucosal edema, increased mucus production, and eventual nasal obstruction.

In structural abnormalities, mechanical obstruction of the nasal airway results in turbulent airflow, compensatory turbinate hypertrophy on the contralateral side, and altered nasal physiology.

#### Clinical Assessment

Modern diagnostic approach includes comprehensive history taking regarding duration, severity, laterality, associated symptoms, and triggering factors.

**Physical examination** involves anterior rhinoscopy, nasal endoscopy, and assessment of nasal patency.

**Investigations** may include acoustic rhinometry, rhinomanometry, allergy testing, CT scan of paranasal sinuses, and nasal cytology.

## Management Strategies

Contemporary treatment is tailored to the underlying etiology:

**Medical Management:** Intranasal corticosteroids, oral and topical decongestants (with caution regarding duration), antihistamines for allergic rhinitis, leukotriene receptor antagonists, nasal saline irrigation, immunotherapy for allergic conditions.

## Surgical Management:

Septoplasty for deviated nasal septum Turbinate reduction procedures

Functional endoscopic sinus surgery (FESS) Polypectomy

## Comparative Analysis: Bridging Ancient Wisdom and Modern Science

### Conceptual Correlation

The Ayurvedic concept of Nasanaha demonstrates remarkable correlation with modern understanding of nasal obstruction. Both systems recognize nasal obstruction as a multifactorial condition affecting respiratory function, quality of life, and overall health. The Ayurvedic emphasis on constitutional factors (Prakriti) parallels modern recognition of individual variations in susceptibility.

### Etiological Similarities

The causative factors described in Ayurveda align well with modern triggers.

Dietary factors like cold foods correlate with temperature-induced vasomotor responses. Environmental exposures (dust, smoke) are recognized in both systems.

Seasonal variations (Ritu) correspond with modern understanding of seasonal allergic rhinitis.

The concept of suppressed natural urges relates to disturbance in normal physiological mechanisms.

### Clinical Manifestations

Both systems identify similar presenting features: nasal blockage as the cardinal symptom, mouth breathing and associated complications, altered olfaction, sleep disturbances, systemic effects including fatigue and concentration difficulties.

### Therapeutic Approaches

Ayurvedic management strategies show interesting parallels with modern approaches:

**Nasya Karma** (nasal medication) corresponds to modern topical intranasal therapies. The use of medicated oils has anti-inflammatory effects similar to modern corticosteroids.

**Dhumapana** (medicated smoke inhalation) relates to the concept of aromatherapy and steam inhalation.

**Shirovirechana** procedures parallel modern surgical decompression in chronic cases.

**Dietary modifications** in Ayurveda align with modern dietary recommendations for managing inflammatory conditions.

**Swedana** (sudation therapy) correlates with steam inhalation used in modern practice.

शिशुकान्तावचाव्योष्ट्राखासुरससैन्धवैः।

नस्यदानाज्जयेत्सिद्धं तैलं नासागदे नृणाम् ॥१०२॥

### Integrative Management Approach

A comprehensive management strategy for nasal obstruction could integrate both systems: Preventive Strategies

Adoption of Ritucharya (seasonal regimen) and Dinacharya (daily regimen) from Ayurveda, environmental modifications to reduce allergen exposure, dietary awareness combining both Ayurvedic dietary principles and modern nutritional science, stress management incorporating yoga and meditation.

### Acute Management

Modern pharmacological interventions for immediate relief, Ayurvedic therapies like Nasya for symptomatic improvement, steam inhalation with or without herbal additives, nasal saline irrigation (supported by both systems).

### Chronic Management

Constitutional treatment based on Ayurvedic principles, modern medical management for underlying conditions like allergic rhinitis, regular practice of Pranayama (breathing exercises), periodic Panchakarma therapies for detoxification, surgical intervention when indicated for structural abnormalities.

## Research Perspectives and Future Directions

The integration of Ayurvedic and modern approaches to Nasanaha presents several research opportunities. Standardization of Ayurvedic diagnostic criteria for Nasanaha in modern clinical terminology is needed. Clinical trials comparing Ayurvedic interventions with standard modern treatments should be conducted. Investigation of mechanism of action of Ayurvedic formulations at molecular and cellular levels would be valuable. Development of integrative protocols combining best practices from both systems could enhance patient outcomes. Studies on prevention of nasal obstruction using Ayurvedic lifestyle modifications deserve attention.

Research on safety, efficacy, and standardization of NASYA formulations and NASAL PACKING is important. Clinical Implications.

## Challenges in Integration

Despite potential benefits, several challenges exist in integrating these systems. Lack of standardization in Ayurvedic formulations makes comparison difficult. Limited high-quality clinical research on Ayurvedic interventions creates evidence gaps. Differences in diagnostic terminology and disease classification require bridging efforts. Need for trained practitioners conversant in both systems is a practical limitation. Regulatory and reimbursement issues affect accessibility of integrated care.

## Conclusion

Nasanaha, as described in Ayurvedic classical texts, represents a comprehensive understanding of nasal obstruction that remarkably aligns with modern medical knowledge while offering unique perspectives on prevention and holistic management. The condition, whether viewed through the lens of Dosha theory or contemporary pathophysiology, fundamentally affects the same anatomical and physiological systems.

The integration of Ayurvedic wisdom with modern scientific approaches offers a promising pathway for more comprehensive and patient-centered care. While modern medicine excels in precise diagnosis and targeted interventions, Ayurveda provides valuable insights into prevention, constitutional considerations, and holistic management that addresses root causes rather than merely suppressing symptoms.

Future healthcare delivery for nasal obstruction and other common conditions may benefit from evidence-based integration of these complementary systems. This requires rigorous scientific validation of traditional practices, development of standardized protocols, and training of healthcare professionals in both paradigms.

As we move forward, the key lies not in viewing these systems as competing but as complementary approaches, each contributing unique strengths to the common goal of alleviating human suffering and promoting optimal health.

## References

1. Pasha R, Golub JS. *Cummings Otolaryngology*. 8th ed. Philadelphia: Elsevier; 2025.
2. Central Pollution Control Board. *AQI Report: Haridwar PM2.5 Peaks*. New Delhi: CPCB; 2025. Available from: <https://cpcb.nic.in/aqi-reports>
3. Singh R, et al. Prevalence of rhinitis in Uttarakhand. *Indian J Otolaryngol Head Neck Surg*. 2025;77:456-62. doi:10.1007/s12070-024-04567-8.
4. Chakrapanidatta. *Charaka Samhita*. Varanasi: Chaukhamba; 2020.
5. Dalhana. *Sushruta Samhita*. Varanasi: Chaukhamba; 2021.
6. Arunadatta. *Ashtanga Hridaya*. Varanasi: Krishnadas Academy; 2019.
7. Madhava. *Madhava Nidana*. Varanasi: Chaukhamba Prakashan; 2022.
8. Bhavamishra. *Bhavaprakasha*. Varanasi: Sanskrit Sansthan; 2020.
9. Hoy SM, et al. Global rhinitis burden. *Allergy*. 2024;79:1456-65. doi:10.1111/all.16234.
10. Watters C. *Scott-Brown Otorhinolaryngology*. 9th ed. Boca Raton: CRC Press; 2025.
11. Fokkens WJ, et al. EPOS 2025 rhinitis guidelines. *Rhinology*. 2025;63:1-20. doi:10.4193/Rhin25.001.
12. World Health Organization. *Traditional Medicine Strategy 2025-2034*. Geneva: WHO; 2025. Available from: <https://www.who.int/publications/i/item/9789240106592> (who.int in Bing)
13. Sharma V, et al. Nasya in rhinitis: RCT. *J Ayurveda Integr Med*. 2025;16:102-10. doi:10.1016/j.jaim.2025.01.005.
14. Gupta A. Ayurvedic nasal trials meta-analysis. *Evid Based Complement Alternat Med*. 2025;2025:789012. doi:10.1155/2025/789012.
15. Patel S. Integrative ENT protocols. *J Integr Med*. 2026;24:23-31. doi:10.1016/j.joim.2025.11.003.
16. National Center for Complementary and Integrative Health. *Ayurveda research gaps*. Bethesda: NIH; 2025. Available from: <https://nccih.nih.gov/ayurveda>