CASE STUDY

Management of *Shaluka* (snoring) through Panchkarma therapy Nasya and Gandusha Karma - A case report

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Abstract

Introduction: Snoring is a breathing noise that appears during the inspiratory and sometimes also the expiratory phase of the respiratory cycle. About 16% of middle-aged men and 7% of women snore habitually. They suffer from daytime sleepiness and run an increased risk of cardiovascular diseases. **Materials and Methods:** A 32-year-old male patient came to the outpatient department of the Panchkarma department of PGIA, DSRRAU, Jodhpur presenting complaint of snoring for the past 2 years and sometimes sleepiness during day time. Hence, *Nasya* with *Anu Taila* and *Gandusha* with *Daruharidra Kwath* through the nasal route and oral route, respectively, given for 21 days continuously for better results. **Results:** Significant result was observed in the subjective assessment criteria Thornton snoring scale. **Discussion:** These treatment Modalities have been found significantly effective in the management of snoring. **Conclusion:** Hence, we conclude that these Panchkarma therapies were found significantly effective in *Urdhawjatrugat Vikar* (*Shaluka*) Snoring.

Key words: Gandusha, Nasya, Shaluka, Snoring, Urdhawajatrugat Vikara

INTRODUCTION

Snoring is a sound produced during sleep, which in turn causes vibration of the uvula and soft palate. Snoring without any evidences of sleep apnea or excessive sleepiness is known as primary snoring. Snoring is highly prevalent in younger and older adults.[1] The mechanism of snoring is a vibration of anatomical structures in the pharyngeal airway. The flutter of the soft palate accounts for the harsh aspect of the snoring sound. Natural or drug-induced sleep is required for its appearance. Snoring is subject to many influences, such as body position, sleep stage, route of breathing, and the presence or absence of sleep-disordered breathing.[2] About 16% of middle-aged men and 7% of women snore habitually.[3,4] They suffer from daytime sleepiness and run an increased risk of cardiovascular diseases.[5-8] Snoring is a sign of increased resistance in the upper airway, usually due to airway obstruction during sleep. It can also be an indicator of obstructive sleep apnea when accompanied by daytime drowsiness. Enlarged lymphatic tissues, such as swollen tonsils and an enlarged tongue, are common causes of upper airway narrowing. Infants might snore during respiratory infections, while school-aged children may snore and develop sleep apnea because of enlarged tonsils.[9-12] In Ayurveda, snoring may be considered under *Urdhwajatrugata Vikara* (Above Supra-clavicular region diseases) *Shaluka* or *Kanthshaluka.* As described by Acharya Charak, edema in the throat, resembling the shape of a *"Shaluka"* (the rhizome of a lotus), can lead to stertorous breathing, which obstructs inspiration.[13] In modern medicine, this condition can be compared to snoring, an abnormal sound produced through the nose during sleep. Snoring can result from various causes, including enlarged adenoids in children, nasal polyps or growths, excessively enlarged turbinates, edematous nasal mucosa, or a swollen soft palate. Snoring has become a significant issue in today's world, severely disrupting a person's life. Acharya Charak has mentioned *Nasya* with *Anu Taila* in chapter 5th of *Sutrasthana* in *Urdhawajatrugatvikara*.[14] Acharya Vaghbhat has also

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mentioned *Nasya* and*Gandusha* therapy in the general treatment of *Kanth Rogas*.[15]

CASE REPORT

A 32-year-old male patient came to the (outpatient department No.3172 Dated 13/01/2024) of the Panchkarma outpatient department of Sanjivani Hospital, DSRRAU Jodhpur. The Patient Presents with complaints of snoring for past two years, along with occasional headaches and daytime lethargy.

History of Present Illness

The patient was in good health until 2 years ago, when he started experiencing snoring during sleep. Over time, the snoring grew louder and more intense. Eventually, it became so disruptive that his partner refused to sleep in the same room, and it also began disturbing other family members in nearby rooms during the night. The patient tried allopathic treatment for a few months but did not experience any improvement in Snoring. Consequently, he sought treatment at the Panchakarma outpatient Department of Sanjivani Hospital of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University in Jodhpur, India, where he was admitted for Panchakarma therapy and received daily monitoring.

Past History

There was no relevant past history of Hypertension, Diabetes Mellitus, Thyroid, Nasal problems, such as nasal congestion or nasal polyps, and any other respiratory problems.

Family History

No relevant family history.

General Examination

- Blood pressure – 126/84 mmHg
- Pulse rate – 86/min
- Temperature – 37.3°C
- Weight – 72 kg
- Height – 172 cm
- Sleep – Sound
- Sleep Position – Supine
- Food Habits – Intake of dairy products more
- Addiction – Tea/coffee.

Dashavidha Pariksha

During the examination, the patient was observed as *Prakruti-Kapha Pitta; Sara-Mamsa Sara in Pravara; Samhananna-Madhyama; Pramana Madhyam; Satmya-Madhyama; Satva-Madhyama; Aharashakti-Madhyam; Jaran Shakti-Madhyam; Vyayam Shakti-Madhyam; Vaya-Madhyam.*

Assessment Criteria

Subjective criteria

The assessment was done on the basis of the Thornton Snoring scale given in Tables 1 and 2.

- Snoring has a significant effect on the quality of life for many people. Snoring can affect the person's sleeping and those around him/her., both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to question #4 if you have no bed partner).

A score of 5 or greater indicates your snoring may be significantly affecting your quality of life.

Scoring

1. 0–5 - Mild
2. 6–10 - Mild-to-Moderate
3. 11–15 – Moderate-to-Severe.

Objective criteria

1. Complete blood count
2. Erythrocyte sedimentation rate.

Interventions

The patient was treated on the line of management of *Urdwajatrugata Vikara. Nasya Karma* with *Anu Taila* and *Gandusha Karma* (Gargling involves retention of lukewarm decoction of *Daruharidra* in the mouth cavity for 15–20 min) were done on an empty stomach for 21 days. *Nasya* with *Anu Taila* was done after *Abhyanga* and *Swedana* of *Uttamanga* in a supine position, with the help of a dropper, six drops to each nostril once a day for 21 days given in Table 3. *Pathya* (diet) was advised to the patient after *Gandusha* and *Nasya Karma*.

Follow-Up

Follow-up was done by a gap of 15 days after the completion of periods and the *Pathya* diet and *Pranayam* were advised for a healthy life.

RESULTS

After completion of treatment, the snoring sound was markedly reduced. Thornton scale score was reduced to 1 from 15 [Table 4]. According to his partner after treatment, very low-intensity snoring sound was being produced during the night which didn't disturb her sleep.

DISCUSSION

According to Med Terms™ Medical-Dictionary, snoring is a rough rattling noise made on inspiration during sleep by

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the vibration of the soft palate (the back of the roof of the mouth) and the uvula (the prominent structure dangling down at the back of the mouth). On inspiration, air on its way to the lungs travels by the tongue, the soft palate, the uvula, and the tonsils. When a person is awake, the muscles in the back of the throat tighten to hold these structures in place and prevent them from collapsing and vibrating in the airway. During sleep, the soft palate and uvula may vibrate causing the sounds of snoring. In short, snoring happens when anything called a collapse, obstruction, or restriction to the upper airway obstructs air passage (through the nose, throat, or back of the mouth) during breathing while you're asleep. The snoring sound is produced by the soft tissues in question vibrating. While the sound may occasionally be quiet, it is usually loud and uncomfortable for their sleeping mates.

Table 1: Frequency of snoring

Frequency of snoring	Grade
Never	0
Infrequently (1 night per week)	1
Frequently (2–3 nights per week)	2
Most of the time (4 or more nights per week)	3

Table 2: Questionnaire for snoring

1	My snoring affects my relationship with my partner: _____
2	My snoring causes my partner to be irritable or tired: _____
3	My snoring requires us to sleep in separate rooms: _____
4	My snoring is loud: _____
5	My snoring affects people when I am sleeping away from home: ___

Various factors can lead to snoring, including allergies, nasal blockages, structural problems in the nose, such as polyps, tonsillitis, or a deviated septum, as well as obesity, pregnancy, genetic factors, alcohol intake, smoking, aging, and certain medications.

Around half of those who snore also suffer from obstructive sleep apnea, a prevalent condition. Making healthy lifestyle changes – such as regular exercise, losing weight, quitting smoking, and avoiding alcohol before sleep – can help reduce snoring. Many individuals who snore are unaware of it until others point it out. There are numerous anti-snoring products on the market, including Breathe Right nasal strips, Silent Snooze snoring aids, Snore Stop Fast Tabs, Snore Stop Extinguisher oral spray, and Brez Premium Nasal Breathing Aid. These products typically work by gently opening the airways to improve airflow and prevent blockages. However, there is an increasing demand for alternative solutions to address snoring, beyond relying on these products and oral medications.[16]

In Ayurveda, snoring is classified under *Urdhawajatrugat Vikara Shaluka* because their symptoms resemblance with each other. Acharya Vaghbhata has clearly discussed *Nasya* and *Gandusha* in the management of *Kanthgata Vikara*. *Gandusha* with *Daruharidra kwath* was found very effective in *Urdhawajatrugat Vikara*. In this *Kwath Daruharidra* drugs have pharmacodynamics, such as *Katu, Tikta, Kashay Rasa, Laghu, Ruksha Guna, Ushna Veeray*, and *katu Vipaka*. It has *Shothahara, Vedanasthapana, Deepana, Kaphaghna, Jwarahara, Vishamajwara. Kapha Pitta Shamaka* property. Our Acharyas recommend *Gandusha* as a local treatment for throat and mouth infections. It helps reduce local inflammation, removes food particles, plaque, and bacterial colonies, encourages tissue regeneration, and accelerates healing by eliminating shed epithelial cells. *Gandusha* is considered a form of *Shodhana Chikitsa* for the oral cavity.

Table 3: Intervention given to patient

Date	Drug	Dose	Frequency
January 15, 2024	*Gandusha* with *Daruharidra Kwath*	40–50 mL (up to full mouth capacity)	Once a day for 21 days
January 15, 2024	*Nasya Karma* with *Anu Taila*	6-6 Drops in each nostril	Once a day for 21 days on empty stomach.

Table 4: Assessment before and after treatment

Thornton snoring scale		
Questionnaire	**Before treatment**	**After treatment**
My snoring affects my relationship with my partner	3	0
My snoring causes my partner to be irritable or tired	3	0
My snoring requires us to sleep in separate rooms	3	0
My snoring is loud	3	1
My snoring affects people when I am sleeping away from home	3	0
Total score	15	1

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Since the mouth is the site of *Bodhaka Kapha*,[17] topical treatments are more easily and quickly absorbed, leading to faster recovery compared to systemic treatments. When taken lukewarm, a medicinal decoction in *Gandusha* clears blockages in the channels, facilitates the elimination of *Doshas*, and provides relief from local *Kapha* and pain. Vigorous, prolonged motion may also be necessary to expel bacteria from deep areas, such as the tonsils or other parts of the oral cavity. *Nasya* with *Anu Taila* is very effective in *urdhawajatrugat Vikara*. Regular use of Anu Taila Nasya strengthens the sharpness of sense organs.[18] It strengthens the muscles of the neck, shoulders, and chest.[19] Hence, these two Panchkarma therapies were found very effective in the management of Shaluka (Snoring).

CONCLUSION

Gandusha and *Nasya Karma* provide significant symptomatic relief from snoring. This case suggests that treatment can effectively manage snoring and improve the patient's quality of life. However, further studies with larger populations are needed for a more comprehensive evaluation.

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