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CASE STUDY

Efficacy of *Apamarga Kshara Karma* in the Management of *Nasa Arsha* (Inferior Turbinate Hypertrophy): A Case Report

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ABSTRACT

Inferior Turbinate Hypertrophy (ITH), correlated with *Nasa Arsha* in Ayurveda, is a primary cause of chronic nasal obstruction. While conventional surgeries carry risks of recurrence and mucosal atrophy, *Kshara Karma* offers a minimally invasive para-surgical alternative using controlled chemical cauterization. This report presents a 40-year-old female with a two-year history of recurrent cold, sneezing, and severe nasal obstruction. Diagnosed with *Nasa Arsha*, she was treated with *Apamarga Kshara Karma* across three sessions. Post-treatment, the patient experienced substantial relief from respiratory difficulties and sneezing. The hypertrophied mass visibly shrank, restoring nasal patency within a week. No adverse effects were noted at the one-month follow-up, with minor post-application burning resolving within 30 minutes. The alkaline, *shodhana*, and *lekhana* properties of *Apamarga Kshara* successfully facilitated tissue debridement and reduced swollen mucosa to enhance airflow. This case highlights *Kshara Karma* as a highly effective, cost-efficient, and tissue-preserving alternative to modern surgical methods for managing localized turbinate hypertrophy.

Key Words *Nasa Arsha, Turbinate Hypertrophy, Kshara Karma*

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INTRODUCTION

Nasal obstruction is a prevalent and debilitating complaint in otorhinolaryngology practice, primarily caused by Inferior Turbinate Hypertrophy (ITH). The inferior turbinates are vital, highly vascular structures responsible for the majority of airflow direction, filtering, heating, and humidifying of inhaled air. However, chronic exposure to environmental irritants, allergens, or persistent mucosal inflammation can precipitate substantial swelling of the turbinate soft tissues or, less commonly, the underlying bone. An epidemiological study highlights the clinical significance of this pathology, demonstrating that 86% of patients presenting with chronic rhinosinusitis exhibited bilateral turbinate hypertrophy[1]. Clinically, this structural enlargement severely compromises the

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nasal airway, leading to obligate mouth breathing, disordered sleep, hyposmia, and a profoundly adverse impact on overall quality of life.

The contemporary medical management of ITH typically initiates with conservative pharmacotherapy, including antihistamines, decongestants, and topical or systemic corticosteroids. While these agents may provide transient symptomatic relief, they do not cure the underlying structural anomaly and are frequently associated with adverse side effects such as mucosal drying, crusting, and epistaxis upon prolonged use. When conservative measures fail, various surgical interventions, including turbinoplasty, partial turbinectomy, submucosal diathermy, and radiofrequency ablation, are employed[2]. Although these procedures can be effective in the short term, they frequently provide limited sustained benefit and carry significant risks of intraoperative hemorrhage, delayed recovery, and secondary morbidities such as permanent mucosal atrophy. The universally high recurrence rates and associated complications of modern surgical management underscore a critical need for effective, tissue-preserving, and non-invasive alternatives.

The term *Arsha* is defined as *"Arivat Pranan Shrunati Hinasti Iti Arshah,"* the disease that torments like the enemy[3]. In the classical treatises of Ayurveda, this chronic structural pathology is highly analogous to *Nasa Arsha*, a localized nasal disease manifesting as an "*ankuravat*" (sprout-like) tissue growth. Pathophysiologically, it involves a localized *mamsa vriddhi* (abnormal tissue overgrowth) within the nasal cavity that persistently obstructs the airway, leading to *nasa avarodha* (nasal obstruction). In the *Sushruta Samhita*, *Acharya Sushruta* describes this condition as resulting from the vitiation of *Kapha* and *Vata doshas*, which accumulate and stagnate in the narrow nasal passages. This dosha imbalance physically blocks the inspired air, mirroring the precise clinical presentation and mechanical obstruction seen in chronic turbinate hypertrophy. The clinical features of *Nasarsha* are *Nasavarodha*, *Nasasrava*, *Kshavathu*, and *Shirashoola*, as described in classics[4].

To address conditions characterized by undesirable tissue proliferation, Ayurveda advocates Kshara Karma[5], a highly esteemed parasurgical intervention that utilizes controlled chemical cauterization. Highly alkaline herbal formulations, such as *Apamarga Kshara*[6], inherently possess *chedana* (excision), *bhedana* (incision), *lekhana* (scraping), and *shodhana* (purifying) properties. These targeted pharmacological actions enable selective division and precise debridement of pathological *mamsa vriddhi* without causing collateral damage to the underlying basal mucosa. Because *Kshara* is exceptionally suited for confined anatomical spaces like the nasal cavity where sharp instruments are difficult to manoeuvre safely, it presents a highly effective, safe, and repeatable outpatient solution. This case report assesses the clinical efficacy and therapeutic safety of *Apamarga Kshara Karma* as a minimally

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invasive para-surgical intervention on a 40-year-old female patient diagnosed with *Nasa Arsha* (Turbinate Hypertrophy).

AIM

To document and establish the clinical viability of *Apamarga Kshara Karma* as a minimally invasive, para-surgical intervention for the definitive management of *Nasa Arsha* (Inferior Turbinate Hypertrophy).

OBJECTIVES

To systematically evaluate the anatomical reduction of the hypertrophied mucosal tissue and the consequent restoration of functional airway patency following three sequential, localized applications of *Apamarga Kshara*.

CASE PROFILE

A 40-year-old female housewife from Belgaum, belonging to a middle-class socioeconomic background, presented to the outpatient department with a two-year history of chronic right nasal obstruction (*Nasa Avarodha*), recurrent coryza, paroxysmal sneezing, and difficulty breathing. These symptoms were insidious in onset and gradually progressive, with a significant acute exacerbation over the past 15 days marked by severe congestion that necessitated obligate mouth breathing and disrupted her sleep architecture. She reported that her symptoms were primarily aggravated by cold weather and dust, yielding only partial, temporary relief from over-the-counter topical decongestants and steam inhalation. With no history of epistaxis, trauma, or purulent discharge, the obstructive *mamsa vriddhi* severely disrupted her daily life, necessitating para-surgical treatment.

Medical History

The patient had no known history of chronic systemic illnesses.

Allergic History

The patient reported no known drug allergies

Family History

There is no disease-related family history.

Personal History

Evaluation of the patient's personal history revealed a normal appetite (*Samyak Agni*) and regular physiological excretory functions, with bowel movements (*Prakrut Mala*) occurring once daily and micturition (*Prakrut Mutra*) four to five times a day. However, her sleep (*Nidra*) was noted to be significantly reduced and disturbed (*Alpa*).

General Examination

BP: 120/70 mm of Hg

Pulse: 78 /min

SpO2: 98% on Room air

Systemic Examination

RS: Air entry bilateral equal, Normal vesicular breath sounds heard, RR: 17 cycles/min

CVS: S1 and S2 heard, HR: 78 bpm

CNS: Conscious & oriented to time, place, and person.

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Local Examination

A detailed nasal speculum examination was conducted to assess the structural integrity and patency of the nasal cavity. The examination revealed a significantly enlarged right inferior turbinate as shown in Figure 1, which resulted in a notably reduced nasal airway space on the affected side. The surrounding nasal mucosa was observed to be pink, smooth, and actively congested. The nasal septum was centrally placed, with no significant structural deviation noted.

Figure 1 Pre-operative nasal speculum examination revealing an enlarged right inferior turbinate and a narrowed airway space

Investigations

- Hb - 13.2 g/dL
- HIV 1 & 2 – Negative
- HBsAg – Negative
- RBS – 123.2 mg/dL

Treatment Protocol

The patient underwent *Kshara Karma* using *Apamarga Kshara* across three consecutive weekly sittings under aseptic outpatient conditions. Notably, no routine local applications or systemic medications were prescribed during the post-operative healing phase; the cauterized mucosa was allowed to heal naturally. The patient was advised to follow general *Pathya-Apathya* and was closely monitored at each follow-up visit. Clinical observation focused on a progressive reduction in *Nasa Avarodha* (nasal obstruction), *Kshavathu* (paroxysmal sneezing), and *Mamsa Vriddhi* (hypertrophied tissue) until *Samyak Vyadhi Upashaya* and the full restoration of nasal airway patency were achieved.

Table 1 Post-operative oral medications and dosage

Sr. No.	Medication
1.	*Kanchanara Guggulu*[7] (1 BD with *ushna jala*)
2.	*Gandhaka Rasayana*[8] (1 BD with *ushna jala*)

THERAPEUTIC INTERVENTION

Materials required

Sterile gloves, Gauze pieces and pad, Lignocaine 10% spray, *Apamarga Kshara*, applicator, Thudicum nasal speculum, *Nimbu Swarasa*.

Methods

Purva Karma

Before initiation of the procedure, informed written consent was obtained from the patient. The patient was positioned comfortably in a head-tilt supine posture to facilitate optimal illumination and direct anatomical access to the nasal cavity. Maintaining strict aseptic protocols, the nasal cavity was thoroughly cleaned and prepared using sterile normal saline to clear any existing secretions or debris. All requisite instruments and therapeutic materials were arranged and kept readily accessible.

Pradhana Karma

Under direct inspection, the presence of the right hypertrophied inferior turbinate was positively

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confirmed. *Apamarga Kshara* was then precisely applied to the targeted tissue within the right nostril using a nasal applicator. The application was maintained until visible tissue shrinkage occurred and the local mucosa exhibited the characteristic *Jambu Phala Varna* (discoloration). Immediately upon achieving this clinical sign, the chemical action was arrested by neutralizing and irrigating the right nasal cavity with *Nimbu Swarasa*.

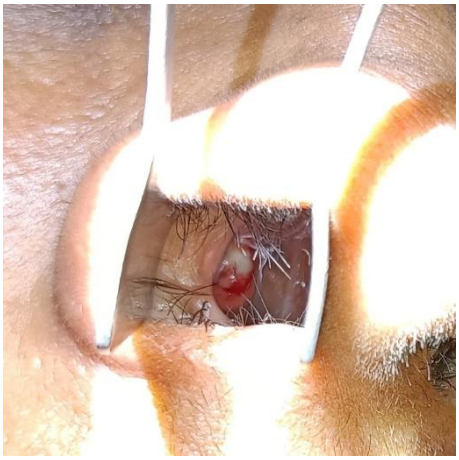

Figure 2 Nasal speculum examination after the second sitting, demonstrating noticeable structural shrinkage of the hypertrophied right inferior turbinate mass prior to the final application

Paschat Karma

The patient was instructed to strictly avoid exposure to direct air, cold breezes, dust, and smoke. *Pathya-Apathya* included consuming a light diet while specifically avoiding cold, dry, and spicy foods. Furthermore, the patient was advised to take oral medications as detailed in Table 1. The patient was continuously monitored for any post-procedural complications, specifically hemorrhage or mucosal ulceration.

OUTCOMES AND FOLLOW-UP

The clinical outcomes were evaluated chronologically following each sequential application of *Apamarga Kshara*, demonstrating a progressive, positive response across all clinical parameters. Following the first sitting, the patient reported a slight reduction in the frequency of sneezing and experienced no procedural discomfort. Objective nasal speculum examination revealed a mild reduction in the size of the right inferior turbinate, providing initial, slight relief from nasal obstruction. After the second sitting, there was noticeable structural shrinkage of the hypertrophied mass as shown in Figure 2. The patient experienced a marked decrease in the frequency of coryza and sneezing, although mild breathing difficulty persisted. Crucially, local examination confirmed an absence of collateral mucosal damage or secondary complications at this stage.

Figure 3 Post-operative nasal speculum examination demonstrating a fully shrunken and non-edematous right inferior turbinate, indicating the restoration of airway patency

Following the third sitting, the intervention yielded complete relief from physical obstruction. The right inferior turbinate appeared fully shrunken and non-edematous as shown in Figure 3, and the patient reported a substantial reduction in breathing difficulty, indicating the

successful restoration of functional airway patency. At the two-week follow-up assessment, the nasal mucosa exhibited a normal, healthy physiological appearance with absolutely no signs of active inflammation. The patient remained completely asymptomatic, reporting no recurrence of the initial complaints or any delayed adverse procedural effects from the para-surgical intervention.

DISCUSSION

The present case report highlights the therapeutic efficacy of *Apamarga Kshara Karma* in treating *Nasa Arsha*, which clinically correlates with Inferior Turbinate Hypertrophy (ITH). The 40-year-old female patient presented with chronic *nasa avarodha* (nasal obstruction) and *khandita nidra* (disturbed sleep), which had severely impacted her quality of life and proven refractory to conservative medical management. Following three sequential applications of the para-surgical intervention, the patient achieved progressive relief and a complete subjective and objective resolution of symptoms by the two-week follow-up, with absolutely no adverse effects reported.

The therapeutic efficacy observed in this case can be directly attributed to the specific pharmacological and para-surgical properties of *Apamarga Kshara*. Chronic mucosal inflammation often leads to the substantial soft tissue enlargement seen in ITH. According to classical Ayurvedic principles, *Kshara* possesses potent *ushna* (hot), *tikshna* (sharp), *chedana* (excising), and *lekhana* (scraping) qualities. When applied directly to the *mamsa vriddhi* (tissue overgrowth), these properties facilitate precise chemical debridement, effectively reducing the hypertrophied mucosal volume. This targeted application pacifies the localized *Kapha* and *Vata doshas*, allowing for *shodhana* (purification) that dissolves the morbid *ankuravat* (sprout-like) mass and re-establishes physiological airway patency.

The clinical observations from this case underscore the significant procedural strengths of *Kshara Karma* over conventional surgical modalities. The intervention stands out as a safe, completely bloodless daycare procedure demonstrating excellent patient tolerance. It is minimally invasive, highly cost-effective, and safely executed without the requirement for general anaesthesia or prolonged hospitalization. The rapid restoration of bilateral airflow and the total absence of reported complications strongly validate this approach as a tissue-preserving alternative for managing chronic structural nasal obstruction.

However, certain limitations of the present study must be acknowledged. As a single-case report, the findings are inherently limited in their broader generalizability. The absence of a comparative control group and the reliance on clinical evaluation rather than objective imaging confirmation, such as a CT scan of the paranasal sinuses, restrict the quantifiable assessment of the structural reduction. Furthermore, the relatively short follow-up period precludes the evaluation

of long-term recurrence rates. Future multi-centric, randomized controlled trials with larger sample sizes and extended follow-up protocols are recommended to further substantiate these clinical outcomes.

CONCLUSION

This case report establishes that *Apamarga Kshara Karma* is a highly effective, safe, and minimally invasive para-surgical intervention for the management of *Nasa Arsha* (Inferior Turbinate Hypertrophy). The sequential application of *Kshara* successfully reduced the hypertrophied morbid tissue, fully restored nasal patency, and resolved the chronic respiratory and sleep disturbances within three weeks, yielding no adverse mucosal effects or recurrence at the follow-up evaluation. Scientifically, this validates the utility of targeted Ayurvedic chemical cauterization in resolving chronic structural airway obstructions. Compared to conventional surgical methods, *Kshara Karma* represents a significant methodological improvement by mitigating intraoperative bleeding risks, preserving underlying functional anatomy, and offering a highly economical, ambulatory alternative for comprehensive patient care.

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