



Case Study

SYMPTOMS LESS STATUS OF A CASE OF BILATERAL NASAL POLYPOSIS: A CASE REPORT

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ABSTRACT

Nasal Polyposis (NP) is not simply mucosa oedema, but rather grape shaped, smooth, soft, freely mobile mucosal swellings that are often visible on anterior rhinoscopy. Polyps arise from the lateral wall of nose. NP may be present without clinically significant sinus disease and vice versa. In Ayurveda, polyposis can be understood with *Nasa Arsha*. Modern management includes antibiotic, systemic and topical corticosteroids, decongestants and surgery. And lot of chances for recurrence after surgery especially in Ethmoidal polyps. In Ayurveda, various treatment modalities have been proposed for the treatment of *Arsha* as *Shastra karma* (operative procedure), *Kshara karma* (applying some alkaline drugs), *Agni karma* (cauterization) and *Bhaishajya* (conservative/medical treatment). The reported case revealed that B/L ethmoidal polyps are high recurrence rate after surgery and can be managed with Ayurvedic medicine to give sustained relief from symptoms.

INTRODUCTION

Nasal Polyposis (N.P)^[1] is not simply mucosa oedema, but rather grape shaped, smooth, soft, freely mobile mucosal swellings that are often visible on anterior rhinoscopy. Polyps arise from the lateral wall of nose and best seen in endoscopy. The detection of small polyps, but no evidence of sinus disease is relatively common, reported 32% in an endoscopy series. Hence N.P. may be present without clinically significant sinus disease and vice versa.

Autopsy series also suggest that NPs are found mainly in the transitional space between nose and sinuses and often start in the narrow channels of osteomeatal complex. Because small NPs may be missed on Anterior Rhinoscopy, a diagnosis is more likely after nasal decongestion and endoscopy. The cause and effect relationship between NPs and bacterial Chronic Rhinosinusitis (CRS) is a matter of debate.

NPs may form prior to infection with eosinophilic infiltration and neutrophilic inflammation deposits.

Patient with CRS have a no. of symptoms that may be similar to other nasal disorders. Nasal congestion & rhinorrhea are also common in CRS with NP, but olfactory dysfunction is far more common in this disorder.

In Ayurveda, polyposis can be understood with *Arsha*. *Nasa arsha* is the term to compare with nasal polyposis. Features of *Nasa Arsha* has been described as *Pratishyayo* (nasal discharge), *Atimatram kshwathu* (excessive sneezing), *Krichra-uchhwasta* (difficult breathing), *Putinasya* (offensive nasal secretion disease), *Anunasika vakyatvam* (hyponasality/loss of nasal tone) and *Shirodukham* (headache).^[2]

Modern management includes antibiotic, systemic and topical corticosteroids, decongestants and surgery. And lot of chances for recurrence after surgery especially in ethmoidal polyps. Here a case of recurrence of polyps after polypectomy at IGMC, Shimla.

Case Report

A 43 years old male patient with unrevealed name, O.P.D. no. 18022200, has been presented in Shalakya OPD (ENT) of Shiva Ayurvedic Medical College & Hospital, Chandpur Dist. Bilaspur, Himachal Pradesh with complaints of nasal obstruction, sneezing, discharge from nose, loss of sense of smell,

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change in voice and taste. He also complained about headache and facial pains.

On examination it was found that there is presence of discharge, mucosal odema and bilateral nasal polyps were there. He immediately told about his surgery in 2009-10. Although post surgery he experienced nasal blockage and hyposmia. Patient took treatment at different places but did not get satisfactory relief. After evaluation as bilateral nasal polyposis treatment protocol was decided.

Treatment Protocol

Chitrak Haritaki^[3]: Oral, 10gm B.D. with lukewarm water

Hingwadi Tail^[4]: As *Pratimarsh Nasya* 2 drops daily

Criteria

Different naso-endoscopic measurement: scoring system

A. Meltzer Clinical Scoring System	
Grades	Sign
0	No Polyp
1	Polyp confined to middle meatus
2	Multiple polyp in middle meatus
3	Polyp extending beyond middle meatus
4	Polyp Completely obstructing nasal cavity

B. Modified Lund-Mackay Post operative Endoscopy Score (MLMPES)		
Sign	Grades	presentation
Mucosal inflammation	0	Normal mucosa
	1	Mild oedematous mucosa with patent cavity
	2	Severe oedema with compromised cavity
	3	Mild polypoidal mucosa with patent cavity
	4	Severe polypoidal mucosa with compromised cavity
	5	Polyp confined within cavity
Discharge	6	Polyp extending beyond cavity
	0	No discharge
	1	Thin and clear mucous
	2	Purulent

Outcomes

After treatment for 30 days with regime: *Chitrak Haritaki, Hingwadi Tail Nasya* and saline nasal douches and next 30 days with regime *Trikatu Choorna, Hingwadi tail* and saline nasal douches results were as follows as per different criteria:

Criteria	Sign/symptom	Right nostril			Left nostril		
		0 day	30 th day	60 th day	0 day	30 th day	60 th day
MLMPES	Mucosal inflammation	3	1	1	4	3	2
	Discharge	2	1	0	2	1	1
Meltzer system		1	1	0	3	2	1

DISCUSSION

The drugs used for treating patient were oral and topical. *Trikatu choorna* has been indicated in *Nasa Roga Chikitsa* by Sharnagdhara Samhita. It is *kaphaghna* and effective in *Peenasa* (discharging nose)^[7]. Reference for *Chitraka haritaki* has been taken from *Bhaishjya Ratnavali* indicated in *Peenasa* and *Arsha*^[8]. *Hingwadi Tail* has been taken from *Yoga Ratnakara* and indicated in *Nasa roga* when used through nose^[9]. As per outcomes after treatment, patient showed significant relief in symptoms and routine life got improved. Maximum of symptoms got reduced along with size of polyp. Although complete shrinkage of polyp was not there, symptoms of NP similar to *Nasa Arsha*^[10] as explained in *Sushruta Samhita*. The used drugs are having properties like *Shotha hara* (anti-inflammation), *Lekhniya* (debridement), *Krimighna* (anti-biotic), *Shiro virechana* (removal of extra secretion from head) and *Kandughna* (anti-allergy). *Nasya* with *Hingwadi Tail* also helped to liquefy the secretions and elimination from the nose. The drugs used counteracted the etiopathogenesis of NP. There significant improvement in quality of life as the hyposmia and hyponasality got improved. Patient presently is having good status of health after approximately 4 years. The size of polyp is still reduced.

CONCLUSION

There are many scientific advances in the treatment and understanding of pathophysiology of CRS with NP that have occurred within the last decade. Advances in nasal endoscopy, radiological imaging, medical and surgical techniques have allowed for significant improvement in patient management. However, recalcitrant sinus disease is a particular problem and continues to await new therapeutic approaches. The recurrence in allergic polyposis after

sinus disease is very common even after surgery. The reported patient is following instructions regarding nasal care and spending improved quality of life. This case report hopefully may decrease the need of systemic corticosteroids and their ill effects, while increasing the quality of life for patients.

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