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CASE REPORT OPEN ACCESS

MANAGEMENT OF HYPOSMIA THROUGH AYURVEDA - A CASE STUDY

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ABSTRACT:

Hyposmia, a diminished sense of smell, can significantly impact one's quality of life. Despite its prevalence, it is often underestimated in large population studies. Various factors, like chronic rhino-sinusitis and aging, contribute to this condition. This case study aimed to evaluate the efficacy of Ayurvedic interventions, including Mukhabhyanga followed by Nasya therapy with Lasuna swara and Anu taila, along with Ekangveera rasa and Ksheerbala DS capsules, in managing hyposmia. A 51-year-old male with a 4-month history of decreased sense of smell and loss of taste was treated with the Ayurvedic interventions for seven days. Clinical examination, smell tests, were conducted before and after treatment to assess olfactory function. After seven days of treatment, the patient showed significant improvement in olfactory function, as evidenced by the ability to detect odors in smell test. No adverse effects were reported during or after treatment. This case study suggests that Mukhabhyanga followed by Nasya therapy along with Ekangveera rasa and Ksheerbala DS capsules may effectively manage hyposmia. Further research with larger sample sizes is warranted to validate these findings and explore long-term outcomes. Ayurvedic interventions offer a promising approach for addressing olfactory disorders and improving the quality of life in affected individuals.

Keywords: Hyposmia, Nasya, Ekangveera rasa, Ksheerbala DS, Rhinitis.

INTRODUCTION

A diminished sense of smell can cause serious problems that impact one's quality of life, such as altered taste and decreased enjoyment of food, which can lead to weight fluctuations, as well as trouble avoiding health hazards like rotting food or natural gas leaks. Validated smell identification or threshold tests reveal quite a high prevalence of hyposmia and anosmia in certain groups, especially the elderly, despite the relatively low self-reported prevalence of these disorders in large population studies, according to recent epidemiological reports.[1]

Smell impairment can result from a variety of pathophysiological processes, including head trauma, aging, autoimmune diseases, and chemical exposures. Each of these processes has unique consequences for the prognosis and potential treatments. Typically, these symptoms are observed in patients who have chronic rhino-sinusitis, and it now seems that mucosal inflammation rather than actual airway blockage is the primary cause of this.[2]

Hyposmia, sometimes known as microsmia, is a diminished sense of smell and aroma detection. A few causes of olfactory problems include nasal polyps, viral infections, and allergies such as rhinitis. It was predicted that 9.8 million adults over 40 would experience hyposmia.[3]

One of the *pañcakarmas*, *Nasya*, transports the drug to the brain. *Nasya* is prime therapy in most disorders that arise from abnormalities of the *urdhvanga* (supraclavicular area).[4] Here is an attempt to treat hyposmia with *Mukhabhyanga* followed by *Nasya*, which stimulates the olfactory neurons and strengthens the upper respiratory tract and nasal cavity, promoting optimal function in these areas. Along with *Ekangveer rasa* and *Ksheerbala DS* capsules, they were given twice a day for seven days.

CASE REPORT

A male patient aged 51 years, with reduced sense of smell for 4 months, came to the OPD of the *Kayachikitsa* department at KAHERs Shri BMK Ayurveda Hospital and Medical Research Centre, Belagavi, and was treated under OPD No. OP220018666.

History of the present illness-

The patient was healthy for 4 months. One day, the patient observed a gradual decrease in the sense of smell and an inability to detect various odors. He consulted a physician and took a general check-up, and no relevant abnormalities were detected. But he was still facing problems in his day-to-day life because of the inability to smell several food items, LPG gas, insane sticks, etc. Due to this, he feels very disturbed and unable to focus on his work. So, he came to KLE Ayurveda Hospital for better treatment.

History of Past illness-

He developed H/O chronic rhinitis six months ago, and since then he has experienced a hampered sense of smell.

No H/O any trauma or surgical interventions.

Personal history-

Diet- mixed

Bowel: regular (1-2/day)

Appetite- good

Micturition: 5 - 6 times per day

Sleep- sound

Clinical findings

Table-I. *Asthavidha pariksha* (eight folds examination)

Nadi- Vatakaphaja	*Shabda- Spastha* (clear)
Mala- Prakrita (normal)	*Sparsha- Anushna-sheeta* (normal)
Mutra- Prakrita (5-6 times/day)	*Drik- Prakrita* (normal)
Jihva- Niraam (uncoated)	*Aakriti- Samanaya* (normal)

***Dashavidha pariksha* (ten folds examination)**

Prakriti (physical constitution) of patient was *vata-pittaja, Vikruti* (morbidity) was in *pranavahasrotas* (channels involves in respiration). The patient had *Madhyama samhana* (compactness of tissue or organs). *Satwa* (psychic condition), *Satmya* (homologation) and *Aahara shakti* (digestion and power of intake of food) were *madhyama* (moderate). *Vyayama shakti* (power of performing exercise) was *avara* (mild).

Table-II. General Examination

General Condition	**Stable**
Pulse rate	86/min
Respiratory rate	22/min
Blood pressure	120/90mmHg
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Lymph nodes	Not palpable
Clubbing	Absent
Edema	Absent

On examination: During the local examination of the external nose, no abnormalities were seen, and there was no paranasal sinus pain. Anterior rhinoscopy revealed that the nasal septum and nasal mucosa were both normal (pink in colour), with no polyps, discharge, or hypertrophy visible.

Smell test was done on 11th may 2022, to access the first cranial nerve, i.e., the olfactory nerve. The patient failed to identify the scent of cotton swabs dipped in rectified spirit, which has a 60% w/w alcohol content.[5]

Intervention

After examining the patient symptoms, later confirmed by smell test the line of treatment of hyposmia (*ghrana nasha*) was given with *lasuna swara nasya* (6 drops in each nostril) two times a day for 2 days. Later, *Mukhabhyanga* with *Balashwagandhadi taila*

followed by *Nasya* with *Anu taila* for 5 days was done. N*asya* was given with increase in number of drops of *anu taila* (Table- III). Supported by *shamana aushadis* (interal medication) *Tab. Ekangaveera rasa (1 tab.) and Cap. Ksheerbala DS (2 cap.)* two times a day after food (Table- IV).

Table- III. Nasya intervention

Date	Intervention	Dosage	Frequency
May 12, 2022	*Lasuna swara nasya*	6 drops in each nostril	Twice a day (empty stomach)
May 13, 2022	*Lasuna swara nasya*	6 drops in each nostril	Twice a day (empty stomach)
May 14, 2022	*Mukhabhyanga* with *Balashwagandhadi taila* followed by *Nasya* with *Anu taila*	2 drops in each nostril	Twice a day (before food)
May 15, 2022	*Mukhabhyanga* with *Balashwagandhadi taila* followed by *Nasya* with *Anu taila*	4 drops in each nostril	Twice a day (before food)
May 16, 2022	*Mukhabhyanga* with *Balashwagandhadi taila* followed by *Nasya* with *Anu taila*	6 drops in each nostril	Twice a day (before food)
May 17, 2022	*Mukhabhyanga* with *Balashwagandhadi taila* followed by *Nasya* with *Anu taila*	8 drops in each nostril	Twice a day (before food)
May 18, 2022	*Mukhabhyanga* with *Balashwagandhadi taila* followed by *Nasya* with *Anu taila*	10 drops in each nostril	Twice a day (before food)

Table- IV. *Shamana aushadis* (internal medication)

Date	*Shamana aushdi*	Dosage	Frequency	*Anupana*
May 12 to 18, 2022 (7 days)	*Tab. Ekangaveera rasa*	1 tab.	Twice a day, after food	with luke warm water

May 12 to 18, 2022 (7 days)	*Cap. Ksheerbala DS*	2 Cap.	Twice a day, after food	with milk

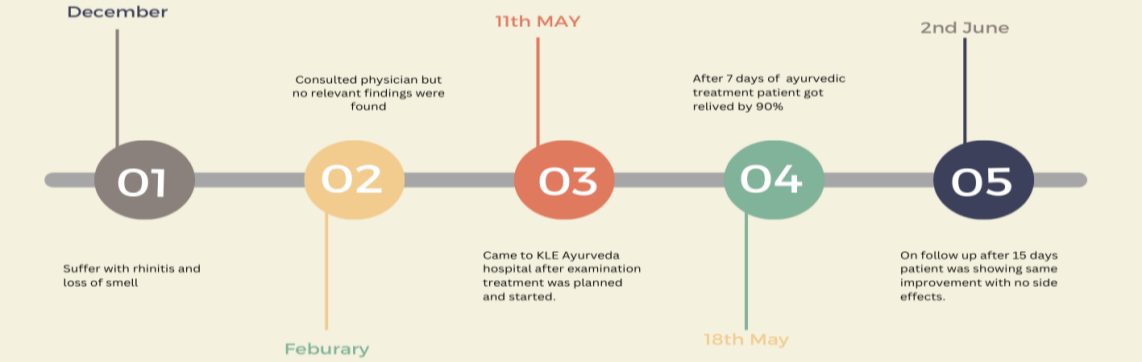

FIGURE 1. Timeline of events in case presentation.

Follow-up and outcome (results)

After 7 days of treatment, the patient showed significant, i.e., 90% improvement in the sense of smell. The patient was able to recognize the smell of rectified spirit (alcohol content 60% w/w), which indicates his sense of smell improved after treatment.

Follow-up was done after 15 days and also showed the same improvement. There were no side effects observed during the treatment or after its completion.

DISCUSSION

Hyposmia, decreased sense/ unable to detect smell. It is generally accepted that nasal obstruction is the primary cause of this issue. However, significant histopathologic alterations have been noted in the nasal mucous membrane of hyposmic patients with nasal allergies, suggesting that the degeneration of the mucosa or the processes that lead to it may be a factor in allergy-related olfactory loss.[6] The literature has often observed a correlation between nasal allergies and a decreased sense of smell.

According to *Aacharyas, Nasa* is considered to be the gateway of *shira*, through which medicine administered travels directly to *Shringataka Marma*. From where the diseased *doshas* scratched out and extracted from *Urdhvanga*. Drug administration through the nose, as *Nasya* reaches the brain, eliminates only the morbid doses responsible for producing the disease. According to *Acharya Charaka*, *Shiro-virechana* is indicated for *Ghrana nasha* (Anosmia/Hyposmia).[7]

Lasuna swara nasya is a type of *Shodhana Nasya*. Because of its *tikshna guna*, it helps to remove the *aavrana* of *kaphavrita vata*, i.e., nasal obstruction caused by chronic rhinitis. *Aavrana* may be responsible for decreased sense of smell, i.e., decreased activity of *vata*. Also, it helps to strengthen the olfactory nerve.[8]

Table- V. *Doshakarma* (drug action) of *lashuna*

Rasa[9]	Virya	Vipaka	Doshakarma
Pancha-rasa (except Amla rasa)	Ushna	Katu	Vata-kapha nashaka

Probable mode of action of *Nasya*:

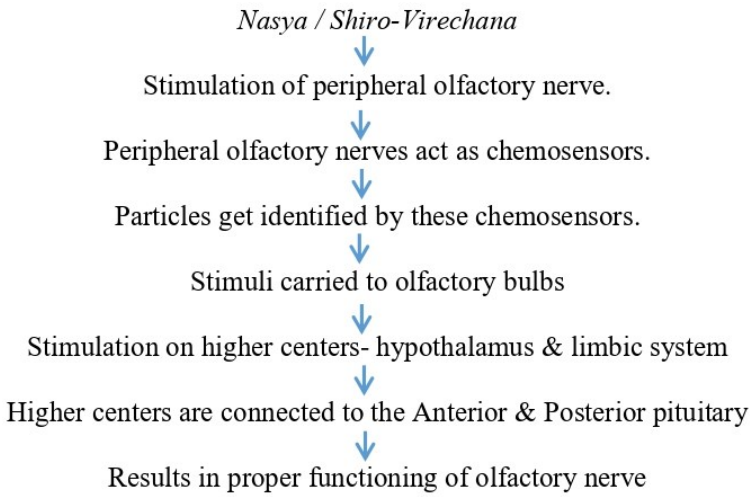

Fig. 1 Mode of action of Nasya

Mukhabhyanga, with balashwagandhadi taila, acts as bhrimhana for shira of mukha.

Anu taila Nasya, because of *brimhana* properties, enhances the strength of olfactory nerves, which, as a result, increases the sense of smell.[10]

Ekangveer rasa is indicated in *vataroga*, *ardita, pakshaghata*, etc. It balances *vata and kapha doshas*. It stimulates inactive and under-active nerves due to its *rasayana, brimhana, tikshana, and vishaghana* properties.

Capsule *ksheerbala DS*, which is a *sneha kalpana* prepared using *ksheera* (cow's milk), *Bala* (Sida cordifolia Linn.), and *tila taila* (sesame oil). *Ksheera* having *sheeta veerya* and *madhur vipaka* alleviates *vata dosha*. Also having property of *balya, rasayana, brimhana and jivaniya*. *Bala* (Sida cordifolia Linn.), as the name suggests, is a drug of strength. It is being widely used in neurological disorders, i.e., *vata vyadhi*. It contains an alkaloid named ephedrine, which acts as a psycho-stimulant.[11] It also has anti-inflammatory properties, due to which it reduces the inflammation of the nasal passage. All this treatment collectively helped in the strengthening and rejuvenation of olfactory nerves.

CONCLUSION

As per this case study, it can be concluded that with *mukhabhyanga* followed by *nasya* therapy with *Lasuna swarasa* and *Anu taila*, along with *Ekangveera rasa* and *Ksheerbala DS* capsules as *shamana aushdhis*, hyposmia can be managed. As this study is based on a single case, a further

large sample size study is required to get better results.

Patient perspective

The patient has been symptomatically better since the medicine started. He was feeling light and relaxed.

Declaration of patient consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Conflicts of interest

There are no conflicts of interest.

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