

**AYURVEDIC MANAGEMENT OF SURYAVARTA WITH SPECIAL REFERENCE TO
CHRONIC RHINOSINUSITIS (CRS): A CASE STUDY**

¹Dr. Bhumi Gadhiya ²Dr. Vaibhavi Patel ³Dr. Priyanka Rathva ⁴Vd. Hemang U. Raghavani
^{1,2,3}P.G. Scholar, Panchakarma Department ⁴Assistant Professor, Panchakarma
Department, Government Akhandanand Ayurved College and Hospital, Bhadra
Ahmedabad, Gujarat - India

ABSTRACT

Suryavarta disease presents its cardinal symptom i.e., increasing of headache with the sunrise and relief in the pain with the sunset. Suryavarta closely relates to sinusitis in the modern science. Sinusitis is the inflammatory disease of nasal and paranasal sinus mucosa. where symptomatology has continued beyond 12 weeks, it is called as a chronic sinusitis. It is a multifactorial disease caused by infection (bacterial) or inflammatory processes. The prevalence of chronic rhinosinusitis measured in epidemiologic studies is 5% to 12%. A 40 years old female patient, presented with throbbing pain on right side of head, aggravating on looking down & with the sunrise and dimishing with sunset, Ubhaya Akshi Ruka, Nasanaha and Tanu Nasa Srava since many years. She was given Shamana Chikitsa i.e., Pathyadi Kwath (with Guda), Sutshekhar Rasa, Godanti Bhasma, Erandabhrushta Haritaki, Varunadi Kwatha & Ghruta, Dhanyaka Siddha Jala for daily basis and Shirahshooladi Vajra Rasa for acute phase of the headache. With the Medicines, she was advised some typical diet, daily regimen and Nidana Parivarjana. She got significant relief in frequency and intensity of the disease by the treatment. Ayurved Science provides a safer alternative for the life disturbing disorder.

KEYWORDS: Chronic Rhinosinusitis (CRS), *Pathya-Apathya*, *Shamana Chikitsa*, *Suryavarta*.

INTRODUCTION

Suryavarta is *Rakta* (blood) & *Vata* *Dosha Nimittaja* according to *Acharya Charaka*^[1] while *Acharya Sushruta*^[2] counts it as a *Tridoshaja Vyadhi* (disease caused by all the three Doshas). In *Suryavarta*, Pain in eyes, eyebrows and head starts slowly with sunrise which becomes severe increasing gradually as the sun rises up and subsides at the sunset. The patient gets relief sometimes by cold and at another time by hot items. It is called as *Sarvatmaka Kashtatama Vikara* (most troublesome disorder). In modern

point of view, it can be correlated with chronic sinusitis in which exposure to the sun leads exacerbation in the disease condition^[3]. Chronic Rhinosinusitis (CRS) is a chronic inflammatory disease of nasal and paranasal sinus mucosa where symptomatology has continued beyond 12 weeks. It is a multifactorial disease caused by infection (bacterial) or inflammatory processes (allergy, eosinophilic vasculitis or sarcoidosis). For clinical purposes, it is divided into two categories CRS with and

without polyps. It is bacterial in origin; several of them have been isolated. Some cases are due to progression from acute to subacute to chronic rhinosinusitis. Bacteriology of CRS is different from that of acute rhinosinusitis as it is diverse & polymicrobial in nature. In many cases it is a progression from acute rhinosinusitis where bacteria have become resistant due to inadequate treatment in terms of dose and duration of administration of antibiotics. There are also predisposing factors which initiate or cause progression of the disease i.e. Anatomic structural deformities obstructing sinus ostia, Primary or acquired immune deficiency, Prolonged use of steroids, Primary ciliary dyskinesia, Allergic rhinitis. Its management includes use of Antibiotics, Saline irrigations, Topical decongestants, Steroid sprays, Anti-allergy treatment.^[4] The prevalence of chronic rhinosinusitis (CRS) measured in epidemiologic studies is 5% to 12%.^[5]

In the present era, due to hectic working patterns, increased usage of the digital devices, excessive stress, pollution, suppressing of natural urges, irregular diet patterns etc. are the most common factors that a person encounters in daily life. These develop *Dosha* vitiation and leads to *Shiroroga* (~diseases of head). There are limited roles of the steroids and analgesics to treat the condition.

CASE REPORT

A 41 years old female patient was presented with throbbing pain on right side of head, aggravating on looking down & with the sunrise and diminishing with sunset, *Ubhaya Akshi Ruka* (bilateral orbital pain), *Nasanaha* (feeling of Nasal obstruction) and *Tanu Nasa Srava* (nasal secretion) since

many years. Along with associated symptoms like *Amlodgara* (belching), *Vibandha* (constipation) and *Mutradaha* (burning micturation). *Nidana* (causative factors) were found: Suppressing of natural urges of stool and urine due to job, habit of sniffing (drawing the nasal mucosa back into the throat instead of blowing out) since childhood, *Chintyanam Ati-Chintanat* (overthinking), irregular food habits.

Occupation: Data management in hospital – computer work

Past History: No H/O Diabetes mellitus/ Hypertension, other major medical and surgical history.

Family History: No relevant family history.

General examination: Patient's *Prakruti* (constitution) was *Pitta-Kapha Pradhana* (~dominant), overweight (BMI- 28.8 kg/m²) with height 5 feet and weight 65 kgs. BP and pulse were in normal range.

Nasal examination: Externally, no deformities or tenderness on palpation was found. Airway patency was narrowed bilaterally, mucosa was generalized congested, nasal septum was deviated to the left side, Bilateral inferior turbinates were hypertrophied. No visible polyps/ purulent discharge/ lesion found.

Investigations:

CT Scan of PNS (17/11/2025)

Partially developed right frontal sinus. Minimal mucosal swelling is noted in lower part of left maxillary antrum. Left maxillary sinus shows presence of accessory ostium. Nasal septum is severely deviated to left with septal spur projecting into left nostril space. There is marked hypertrophy of right inferior turbinate and mild hypertrophy of left inferior turbinate. Paradoxical curving of both middle turbinates. Minimal changes of

sinusitis with bubbly soft tissue opacity involving right sphenoid sinus and soft tissue opacity involving left maxillary sinus.

Samprapti (pathogenesis) of the disease:

Due to various *Nidana Sevana*, *Vatadi Dosha Prakopa* (aggravation) occurs and vitiates *Rakta* (Rakta) of the *Shira* (head). This leads to *Shiroroga* (diseases of head) of various *Lakshanas* (Symptoms). [6] *Mala*, *Mutra* and *Kshudha Vega Dharana* lead to *Vata Prakopa* and *Udavarta* causing *Vibandha*. Again, due to persistent *Vibandha*, *Vata Prakopa* occurs. Patient’s habit of sniffing leads to accumulation and stasis of the mucus in the sinuses leading bacterial infection. Persistent sinus infections causes sinusitis. In this patient, due to paradoxical middle turbinates and septal deviation there is a osteal obstruction causing negative pressure in sinus & hypoxia with acidic pH. Due to this, there would be deranged mucociliary clearance again leading to stasis of mucosa and sinsitis.

Intervention: Patient was given treatment according to Table 1; along with *Pathya-ApathyaAhara*.

Table 1: INTERVENTION

Date	S r. n o.	Medicine	Dose & timing	Sahapana*/Anupana**
18/11/2025 to 17/12/2025	1.	<i>Pathyadi Kwatha</i> [7]	40 ml/BD/ Before meal	<i>Guda</i> (<i>Sahapana</i>)
	2.	<i>Sutshekhara Rasa</i> [8](250 mg) + <i>Godanti</i>	Total 500 mg/ TDS/ Before	<i>Koshna Jala</i> (warm water) (<i>Anupana</i>)

		<i>Bhasma</i> [9] (250 mg)	e meal	
	3.	<i>Erandabhrushta Haritaki</i> [10]	5 gms/ HS	<i>Koshna Jala</i> (<i>Anupana</i>)
	4.	<i>Shirah Shooladi Vajra Rasa</i> [11]	125 mg / S.O.S . (only at active phase of heada che)	<i>Koshna Jala</i> (<i>Anupana</i>)
18/12/2025 to 01/01/2025	5.	<i>Varunadi Kwatha</i> [12]	40 ml/ OD/ In the morning before meal	<i>Varunadi Ghruta</i> [13] (10 ml) (<i>Sahapana</i>)
		Medicine no. 2,3,4	Same as above	Same as above

* *Sahapana*-With medicine, ***Anupana*-After medicine

PATHYAPATHYA (dietary regimen) –

Patient was given a specific diet plan to follow on daily basis & she was advised to do *Nidana Parivarjana* (to avoid causative factors of disease).

Pathya Ahara (food to be taken)

Goghruta (clarified cow’s butter), *Go-Kshira* (cow milk), *Takra* (buttermilk), Rice, *Shigru* (drum stick), *Draksha* (black raisins), *Karvellaka* (bitter gourd), *Amalaki* (*Emblica officinalis*), *Dadima* (Pomegranate), *TilaTaila* (sesame oil), *Narikela* (coconut), *Tumbiphala* (Bottle gourd), *Patola* (Pointed

gourd), Sponge gourd (*Galka*), *Koshataki* (Ridge gourd), Mung Daal (*Mudga*), *Dhanyaka Siddha Jala & Godhuma* (whole wheat). *Snigdha* (Unctuous) and *Ushna* (Hot) food.

Apathya Ahara (~foods to be avoided)

Excessive pungent, salty, sour food; pickles containing vinegar, Mainda items, Bakery products, Fermented food, Packed & stale (leftover) food

RESULT

Before the treatment, patient had complaint of headache throughout the day with variable (generally high) intensities daily. Which, after the treatment turned into 1 episode of mild headache in 15-20 days. There is complete relief in *Tanu Nasa Srava*, *Nasanaha* and *UbhayaAkshi Ruka*. She feels *Amlodgar* (only after having excessive or heavy food) & *Mutradaha* occasionally. There is no complaint of *Vibandha* after the treatment. Patient got drastic change in all of her complaints.

DISCUSSION

Chronic Rhinosinusitis (CRS) produces some life disturbing symptoms like headache, eye pain and nasal secretions. Its relation with *Suryavarta* in *Ayurveda* is well established due to its diurnal headache pattern. Here in this case, patient's occupation is related to computer work in the hospital. She used to suppress the urges of stool, urine and hunger often due to workload or lack of self-awareness. Overthinking leads to *Rasa Dushti* causing *Ama* production and further production of vitiated *Malarupa Kapha*. She has the habit of sniffing since the childhood which may lead to chronic mucosal stagnancy in the sinuses and eventually causing sinusitis. Again, due to sinusitis there would be a nasal

secretion. Thus, sniffing and nasal secretion both creates the vicious cycle in the pathology. Nasal Spur and bilateral paradoxical curvings of middle turbinates led to osteal obstruction causing sinusitis. Along with this, patient was used to have packed food almost every day which can be considered under the *Paryushita Ahara* category causing *Tridosha & Rakta Dushti*. Initially, patient took various allopathic treatment including steroids, analgesics and nasal sprays. Although, due to temporary relief & frequent recurrency, she chose *Ayurvedic* treatment.

Patient was treated with *Shamana Chikitsa* (palliative medicine) along with a *Pathyaapathya* (proper food regimen). *Pathyadi Kwathais* indicated in *Bhru* (eyebrows), *Shankha* (temporal region), *ChakshuShoola* (eyes pain) *Shirah Shoola* (headache), *Suryavarta*. It normalizes the vitiated *Vata-Kapha Dosha*. In addition, *Pathyadi* decoction contains drugs such as *Guduchi*. (*Tinospora cordifolia*), *Nimba* (*Azadiracta indica* Linn.), and *Haridra* (*Curcuma longa* Linn.) possessing *Raktaprasadaka* (blood purifier) property that may normalize vitiated *RaktaDhatu* (oxygen carrying capacity of blood). Drugs such as *Guduchi* (*Tinospora cordifolia*) and *Amalaki* (*Embelica officinalis* Gaertn.) have *Dipana* (appetizing) property. These drugs will normalize *Ama* (by product toxins after digestion), as *Ama* get decreased it may subside *Ajirna* (Indigestion). It is reported that most of the drugs of *Pathyadi* decoction also possess anti-inflammatory (leads to infection control), analgesic and nervine tonic property which might have helped to reduce pain. *Sutshekhara Rasahas Amlapittaghna* (hyperacidity), *Mandagni-*

Nashana (Metabolism improving), *Udavarta* (upward movement of Vata Dosha) and *Sarvaroga-Hara* (alleviating all diseases). It contains *Parada*(mercury), *Gandhaka* (sulphur), *Tankana*(Borax), *Dhatu* *Beeja*(seeds of *Dhatu metel*), *Shankha Bhasma*(conch shell ash)etc. drugs. Among them, *Dhatu* is an Anticholinergic drug, It blocks the acetylcholine, leads to inhibits acid (HCl) production in gastric mucosa andrelieves hyperacidity. Thus, by reducing the symptoms of *Ajirna* (indigestion) & *Ushna-Drava Guna* (hot and liquid properties) of *Pitta*, it helps in symptoms i.e. *Amlodgara* & *Shirahshoola*. *Godanti Bhasma* is prepared from gypsum (calcium sulfate dihydrate, $\text{CaSO}_4 \cdot 2\text{H}_2\text{O}$). It is indicated in *Shirahshoola* exclusively along with that, due to its *Kashaya Rasa* (astringent taste) and *SheetaVirya*(cold potency) it acts as a *Pitta Shamaka* drug. *Haritaki* is *Param Anulomaka* drug and along with *Eranda Sneha* it doesn't produce dryness in the intestines. It works as a *Vata Shamana* and to normalising *Udavarta Janya Lakshana* & *Vibandh*. *Shirah Shooladi Vajra Rasa*acts upon *Tridosha* and used to treat various types of *Shirah Shoola* (headache). It contains *Parada*, *Gandhaka*, *Tamra Bhasma* (copper ash), *Loha Bhasma* (iron ash), *Triphala* etc. In this case, patient was given this tablet as a SOS medicine and not in a regular basis. She got a very good improvement in the acute headache attack. *Varunadi Kwatha* acts upon *Mutravaha Srotasa*, as patient had the history of *Mutra Vega Dharana*.It also enhances the effect of *Varunadi Ghruta*. *Varunadi Gana* mentioned in *Sushruta Samhita* acts as *Kapha-Medohara*. Most of the drugs of this group are *Vata-Kaphahara*. *VarunadiGhruta* is

mentioned under the treatment of *Vataja Shirahshoola*. In this case, constant throbbing pain can be a *Vataja* condition thus it helped in reducing the *Shirahshoola*.

Pathya-Apathya: Patient was advised fresh and homemade food only when she feels to be hungry. Most of the prescribed food was *Tridosha* balancing. She was advised to have *Dhanyaka Siddha Jala*, which due to its *Sukshma Guna*, spreads quickly in the body. It works upon *Ajirna*, mainly on the *Pitta Dushti*. Overall, the treatment aim was *Tridosha Shamana* & *Rakta Dushti* alleviation.

CONCLUSION

Ayurvedic management leads to a safer alternative for the chronic diseases like CRS or *Suryavarta*.

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CORRESPONDING AUTHOR

Vd. Hemang Umedkumar Raghavani
Assistant Professor, Panchakarma
Department, Government Akhandanand
Ayurved College and Hospital, Bhadra,
Ahmedabad, Gujarat, India
E-mail: vdhemang@gmail.com

Source of support: Nil

Conflict of interest: None Declared

Cite this article as

Vd. Hemang Umedkumar Raghavani
: Ayurvedic Management of Suryavarta with
Special Reference to Chronic Rhinosinusitis
(CRS): A Case Study; XI (1): 2720-2725