

## Therapeutic Efficacy of *Nasa-agra Siravyadha* and *Shamana Chikitsa* in Nasal Hyper-Reactivity (*Kshavathu*): A Case Study

Itika Pamnani <sup>1</sup>, Gulab Chand Pamnani <sup>2</sup> and Hemant Kumar Nagar <sup>2,\*</sup>

<sup>1</sup> Intermediary Pharmacovigilance Centre, National Institute of Ayurveda, Jaipur.

<sup>2</sup> Department of Shalaky Tantra, National Institute of Ayurveda, Jaipur.

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### Abstract

**Introduction:** *Kshavathu* is described in Ayurvedic classics as a disorder characterized by repeated expulsion of vitiated *Vata* associated with *Kapha* through the nasal passage, leading to frequent sneezing. Clinically, it resembles Non-Allergic Rhinitis in modern medicine, where nasal hyper-reactivity causes recurrent sneezing without allergic etiology. Conventional management primarily focuses on symptomatic relief, and long-term satisfactory outcomes are often limited in cases of non-allergic rhinitis. This necessitates exploration of effective Ayurvedic interventions. In the present case, *Siravyadha Karma* was specifically performed at the *Nasa-agra* (tip of the nose) region. The targeted intervention resulted in significant reduction in the frequency and intensity of sneezing, along with improvement in associated nasal symptoms. This study highlights the effectiveness of localized *Siravyadha Karma* at *Nasa-agra* as a safe and promising therapeutic modality in the management of *Kshavathu*, particularly in cases correlating with non-allergic rhinitis.

**Methods-** A 36-year-old female patient diagnosed with *Kshavathu* was selected. *Siravedha Karma* was performed in three sittings at 7-day intervals (Day 0, 7, 14). *Anu Taila Pratimarsha Nasya* (2 drops each nostril twice daily) and *Shatavari Churna* (*Asperagus Racemosa*) (3 g twice daily with milk) were administered for 30 days. Assessment was done on subjective symptom scoring before and after treatment.

**Results-** Significant reduction in sneezing frequency, nasal irritation and watery discharge was observed.

**Conclusion-** The combined therapy showed promising results in reducing nasal hyper-reactivity and recurrent sneezing in *Kshavathu*.

**Keywords:** *Kshavathu*; *Siravyadha Karma*; *Nasa-agra*; Non-Allergic Rhinitis; *Vata-Kapha*; *Rakta Doṣa*

### 1. Introduction

Diseases of the upper respiratory tract pose a significant challenge to global healthcare, severely impacting the patient's quality of life, daily productivity, and psychological well-being. Among these, recurrent nasal hyper-reactivity characterized by paroxysmal (sudden, recurring) sneezing and rhinorrhea is widely prevalent. In Ayurvedic classics, this clinical presentation closely aligns with the disease entity termed *Kshavathui* [1].

#### 1.1. Ayurvedic Etiopathogenesis of *Kshavathu*

*Kshavathu* is classified under the *Nasa Rogas* (nasal disorders) in ancient Ayurvedic treatises, including the *Sushruta Samhita* and *Ashtanga Hridaya* [2]. The pathogenesis (*Samprapti*) of *Kshavathu* primarily involves the vitiation of *Vata Dosh*a, closely associated with *Kapha Dosh*a, within the nasal channels (*Nasa Srotas*). According to classical texts, when

\* Corresponding author: Hemant Kumar Nagar.

a person is exposed to triggering factors—such as *Siro-abhighata* (head injury), *Ati-sevana* of *Ruka-Sheeta Padartha* (excessive intake of dry or cold foods), exposure to *Raja* (dust), *Dhuma* (smoke), or seasonal transitions (*Ritu Sandhi*)—the *Vata Dosha* becomes severely aggravated. This vitiated *Vata*, finding lodgment in the subtle channels of the nose, forces its way outward. During this upward movement, it mixes with *Kapha Dosha* residing in the nasal mucosa. The sudden, forced expulsion of this vitiated *Vata* associated with *Kapha* through the nasal passages manifests clinically as recurrent, forceful sneezing (*Kshavathu*), often accompanied by nasal mucosal irritation and watery discharge [3].

### 1.2. Modern Clinical Correlation: Non-Allergic Rhinitis (NAR)-

In contemporary medicine, this presentation mirrors Non-Allergic Rhinitis (NAR), specifically the neurogenic or vasomotor sub-types [4]. Non-allergic rhinitis is characterized by the presence of chronic nasal symptoms—such as sneezing, rhinorrhea, and nasal congestion—in the explicit absence of systemic allergic etiology (evidenced by negative skin prick tests and normal serum IgE levels) [5]. The underlying mechanism of NAR is primarily driven by nasal neurovascular hyper-reactivity. An imbalance between the sympathetic and parasympathetic nervous system innervation of the nasal mucosa, or the hyper-activation of local nociceptive (pain/irritation-sensing) nerve fibers, triggers localized vasodilation and plasma extravasation (fluid leaking into tissues) [6]. This leads to a hypersensitive reflex arc, causing frequent, unprovoked bouts of sneezing.

### 1.3. The Therapeutic Challenge and Rationale for *Siravadha karma*: -

Conventional medical management of NAR heavily relies on symptomatic interventions, including: - Topical intranasal corticosteroids, Intranasal antihistamines, Systemic decongestants. While these modalities provide temporary relief, they fail to address the underlying hyper-reactivity, require long-term compliance, and are frequently associated with side effects such as nasal mucosal dryness, epistaxis (nosebleeds), and rebound congestion (*rhinitis medicamentosa*) [7]. Consequently, achieving a satisfactory, sustained therapeutic outcome remains a challenge, necessitating the exploration of holistic alternative interventions. Ayurveda offers a unique breakthrough for such refractory conditions through *Panchakarma* and *Upakramas* (specialized procedures). When *Doshas* are deeply lodged or cause acute localized hyper-reactivity, *Shamana* (palliative internal medicines) alone may provide delayed or incomplete relief. In such cases, *Siravyadha Karma* (therapeutic bloodletting via vein puncture), considered by Acharya Sushruta as half of the entire therapeutic arsenal in *Shalya Tantra*, [8] is highly indicated. *Siravyadha* functions by instantly expelling localized vitiated *Rakta* (blood) and *Doshas*, thereby breaking the pathological cycle of congestion and hypersensitivity. Specifically, performing localized *Siravyadha* at the *Nasa-agra* (tip of the nose) targets the peripheral vascular and neural network directly supplying the nasal vestibule and lower septum.

## 2. Case History

A 36-year-old female patient presented to the outpatient department (OPD) with a chief complaint of chronic, recurrent paroxysmal sneezing, intense nasal irritation, and continuous watery nasal discharge.

### 2.1. History of Present Illness

The patient had been suffering from these symptoms for the past two years, experiencing severe bouts of 15 to 20 continuous sneezes, particularly triggered by morning drafts of cold air, dust, and sudden changes in ambient temperature. The severity of the symptoms caused substantial disruption to her daily chores and sleep cycle. She had previously consulted conventional otorhinolaryngologists and was prescribed oral antihistamines alongside corticosteroid nasal sprays. While these offered temporary, transient relief, the symptoms recurred with equal or greater intensity upon discontinuation of the drugs. The patient reported no history of asthma, food allergies, or any familial history of atopy.

### 2.2. Clinical and Physical Examination

On physical examination, the systemic vitals of the patient were stable and within normal physiological limits. Localized examination of the upper respiratory tract revealed:

- **Anterior Rhinoscopy:** Pale, edematous (swollen) nasal mucosa with excessive, clear, thin watery secretions. No significant deviated nasal septum (DNS) or nasal polyps were detected.
- **Allergic Evaluation:** Modern laboratory investigations showed normal absolute eosinophil count (AEC) and serum total IgE levels within normal limits. Skin prick tests for common environmental allergens were negative, thereby excluding an allergic etiology and confirming a diagnosis of Non-Allergic Rhinitis (NAR).

### 2.3. Ayurvedic Clinical Assessment (*Ashta Sthana Pariksha*)

On clinical evaluation, the patient's *Ashta Sthana Pariksha* (eight-fold Ayurvedic examination) revealed a *Vata-Kapha Pradhana Nadi* (pulse), indicating a clear dominance of aggravated *Vata* and *Kapha* doshas. Examination of the *Jihva* (tongue) showed *Alpa Lapatwa* (mild coating), suggesting the presence of minimal *Ama* (metabolic toxins), while both *Mala* (stool) and *Mutra* (urine) were found to be *Prakrita* and *Niramaya* (normal and clear), indicating balanced elimination channels. Her *Shabda* (voice) was generally *Spashta* (clear) but carried a minor nasal twang during acute sneezing episodes due to transient nasal passage obstruction. Furthermore, *Sparsha* (touch) revealed *Anushna Sheeta* (slightly cold extremities), reflecting the *Sheeta Guna* (cold quality) of the vitiated doshas, her *Drik* (eyes) were noted to be *Sashru* (mildly watery) exclusively during paroxysmal bouts, and her overall *Akriti* (body built) was assessed as *Madhyama* (medium built).

Based on the clinical presentation—recurrent sneezing (*Kshavathu*), clear thin watery nasal discharge (*Nasa Srava*), and mucosal irritation (*Nasa Kandu*)—the condition was diagnosed as *Kshavathu* due to *Vata-Kapha* vitiation with localized involvement of *Rakta Dhatu*.

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## 3. Material and methods

A combined treatment protocol integrating localized para-surgical bloodletting (*Siravyadha Karma*) and palliative internal and external therapy (*Shamana* and *Nasya*) was scheduled for a duration of 30 days.

### 3.1. Ethical Considerations & Consent

The treatment protocol was thoroughly explained to the patient. A signed, informed written consent was obtained prior to initiating the specialized *Siravyadha Karma*.

### 3.2. Intervention Protocol

#### 3.2.1. Pradhanakarma:

Localized *Siravyadha* (Days 0, 7, and 14)-*Siravyadha Karma* was executed at the *Nasa-agra* (tip of the nose) across three sittings at weekly intervals.

#### 3.2.2. Purva Karma (Pre-procedure Preparations)

The patient was made to sit comfortably in a well-lighted room. Localized *Snehana* (mild massage) was performed on the nose and facial region using *Tila Taila*, followed by *Nadi Swedana* (localized mild steam therapy) to induce vasodilation and bring the vitiated *Doshas* to the superficial vessels. The area around the *Nasa-agra* was thoroughly cleaned with an antiseptic solution (spirit and betadine).

#### 3.2.3. Pradhana Karma

The patient was instructed to hold her breath for a brief moment to make the superficial veins near the nasal tip prominent. Using a sterile 24G scalp vein needle or lancet, a controlled puncture (*Siravyadha*) was performed exactly at the *Nasa-agra* region. The vitiated, dark blood was allowed to flow naturally out of the puncture site. Approximately 2 to 3 mL of blood was let out during each sitting until the flow stopped spontaneously or turned bright red, indicating the removal of vitiated matter.

#### 3.2.4. Paschat Karma (Post-procedure Management)

The puncture site was gently pressed with a sterile cotton swab to achieve immediate hemostasis. *Haridra Churna* (Turmeric powder) was applied locally to the wound for its potent antiseptic and styptic (*Rakta Stambhana*) properties. The patient was monitored for 30 minutes for any signs of giddiness or adverse reactions before being discharged.

### 3.3. Shamana and Nasya Chikitsa

Simultaneously, to pacify residual *Vata-Kapha* variations and stabilize mucosal defenses, the following therapeutic regimen was maintained for 30 days continuously:

### 3.3.1. Anu Taila Pratimarsha Nasya

The patient was instructed to administer 2 drops of *Anu Taila* in each nostril, twice daily (morning and evening). This was done to lubricate the *Nasa Srotas*, soothe the hyper-reactive local nerve endings, and strengthen the mucosal barrier against external environmental triggers.

### 3.3.2. Shatavari Churna (Internal Administration)

3 grams of *Shatavari Churna* (*asperagus racemosa*) was administered orally twice daily, along with warm milk as the vehicle (*Anupana*), after food. This was introduced as a systemic *Rasayana* to balance *Vata-Pitta* and provide systemic immunomodulation.

## 4. Results

The clinical progression of the patient was carefully evaluated using a subjective symptom scoring system at regular intervals: baseline (Day 0), mid-treatment (Day 14), and at the end of the therapeutic protocol (Day 30).

### 4.1. Subjective Assessment Criteria

Symptoms including sneezing frequency, nasal irritation (*Nasa Kandu*), and watery nasal discharge (*Nasa Srava*) were graded on a unified scale from 0 to 3:

- **Grade 0:** Absent / Normal
- **Grade 1:** Mild (Occasional, causing minimal discomfort)
- **Grade 2:** Moderate (Frequent bouts, interfering with regular daily activities)
- **Grade 3:** Severe (Continuous, distressing, interrupting sleep and daily productivity)

### 4.2. Clinical Outcomes

**Table 1** clinical outcome

Clinical Symptoms	Baseline (Day 0)	Mid-Treatment (Day 14)	Post-Treatment (Day 30)	Percentage Relief
<b>Sneezing Frequency</b>	Grade 3 (15–20 sneezes/bout)	Grade 1 (2–3 sneezes/bout)	Grade 0 (Absent)	100%
<b>Nasal Irritation (Kandu)</b>	Grade 2 (Moderate)	Grade 1 (Mild/Occasional)	Grade 0 (Absent)	100%
<b>Watery Discharge (Srava)</b>	Grade 3 (Severe/Continuous)	Grade 1 (Mild)	Grade 1 (Trace/Negligible)	~66%

Following the first sitting of *Siravyadha Karma* on Day 0, the patient reported an immediate, subjective feeling of "lightness" in the head region (*Shiro-laghavata*) and a rapid reduction in the intense tickling sensation inside the nasal cavity. By Day 14, after the completion of three *Siravyadha* sittings, the sudden morning paroxysmal sneezing bouts had completely ceased.

By Day 30, the nasal mucosa appeared healthy, pink, and non-edematous on anterior rhinoscopy. No adverse side effects, such as localized infection, secondary bleeding, or hematoma at the *Nasa-agra* site, were observed during or after the treatment continuum.

## 5. Discussion

The successful management of *Kshavathu* in this case highlights the clinical synergy between aggressive, localized bloodletting (*Shodhana*) and protective, rejuvenative therapies (*Shamana* and *Nasya*).

### 5.1. Mechanism of Localized *Siravyadha* at *Nasa-agra*-

According to Acharya Sushruta, *Siravyadha* provides instant relief in deep-seated, chronic, or hyper-acute conditions by expelling localized vitiated *Doshas* that cannot be easily pacified by oral drugs alone [9]. In *Kshavathu*, the pathogenesis is characterized by an accumulation of *Vata-Kapha* in the vascular and nervous networks of the *Nasa Srotas*, which subsequently corrupts the local *Rakta Dhatu* (blood tissue) [10]. The *Nasa-agra* (tip of the nose) is a highly vascular zone, rich in superficial capillaries and intensely innervated by the terminal branches of the anterior ethmoidal and maxillary nerves [11]. Puncturing this site yields multiple therapeutic benefits:

- **Decongestion of Srotas:** It directly evacuates the stagnant, vitiated *Rakta* and *Kapha*, relieving localized tissue tension and swelling (*Shopha-hara* effect).
- **Interrupting the Reflex Arc:** From a modern pathophysiological standpoint, the mechanical micro-trauma of *Siravyadha* modulates local neurovascular reactivity. It dampens the hypersensitivity of local nociceptive nerve fibers, effectively shutting down the overactive trigeminal reflex arc that causes paroxysmal sneezing in Non-Allergic Rhinitis. [12,13].

### 5.2. Synergistic Action of *Nasya* and *Shamana Chikitsa*-

While *Siravyadha* cleared the local pathological obstructions, *Anu Taila* and *Shatavari Churna* prevented symptom recurrence:

- ***Anu Taila Pratimarsha Nasya:*** *Anu Taila* is processed with multiple *Vata-Kapha* pacifying herbs. Administered intranasally, it deposits a thin, protective lipid layer across the delicate nasal mucosa [14]. This barrier serves as an insulator against physical triggers like cold air and dust, preventing *Vata* from getting sudden, dry aggravation.

### 5.3. *Shatavari Churna*

Known classically for its *Guru* (heavy), *Snigdha* (unctuous), and *Sheeta* (cooling) properties, *Shatavari* (*Asperagus Racemosa*) is an excellent *Vata-Pitta Shamana* drug [15]. It acts as a systemic *Rasayana* (rejuvenative), promoting mucosal healing, reducing secondary hyper-reactive inflammation, and enhancing overall tissue immunity against environmental shifts (*Ritu Sandhi*) [16].

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## 6. Conclusion

The integrated Ayurvedic protocol involving localized *Siravyadha Karma* at the *Nasa-agra*, supplemented by *Anu Taila Pratimarsha Nasya* and *Shatavari Churna*, proved highly effective in treating *Kshavathu* (Non-Allergic Rhinitis).

The therapy delivered rapid, long-lasting clinical relief from distressing symptoms like recurrent sneezing and nasal irritation without requiring prolonged use of conventional steroid sprays. This study shows that *Nasa-agra Siravyadha* is a safe, minimally invasive, and reproducible para-surgical intervention that warrants wider adoption and evaluation in larger clinical trials for refractory nasal hyper-reactivity disorders.

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## Compliance with ethical standards

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### *Disclosure of Conflict of Interest*

No conflict of interest to be disclosed.

### *Statement of Ethical Approval*

The clinical procedures detailed in this case study were conducted in accordance with institutional ethical guidelines and the principles of the Declaration of Helsinki.

### *Statement of Informed Consent*

Informed consent was obtained from all individual participants included in the study.

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## **References**

- [1] Sushruta. Sushruta Samhita, Uttarantra, Chapter 22 (Nasaroga Vijnaniya Adhyaya), Verse 8-9. With the Nibandhasangraha Commentary of Sri Dalhanacharya. Varanasi: Chaukhambha Orientalia; 2014.
- [2] Vagbhata. Ashtanga Hridaya, Uttarasthana, Chapter 19 (Nasaroga Vijnaniya Adhyaya). Edited by Harishastri Paradkar. Varanasi: Chaukhambha Krishnadas Academy; 2009.
- [3] Bhishagratna KK, editor. The Sushruta Samhita. Vol 3: Uttara-Tantra. Chapter 22: Diseases of the Nose (Nasaroga-Vijnaniya). Calcutta: Kunjalal Bhishagratna; 1916. p. 110-112.
- [4] Hellings PW, Klimek L, Cingi C, Agache I, Akdis C, Bachert C, et al. Non-allergic rhinitis: Position paper of the European Academy of Allergy and Clinical Immunology. *Allergy*. 2017;72(11):1657-1665.
- [5] Bousquet J, Schunemann HJ, Togias A, Erhola M, Hellings PW, Zuberbier T, et al. Next-generation Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines for inhaled corticosteroids and antihistamines. *J Allergy Clin Immunol*. 2020;145(1):70-80.
- [6] Kaliner MA. Mechanisms of pathogenetic pathways in nonallergic rhinitis. *Allergy Asthma Proc*. 2009;30(4):349-355.
- [7] Lund VJ, Aromaa A, Bousquet J, Mullol J, Schunemann HJ, Bachert C, et al. European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS). *Rhinology Suppl*. 2013;23:1-298.
- [8] Sushruta. Sushruta Samhita, Sharirasthana, Chapter 8 (Siravyadha Vidhi Adhyaya), Verse 24. With the Nibandhasangraha Commentary of Sri Dalhanacharya. Varanasi: Chaukhambha Orientalia; 2014.
- [9] Sushruta. Sushruta Samhita, Sharirasthana, Chapter 8 (Siravyadha Vidhi Adhyaya). With the Nibandhasangraha Commentary of Sri Dalhanacharya. Varanasi: Chaukhambha Orientalia; 2014.
- [10] Vagbhata. Ashtanga Hridaya, Uttarasthana, Chapter 19 (Nasaroga Vijnaniya Adhyaya). Edited by Harishastri Paradkar. Varanasi: Chaukhambha Krishnadas Academy; 2009.
- [11] Standring S, editor. *Gray's Anatomy: The Anatomical Basis of Clinical Practice*. 42nd ed. London: Elsevier; 2021. p. 612-618.
- [12] Kaliner MA. Mechanisms of pathogenetic pathways in nonallergic rhinitis. *Allergy Asthma Proc*. 2009;30(4):349-355.
- [13] Baraniuk JN, Merck SJ. Neuroregulation of nonallergic rhinitis. *Ann Allergy Asthma Immunol*. 2008;100(2):95-102.
- [14] Vagbhata. Ashtanga Hridaya, Sutrasthana, Chapter 20 (Nasya Vidhi Adhyaya). Edited by Harishastri Paradkar. Varanasi: Chaukhambha Krishnadas Academy; 2009.
- [15] Sharma PV. *Dravyaguna-Vijnana*. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2013. p. 562-566.
- [16] Alok S, Jain SK, Verma A, Kumar M, Mahor A, Sabharwal M. Plant profile, phytochemistry and pharmacology of *Asparagus racemosus* (Shatavari): A review. *Biomed Diagn Ther*. 2013;3(3):242-251.