

Case Report



An Ayurvedic Approach to the Management of Anosmia: A Case Report

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ABSTRACT:

Background: Olfaction one of the major function of nose followed by respiration even though it is not well developed in humans, it is necessary for pleasure for enjoying the taste of food because when nose is blocked even tasty food becomes unpalatable. Anosmia is one such disorder in which there is total loss of sense of smell which can result from nasal obstruction due to many anatomical as well as degenerative disorders of nasal mucosa. According to *Ayurveda* it can be correlated with *Ghrananasha*, it is one among *vataja nanatmaja vikara* which is *Amoorta* in nature i.e, which can be felt not seen. **Clinical findings:** In present case report, a male of age 77 years presented with total loss of sense of smell associated with tastelessness since 3 months, based on patient presentation and thorough examination, the case was diagnosed as *Grananasha* (Anosmia) and managed accordingly. **Intervention:** Based on dosha and dushya involvement *Koshtashodhana*, *Nasya*, *Kavala*, *Shamanaushadhi* and *Yoga* was planned. **Outcome:** During 7 days of *Nasya*, patient was able to recognize smell gradually from 3rd day (improved from INSIT 0 TO 2) onwards which was improved to INSIT 5 during follow up period and without any side effects. **Conclusion:** This case report gives an idea about the protocol for managing *Grananasha* (Anosmia) of 3 months chronicity, due to multiple causes and treated with *Nasya* followed by *Shamanaushadhi* for 1 month with no any side effect, by taking leads from this case, it would be tested on a larger sample in future.

KEYWORDS: *Anosmia*, *case report*, *Ghrananasha*, *INSIT*, *Nasya*, *Panchendriya vardhana taila*.

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1. INTRODUCTION

Olfaction is sensation arising from nasal cavity due to stimulation of olfactory epithelium by volatile compounds. Olfactory perception has a strong association with memory and emotion, owing to projections into the limbic system. Incidence of anosmia in India ranges from 9.2% to 82%. [1] Anosmia refers to an inability to detect qualitative olfactory sensations i.e absence of smell. Damage to peripheral olfactory apparatus results in anosmia, whereas central olfactory damage may manifest as an inability to discriminate odours. [2] *Ghrananasha* is one among *vataja nanatmaja vikara*, presenting with *Amoortatva* i.e which can be felt but not seen. [3] *Panchendriyavardhana taila* is described in *Kashyapa Samhita* by *Acharya kashyapa* to improve power of all *panchendriya*. It improves *smruti* (memory), also helps in improving strength of *indriya* and increase *smruti* (memory), *medha* (intellect) this drug is very auspicious. [4] In present study effort is made to evaluate the efficiency of *Nasya karma* with *Panchendriyavardhanataila* in management of *Ghrananasha*. It is also known as *Panchbhoutika Taila*. It helps in managing Anosmia by strengthening the nerves and helping nerve signals to reach olfactory path which increases smell perception. *PanchendriyaVardhanataila* is also used to stimulate the five sensory organs and protect them from pollution. In present article case of *ghrananasha* in *vriddhavasta* is managed effectively even though the *vataja vikara* in *vriddhavasta* is challenging for management but through Ayurveda treatment protocol the case is managed successfully.

2. CASE REPORT

Patient Information: A male patient of age 77 year presented to OPD of *Shalakyatantra* on 05/08/2024, with chief complaints of loss of sense of smell associated with tastelessness since 3 months, past history of k/c/o HTN and allergic rhinitis since 15 years and surgical history of cardiac

stenting 10 years back with no family history regarding similar complaints.

Clinical Findings – On general examination patient was well oriented and co-operative with normal built, pulse rate 72 bpm, respiratory rate 16cpm, BP- 130/80mmhg.

Table 1: Examination of Nose

External examination-		
Shape -	Normal	
Size -	Normal	
Color -	Light brown and no skin changes	
Nasal bridge -	Straight	
Root of nose -	Normal	
Anterior nares-	Widened	
Internal examination-		
Nasal cavity-	Right side	Left side
1. Nasal mucosa	Pale	Pale
2. Turbinates	Hypertrophy	Hypertrophy
3. Nasal septum	Normal	Normal

Differential diagnosis

Table 2: Differential diagnosis

Disease	Inclusion	Exclusion
Sensorineural anosmia	Absence of smell perception	No history of any viral infection, head trauma or Parkinson's disease
Central anosmia	Absence of smell perception	No history or K/C/O disease affecting central nervous system ex-Seizure disorders, Multiple sclerosis
Conductive anosmia	Absence of smell perception, Due to chronic history of allergic rhinitis	

Diagnostic Assessment: Olfactory function was assessed based on Indian Smell identification test (INSIT). [5] The Indian Smell Identification Test (INSIT) is a culturally

appropriate test designed to assess olfactory function, using 10 commonly used Indian scents to identify smells, and is scored out of 10. The test uses the essence of 10 commonly used items in India, chosen to represent everyday familiarity, including cardamom, kewra, khus, lemon, mango, orange, pineapple, rose, thinner, and vanilla. Subjects are asked to identify smells from a set of choices, and their scores are based on the number of correctly identified smells. The test is scored out of 10, with higher scores indicating better olfactory function. Based on method used for INSIT, in present case 5 familiar odorants like Coffee, Spirit, Lemon, Mint and Jasmine were used for assessing smell and scored 1 for each odorant

identification. INSIT score for anosmia scoring is zero. Moreover, the patient was not able to recognize the smell of cotton swabs dipped in rectified spirit (60%w/w) on day 1.

Intervention: After proper assessment, Ayurvedic management was adopted ([Table 2](#)). He was administered internally with *Chitrakadi vati* and *Agnitundi vati* 1 TID with warm water followed by *Koshtashodhana* with *Gandharvahastyadi taila* with milk. From 5th day *marshana nasya* was administered with *Panchendriya vardhana taila* for period of 7 days and *Kavala* with *Triphaladi Kashaya* and internally *Khadiradi gutika* is given for 15 days.

Table 3: Timeline

Date	Internal medication	Dose/Frequency -Anupana	Local therapy	Rationale	Result observed
05/08/2024 To 07/08/2024	<i>Chitrakadi vati</i> (KLE 24- 25, batch 03) <i>Agnitundi vati</i> (KLE24-25, batch 03)	1 TID Before food for 3 days with warm water	-	<i>Agni Deepana</i> and <i>Amapachana</i>	Improved digestion and clear evacuation of bowel
08/08/2024	<i>Gandharvahastyadi taila</i> mixed with <i>ksheera</i> (Kerala ayurveda, batch no- KP9T9N)	<i>Gandharvahastyadi taila</i> – 60 ml <i>Ksheera</i> -100 ml Adminstered empty stomach	-	<i>Koshta Shuddhi</i> with <i>gatra laghuta</i>	6 times <i>vega</i> observed and patient felt <i>laghutva gatra</i>
09/08/2024 to 15/08/2024	<i>Khadiradi gutika</i> (Zandu, Batch no- ES0002)	1 BD for chewing After food with warm water for 15 days	Nasya therapy with <i>Panchendriya Vardhana Taila</i> 8 drops i n each nostril for 7 days (Ingredients of is depicted in Table 3) (Pharmacy -Omakara Ayurveda Mandira- Batch no -127) <i>Kavala</i> with <i>Triphaladi Kashaya</i> 3- 4 times/day (KLE 24-25- Batch 3)		Slight improvement in smell perception from 3 rd day of nasya therapy
05/08/2024 to 15/08/2024	<i>Yoga and Mudra</i>	<i>Pranayama, Anuloma, Viloma, Bramari pranayama, Varuna mudra, Gyan mudra</i> and meditation			Relaxed mind and good sleep

Table 4: Ingredients of Panchendriyavardhana taila for each 100ml of taila contains

Sl.no	Ingredients	Botanical name	Quantity
01.	Bala	<i>Sida cordifolia linn</i>	1 gram
02	Nidigdhika	<i>Solanum surratensa Burm.f</i>	1 gram
03.	Saindhava	Rock salt	1 gram
04.	Swadamshttra	<i>Tribulus terrastris linn</i>	1 gram
05.	Rasna	<i>Pluchealanceolata C.B. clarke</i>	1 gram
06.	Rishabhaka	<i>Melaxis mucifera</i>	1 gram
07.	Jeevaka	<i>Leptidinia reticulata</i>	1 gram
08.	Punarnava	<i>Boerhavia diffusa linn</i>	1 gram
09.	Draksha	<i>Vitis vinifera linn</i>	1 gram
10.	Twak	<i>Cinnamomum zeylanica</i>	1 gram

11.	Yashtimadhu	<i>Glycyrrhiza glabra</i>	1 gram
12.	Pippali	<i>Piper longum linn</i>	1 gram
13.	Brihati	<i>Solanum indicum linn</i>	1 gram
14.	Kamalapushpa	<i>Nelumbo nucifera</i>	1 gram
15.	Manjishta	<i>Rubia cordifolia linn</i>	1 gram
16.	Tila taila	<i>Sesamum indicum linn</i>	100ml
17.	Ksheera		200ml

3. FOLLOWUP AND OUTCOME: Subjective improvement in perception of smell and taste observed throughout the course of treatment. Improvement in smell perception was observed from 3rd day of *Nasya* therapy i.e., from 11/08/2024 and by 3rd follow up on 30/09/2024 smell perception became normal and it is maintained till further days.

Table 5: Outcome of treatment protocol mentioned in Table 3

Test	Symptom	Before Treatment	On day 3 of treatment	On day 7 of treatment	On Day 15 Follow up	After one month
INSIT	Anosmia	0	2	4	5	5

Adherence and Tolerance: *Shamana aushadhis* prescribed were taken properly along with follow up visits on time. Adherence to the oral medications was evaluated using the pill count method along with patient self-reported compliance assessment. The *pathya-apathya* and lifestyle instruction were properly followed. The therapy was well tolerated with no significant adverse effect like headache, nausea, vomiting observed during or after the procedures.

4. DISCUSSION

In present case report of *Grananasha* (Smell blindness) which is one among the *vataja nanatmaja vikara* occurred in patient of age 77 years i.e *vridhdhavasta*(Old age) which is difficult to manage due to *prakruta prakopa*(natural aggrevation) of *vata* in *vridhdhavasta* and was successfully managed with ayurveda treatment protocol as mentioned in Table 3. Many studies have been showed that after age of 60 olfactory dysfunction is more prevalent and also patient with coronary artery disease, undergoing anticoagulant as well as antihypertensive

drugs will contribute to anosmia.[6] In present case ageing along with addon effect of antihypertensive, anticoagulant medication and chronic allergic rhinitis[7] may have induced the *ghrananasha*.

In Ayurveda Anosmia can nearly corelated with *Ghrananasha* in which vitiated *vata* get *pratiloma gati*(Opposite direction) and enters nose leading to *Gandha grahana hani*(loss of smell perception).*Samprapti* in present case can be understood as *kshayajanya vata vikara* as multifactorial cause (Old age,Anticoagulant and Antihypertensive drugs and Chronic allergic rhinitis) leading to *urdhwagamitva* of *vata* producing local aggregation of *vata* along with *kapha* leads to *srotorodha* and depletion of *rasadhatu*.The *srotas* affected were *Rasavaha* and *pranavaha srotas* with *sanga* as *srotodushti*.And disease follows *Madhyama roga marga*(Middle disease pathway) and is considered as *kricchrasadhya vikara* (Difficult to cure disease).Many research articles and case study has been done on Anosmia.

In which most cases the treatment was done by using *nasya* is observed. Previously in one case of case study *pradhamana nasya* is done with Vacha churna in 3 *mucchyuti Pramana* (3 pinch) [8] for period of 7 days. After treatment smell perception was improved significantly this was maintained further on 14th day follow up also. Authors concluded that from *srotoshodhana* property of *vacha* case is managed well. [9] In one more case 31year male patient with complaining of anosmia managed with *pippaliksheerapaka nasya* for 4 days and *pradhamana nasya* with *chhinkni churna* along with *viddhakarma* is done which managed anosmia of traumatic origin successfully. [10]

In present case *Chitrakadi vati* and *Agnitundi* are given initially for *amapachana* and *agnideepana* purpose. *Chitrakadi vati* contains the drugs having *Agnideepana*, *pachana* properties and having *ushna virya*, *katu tikta lavana rasa*, *laghu*, *Tikshna*, *snigdha guna* with *Madhura* and *katu vipaka*. *Agnitundi vati* does both *deepana* and *pachana Koshtashodhana* with *Gandharvahastadi taila* with warm milk (*Sneha virechana*) which does *rechana*, *srotorodhahara* and does *doshanulomana* and it does *Deepana*, *Amapachana*, *srotorodhahara*, does *malapaka* and leads to *virechana*.

Nasya Karma means nasal administration of drugs. According to *Ashtang sangraha*, *Nasa* is gateway of *shira* and it communicates with eyes, ear, nose, throat. The drug administered through nostril reaches *Shringatak Marma*, Spreads into *Murdha*, *Netra*, *Shrota*, *kantha*, *Siramukhas* (Opening of vessels) and snatches the morbid doshas from that region. [11] According to *Acharya Charaka*, *Shirovirechana* is indicated for *Grana nasha*. [12] *Panchendriya Vardhana taila* was selected in treating this case as mostly drugs have *vata pittagna* and *kapha vatagna* properties. The drug contains mainly *teekshna* drugs like *Pippali* (Piperlongum), *Nidigdhika* (solanum surratensa Burm.f.)*twak* (cinnamomum zeylanicum breyn.) which are responsible for the clearing of the channels. *Vata* is

considered as the controller of the mind. All the drugs are having the *Vata hara* property with *Snigdha* and *Ushna guna*. So the pacification of the *Vata* also is playing an important role in the action of the drug. *Draksha* (Vitis vinifera.), *Bala* (Sida cordifolia), *Manjishtha* (Rubia cordifolia) *Swadanshatra* (Tribulus terrestris), *Prapaundarika*, (Nelumbo nucifera gaeris.) drugs have *vata pittagna* properties. *Brihati* (Solanum indium linn.) *Rasna* (Pluchea lanceolata), *Nidigdhika* (Solanum surratensa), *Twak* (Cinnamomum zeylanicum), *Tilataila* (Sesamum indicum) have *kapha vatagna* properties. The *Saindhava lavana* is also having the *Sookshma* property which helps the faster penetration of the drug and faster initiation of the action.

Khadiradi vati was given for *Gutika dharana* (holding tablet in mouth). It mentioned in *mukharoga*, prepared by drugs having *tikta* and *Kashaya rasa* which clarifies *mukha* and balances *kapha* and *pitta dosha* and improves *ruchi* and gives *sthairya* to *jihva* i.e improves taste perception.

Kavala was done by *Triphaladi kashaya*, prepared out of *Triphala churna*, *Yashtimadhu churna*, *Haridra* and *saindhava*. *Triphala churna* is *ruchya* i.e it improves the taste perception and it is *kaphapittahara*, *Yashtimadhu* is one among the *Medhya rasayana* which increases the *ghranenindriya* buddhi to perceive smell, balances *vata* and *pitta*. *Haridra* is indicated in *aruchi* and it is having *tridosha-shamana* action. *Saindhava* does *kaphacchedana* it is *ruchya* and *tridoshashamaka* in action which helps to improve the taste.

Pranayama, *Anuloma*, *Viloma*, *Bramari pranayama*, *Varuna mudra*, *Gyan mudra* and meditation was prescribed to the patient. *Pranayama*, *Anuloma*, *villoma*, *bramari* and slow breathing increases cortical and subcortical activity. These modifications may correlate with the following psychological output: increased comfort, relaxation, pleasantness, vigour, and alertness and reduced symptoms of arousal, anxiety, depression, anger, and confusion. Two hypothetical mechanisms may analyse these slow breathing- related

changes i. voluntary regulation of internal bodily states by interoceptors and ii. role of mechanoreceptors within the nasal vault in modulating olfactory bulb activity, which activates the entire cortical areas. [13] Meditation There is evidence that nasal breathing affects the CNS differently than mouth breathing. While nasal breathing synchronizes electrical activity in the olfactory cortex as well as amygdala and hippocampus. [14] *Varuna mudra* is associated with the water element in the body. It improves blood circulation in the body. This mudra is beneficial for dry mouth, dry eyes, dry skin, and dry hair, as well as a loss of taste and other tongue disorders. *Gyan mudra* Relieves from stress, anxiety, depression, and tension. Gives better sleep and improves the blood circulation in the nervous system and pituitary gland. [15]

Limitations and Generalizability – As it is single case report the findings cannot be generalised in all cases of *Grananasha*(Anosmia). How-ever improvement in perception of smell is suggestive of the potentiality of ayurvedic treatment as a safe, cost-effective management. Further to validate the outcomes RCT with larger sample size to be conducted.

5. CONCLUSION

Anosmia is one among the disease which may not affect patient physically but it hampers the quality of life and affects mentally. In present case report 77year old male with history of anosmia and tastelessness since 3 months was successfully managed with Ayurveda treatment protocol with local therapies *Nasya* and *Kavala*, *Shamanoushadhi*, Therapeutic yoga for 3 weeks without any adverse event. Follow up was called after 15 days and consistent result i.e smell perception is maintained to INSIT 5 even after one month of management. As this is a single case study it may give new path for further exploration of management in smell blindness i.e Anosmia.

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.

Patient perspective - Patient was worried about loss of sense of smell as well as tastelessness as it was disturbing his quality of life. After starting Ayurvedic treatment within few days patient was able to appreciate smell as well as taste perception which was maintained throughout follow up period.

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