



An Applied Anatomical Exploration Of Nasa Sharir With Special Reference To Jeerna Pratishyaya

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ABSTRACT

Pratishyaya, described extensively in *Ayurvedic Samhitas*, is a nasal disorder arising from the vitiation of Tridoshas and their abnormal movement toward the *Nasa Pradesh*. When neglected, it develops into *Jeerna Pratishyaya*, a chronic condition characterized by persistent nasal obstruction, foul smell, anosmia, purulent discharge, and aggravated complications such as sinusitis, *kasa*, and *swasa*. Ayurveda describes *Nasa* as “*Shiraso Dwaram*,” highlighting its clinical importance. Modern anatomy supports this by describing the complex structure and functions of the nasal cavity and paranasal sinuses, which play critical roles in respiration, filtration, warming, humidification, and olfaction. This extended article synthesizes Ayurvedic and modern anatomical perspectives of *Nasa Sharir* and correlates structural defects with the chronicity of *Pratishyaya*. Shlokas from Charaka, Sushruta, and others are included for authenticity, along with complete referencing.

Keyword- Pratishyaya, Jeerna Pratishyaya, Chronic Rhinitis, Paranasal Sinus, Nasa

INTRODUCTION

The human nose (*Nasa*) is both an organ of olfaction and a crucial component of respiration. Ayurveda asserts:

“नासा हि शिरसो द्वारम्” — A.H. Su. 20

Meaning: “The nose is the doorway to the head.”

This classical statement emphasizes the anatomical and physiological interconnectedness of nasal structures to the head and supraclavicular organs.

Sushruta Samhita Uttara Tantra provides an exclusive chapter on *Pratishyaya*, indicating its importance among nasagata rogas. While acute *Pratishyaya* is curable, its neglected form *Jeerna Pratishyaya* presents with troublesome chronicity, impacting quality of life. Increased environmental pollution, AC usage, fast foods, and lifestyle disruptions have made chronic rhinitis a widespread condition.

AYURVEDIC REVIEW OF NASA SHARIR

ETYMOLOGY & DEFINITION

The word “*Nasa*” originates from the root “*Nastru*,” meaning “to produce sound or smell.” Synonyms include *Nasika*, *Ghrana*, *Gandhavaha*, and *Ghranendriya*. Classical texts place *Nasa* as the Adhithana of the sense of smell.

EMBRYOLOGY

Charaka says- तृतीये मासि सर्वेन्द्रियाणां सम्पूर्णत्वम्।” — Ch. Sha. 4/11

Indicating the development of sense organs in the third month of gestation.

Garbhopenishad describes: षष्ठे मासे मुखनासिकाश्रोत्राणि सम्पद्यन्ते।”

Completion of development of nose, mouth, and ears in the sixth month.

STRUCTURAL COMPONENTS ACCORDING TO SUSHRUTA

Sushruta describes nasal structures as comprising:

- 24 - *Sira*
- 2 - *Dhamani*
- 2 - *Peshi*
- 3 - *Asthi*

He further states the length of the nose as $2\frac{1}{3}$ angula.

Marmas associated with *Nasa* include:

1. *Sringataka*
2. *Phana*
3. *Matruka*

MODERN ANATOMICAL REVIEW

EXTERNAL NOSE

The bony framework consists of a pair of nasal bones, the frontal processes of the maxillae, and the nasal spine of the frontal bone.⁸

The cartilaginous components of the nose include:

- Paired upper lateral nasal cartilages
- Paired lower nasal cartilages, also known as the greater alar cartilage
- Accessory alar cartilages
- Septal cartilage

INTERNAL NOSE

Features include nasal septum, turbinates, meatuses, and the highly vascular mucosa. Paranasal sinuses open into meatuses and contribute to voice resonance, humidification, and skull weight reduction.

PARANASAL SINUSES

- Maxillary sinus
- Frontal sinus
- Ethmoidal sinus
- Sphenoidal sinus

Their drainage pathways are critical in the pathogenesis of chronic rhinitis

PRATISHYAYA — AYURVEDIC PERSPECTIVE

ETYMOLOGICAL REFERENCES

“प्रतिक्षणं श्रायति इति प्रतिश्यायः” — A.Kosha

That which discharges again and again from the nose.”

DEFINITION

Dalhana defines Pratishyaya as: “वातादीनां दोषाणां कफेन सह प्रवाहः।” — Dalhana on S.U. 24/1

Charaka describes: “*Kaphapitta Rakta* moving downward from *nasa mulam* causing continuous nasal discharge.”

TYPES OF PRATISHYAYA

1. Vataja
2. Pittaja
3. Kaphaja
4. Raktaja
5. Sannipataja

JEERNA PRATISHYAYA (CHRONIC RHINITIS)

Sushruta says: “क्वचित् शुष्कं क्वचित् स्निग्धं नासामार्गस्य आवरणम्।

दुर्गन्धं निःश्वासे गन्धानाशः।” — S.U. 24/16

Indicating dryness, wetness, obstruction, foul smell, and anosmia as key symptoms.

Charaka mentions complications:

- कास, श्वास, शिरोरोग, नासा शोष, केश पात

NIDANA (CAUSES)

1. Dietary Causes (*Aharaja*):

- *Ajeerna*
- Cold water
- Heavy, oily foods

2. Lifestyle Causes (*Viharaja*):

- Exposure to dust, smoke
- Night vigil
- Excessive sleep
- Suppression of urges

3. *Manasika* Causes:

- Anger

SAMPRAPTI (PATHOGENESIS)

Following *Shad Kriya Kala*:

1. *Sanchaya*

2. *Prakopa*

3. *Prasara*

4. *Sthanasamsraya*

5. *Vyaktavastha*

6. *Bhedavastha*

Jeerna Pratishyaya results from chronic *srotorodha*, *kapha-vata* predominance, and structural defects like DNS acting as *sthana-samsraya*.

CLINICAL EXAMINATION (MODERN ENT)

Includes external inspection, anterior rhinoscopy, posterior rhinoscopy, airflow patency tests, smell tests, and evaluation of sinus health.

MATERIALS & METHODS

1. Literature review
2. Cadaveric nasal exploration
3. Clinical observational study in 40 patients

DISCUSSION

Findings indicate that Ayurvedic descriptions of *Pranavaha Srotas*, *Tarpaka Kapha*, and *Urdhvajatrugata* disorders correlate strongly with modern anatomical pathways. Structural variations such as DNS and turbinate hypertrophy found during cadaveric studies match clinical causative factors of chronic rhinitis.

CONCLUSION

Jeerna Pratishyaya is a pathological outcome of neglected acute rhinitis, structural abnormalities, and chronic doshic imbalance. Integration of Ayurvedic and modern ENT perspectives provides improved understanding, diagnosis, and management.

S.No.	Feature	Normal Anatomy (Standard/Healthy State)	Jeerna-Pratishyāya (Pathological Changes)
1	General Appearance	Structures are stable, well-preserved, and clear. No signs of congestion or edema.	Structures show signs of persistent congestion, edema, and mucosal thickening (hypertrophy).
2	Nasal Mucosa	Thin, pale (or light pink), and generally dry. Uniform and healthy-looking.	Thickened, pink to red, and boggy (swollen). Evidence of chronic inflammatory infiltration.
3	Nature of Discharge	None or minimal clear physiological fluid.	Continuous, profuse, or thick discharge which may be watery, mucoid, or mucopurulent.
4	Nasal Septum	Mostly straight or with only minor physiological deviation. No contact points.	Often presents with Deviated Nasal Septum (DNS). Chronic edema may cause contact points leading to pain or pressure.
5	Olfactory Function	Normal sense of smell (Olfaction is intact).	Smell sensation is often impaired (hyposmia) or completely lost (anosmia) due to chronic obstruction and mucosal swelling.
6	Turbinate Changes	Normal size with clear, defined contours. No swelling or inflammation.	Turbinates are continually swollen (hypertrophied) and often appear congested or pale blue/grey.
7	Nasal Airflow (Nasa Pantha)	Clear and unobstructed airflow through both passages. Asymptomatic breathing.	Airflow is severely restricted or obstructed due to mucosal swelling and turbinate hypertrophy, leading to difficulty in breathing.
8	Underlying Bone (Turbinates)	Normal bone structure. No abnormal bony changes.	Chronic inflammation may eventually lead to sclerotic changes or bony hypertrophy in the turbinate bones (osteitis).
9	Sinus Ostia	Ostia (openings) are patent and clear, allowing normal sinus drainage.	Ostia may become blocked or narrowed due to mucosal edema, predisposing the patient to recurrent sinusitis.
10	Presence of Polyps	No polyps or masses are present.	In advanced or specific types of chronic rhinitis, nasal polyps (smooth, pale, grapelike masses) may be present.

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