

A Case Study on Anosmia: Clinical Evaluation and Ayurvedic Management

Dr Vidhi Arora¹, Dr Priyanka Rani², Dr Gunjan Sharma³

¹PG scholar, Shalaky Tantra PG Department, Rishikul campus, Haridwar, Uttarakhand Ayurved University.

²Assistant professor, Shalaky Tantra PG Department, Rishikul campus, Haridwar, Uttarakhand Ayurved University.

³HOD & Professor, Shalaky Tantra PG Department, Rishikul campus, Haridwar, Uttarakhand Ayurved University.

Abstract—Anosmia, the loss of the sense of smell, can significantly impact a person's quality of life. It may be temporary or permanent and can result from various etiologies, including infections, neurological disorders, trauma, and exposure to toxic substances. The condition gained widespread attention during the COVID-19 pandemic, where anosmia was identified as a key symptom.¹

Nasa (nose) is considered the gateway to the head (*Shiras*) and an essential sensory organ as per *Ayurveda*. In *Ayurveda*, anosmia can be correlated with the condition described as *Ghrana Nasha*², which may occur due to vitiation of *Vata*, *Kapha*, both doshas obstructing the nasal passages and olfactory perception. Its causes may include *Urdhva Jatru Vikaras* such as chronic rhinitis (*Pratishyaya*), sinusitis, head injury, or neurological disorders affecting the olfactory nerves. *Ayurvedic* management focuses on *Samprapti Vighatana* (breaking the pathogenesis) through therapies like *Nasya Karma*, *Dhoomapana*, internal *Vata Kapha-hara* medications, *Deepana-Pachana* along with *Rasayana Chikitsa* to restore nasal patency and neurological function. This article explores the *Ayurvedic* understanding, pathogenesis, and holistic treatment approaches for anosmia with reference to classical texts and contemporary relevance.

I. INTRODUCTION-

Anosmia is often associated with conditions such as chronic sinusitis, allergic rhinitis, and viral infections like COVID-19. Since the sense of smell is closely linked to taste, anosmia can also lead to diminished flavour perception, affecting appetite and nutrition. The diagnosis of anosmia typically involves clinical evaluation, olfactory testing, and imaging studies like MRI or CT scans in cases where neurological causes

are suspected. Management depends on the underlying cause and may include medications (such as corticosteroids for inflammation), surgery for anatomical obstructions, or olfactory training for functional recovery.

In *Ayurvedic* texts, Anosmia is defined as *Ghrana Nasha* under heading of *Apeenasa*, *Rakta Pratishyaya* and *Dushta Pratishyaya*³ and also been described as a complication of *Pratishyaya*. *Acharya Charak* has described it in *Arishta Lakshana*⁴.

PATIENT DETAILS-

A 23-year-old female patient came to the OPD and presented with the complaints of gradual loss of smell, cough and cold, heaviness in nose and watery discharge but unable to blow out from nose since 2 months.

HISTORY OF PRESENT ILLNESS-

According to the patient, she was asymptomatic before two months then she was frequently suffering from cough and cold and gradually developed loss of smell. Since then, she had been experiencing nasal heaviness with watery discharge but was unable to expel it by blowing her nose. For this she visited RAMC Hospital, Haridwar.

PAST MEDICAL & SURGICAL HISTORY-

History of frontal sinusitis three months back. No history of head injury or recent viral illness (COVID-19, flu, etc.), nasal surgeries but she had a prolonged history of cough and cold with fever on and off since one year (around 9 to 10 episodes in a year each episode for 5 to 6 days) and got no relief with any

medication.

FAMILY HISTORY-

No specific family history of Parkinson’s disease, Alzheimer’s, or neurodegenerative disorders, nasal or olfactory disorders, Diabetes Mellitus, Hypertension etc or no any other systemic diseases

PERSONAL & SOCIAL HISTORY-

Non-smoker, non-alcoholic.

MENSTRUAL HISTORY- Normal

Duration: 4-6 days

Cycle: 28-30 days

Flow- normal without clots and pain

GENERAL EXAMINATION

Vitals-

BP: 122/80 mmHg

Pulse: 76/min, regular

Respiratory Rate: 16/min

Temperature: Normal

ENT Examination

1. Anterior Rhinoscopy-

Nasal mucosa: congestion, no polyps Septum: no deviation

Inferior turbinate: hypertrophy right > left

2. Posterior Rhinoscopy-

Normal nasopharynx

No evidence of sinus obstruction or inflammation.

3. Throat Examination- Granulations Present on

Posterior Pharyngeal wall with Congestion

4. Ear Examination-

The auricle appeared symmetrical and normally positioned on both sides of the head, with a shape and size appropriate for the patient's age and built. The skin over the pinna was intact, showing no signs of redness, swelling, lesions, or scaling. All anatomical landmarks, including the helix, antihelix, tragus, antitragus, and lobule, were well-formed and clearly visible. There were no deformities/signs of trauma, or congenital anomalies such as preauricular sinuses or skin tags etc.

EAC was clear bilaterally.

Tympanic membrane intact on the right side, small

central perforation on the left side. No active discharge or congestion noted.

5. Olfactory Testing-

Smell Threshold Test: She was unable to detect mild and strong odours (TDI Score- 1)

Smell Identification Test: She was unable to identify coffee, mint, rose, or citrus fruits, etc (TDI Score- 2)

Smell Discrimination Test: She was able to distinguish only 2 out of 16 odour pairs (TDI Score- 2) reflecting severe impairment in odour differentiation.

INVESTIGATIONS DONE-

1. Imaging Studies

X-Ray study- Frontal sinusitis (Bilaterally)

2. Laboratory Tests- Within normal limits

II. PROVISIONAL DIAGNOSIS

1. Chronic Rhinosinusitis without Nasal Polyps (CRSsNP)

2. Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

3. Allergic Rhinitis with secondary sinusitis

4. Anosmia

III. FINAL DIAGNOSIS

Anosmia

TREATMENT PROTOCOL-

The treatment approach was based on *Ayurvedic* principles of addressing *Kapha-Vata Dushti*, *Srotorodha* (obstruction of channels), and impaired *Prana Vata* function in the *Urdhva Jatrugata Pradesha*.

The following treatment was administered:

(I) Poorva karma:

*Deepana-Pachan: Chitrakadi Vati*⁵ – 2 tablets twice daily before meals for 3 days *Koshtha Shuddhi: Triphala churna* - 3–6 gms with lukewarm water or warm milk (At bedtime, preferably on an empty stomach)

(II) Pradhan karma:

Medicine / Therapy	Dose	Duration
<i>Anu taila Nasya</i> ⁶	2 drops each nostril	1 month
<i>Irimeyadi taila Gandusha</i> ⁷	Twice a day	1 month
<i>Sitopladi churna Godanti Bhasma Mulethi</i>	5gm BD with honey	1 month

<i>churna</i>		
<i>Vasavleha</i> ⁸	1 TSF BD	1 month
<i>Amalaki Rasayana</i> ⁹	with warm water	1 month

TDI Score¹⁰ chart-

Assessment day	Threshold (T)	Discrimination (D)	Identification (I)	Total TDI score	Interpretation
Day 0 (Before Treatment)	1	2	2	5/48	Severe anosmia
Day 30 (After Treatment)	5	7	8	20/48	Hyposmia (Partial recovery)

IV. DISCUSSION-

In the *Ayurvedic* management of anosmia, a multi-prolonged approach is used targeting *Vata- Kapha dushti* and obstruction in *Pranavaha srotas*. The treatment begins with *Deepana- Pachana* followed by therapies like *Nasya, Gandusha* and oral medications. *Anu Taila Nasya* contains *Agaru, Devadaru* which act as *Shirovirechana* and *Srotoshodhana*, clearing nasal blockage, reducing inflammation, and stimulating the olfactory nerves. It directly stimulates the olfactory receptors and enhances signal transmission. Additionally, *Rasayana* herbs like *Bala* and *Jeevak* in the oil rejuvenate the nasal mucosa and support nerve healing. *Irimedadi Taila* is used for *Gandusha* (oil holding or gargling), and its key herbs—*Irimeda, Manjishtha, and Yashtimadhu*—possess anti-inflammatory, *Kapha*-reducing, and nerve-stimulating actions. They help in clearing mucosal blockages around the olfactory region and promote nerve regeneration, further aiding in the restoration of smell. Oral medicines like the combination of *Sitopaladi Churna, Godanti Bhasma, and Yashtimadhu* work synergistically as *Deepana, Vata-Kapha hara*, and provide a soothing effect on the upper respiratory tract. They help clear sinus congestion, control cough, and improve olfactory clarity. *Vasavaleha*, a formulation containing *Vasa, Pippali, Yashtimadhu, and Ghrita*, acts as an anti-inflammatory and bronchodilator. It supports *Pranavaha Srotas*, helps resolve residual *Kapha* and inflammation, and promotes overall respiratory recovery and olfactory function. Additionally, *Amalaki Rasayana*, being a potent antioxidant and rejuvenator, nourishes the sensory and nervous systems. It balances *Tridosha*, particularly

Kapha and *Vata*, which are commonly involved in anosmia. Its rich Vitamin C content supports mucosal healing, enhances immunity, and promotes olfactory nerve regeneration, thereby naturally restoring the sense of smell.

V. CONCLUSION

The case highlights the promising role of *Ayurvedic* management in anosmia through therapies like *Irimedadi Taila Gandusha, Nasya* with *Anu Taila*, and internal administration of *Deepana- Pachana* and *Medhya Rasayana* drugs. Restoration of olfactory function without adverse effects signifies the strength of individualized *Ayurvedic* principles. Further studies and clinical trials can help establish its efficacy on a larger scale.

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