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An Ayurvedic management of Chronic Tonsillitis - A Case Report

Rathi S.

Associate Professor, Department of PG Studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, INDIA.

ABSTRACT

Introduction: Tonsillitis is an infection of the tonsils associated with sore throat, difficulty in swallowing, fever etc. There are about 7,455,494 cases of tonsillitis in India per year. Tonsillitis can be compared with *Tundikeri* in Ayurveda. **Aim:** To evaluate the effect of *Pratisarana* of *Apamarga Kshara* and *Triphala Kashaya Kavala* in the management of *Tundikeri*. **Materials and Methods:** The subject approached *Shalaky Tantra* OPD of Government Ayurveda Medical College, Bengaluru, with symptoms of sore throat, difficulty in swallowing, headache since 5 years was systemically reviewed and *Pratisarana* and *Kavala* line of treatment is adopted. **Results:** The subject showed marked improvement as depicted in the photographs taken at different levels of treatment. **Discussion:** The manifestation of symptoms and its severity depends on its extent of involvement of *Dosha-Dushya Sammurchana*. Though the disease is *Kapha* and *Rakta* predominant, there is involvement of *Vata* and *Pitta Dosha* in the *Samprapti* of *Tundikeri*. By adopting the holistic approach with external treatment modality an attempt is made to bring about satisfactory results.

Key words: Chronic tonsillitis, *Tundikeri*, *Pratisarana*, *Apamarga Kshara*, *Kavala*, *Triphala Kashaya*.

INTRODUCTION

Tonsillitis is an inflammation of the pharyngeal tonsils. The inflammation may affect other areas of the back of the throat, including the adenoids and the lingual tonsils. Acute tonsillitis is an infection of the tonsils triggered by one of the several types of bacteria or viruses, and peritonsillar abscesses can also occur. Chronic tonsillitis is a tenacious infection of the tonsils which may result in tonsil stones. Recurrent tonsillitis ensues when an individual suffers from several

incidents of tonsillitis per year. Both chronic and recurrent tonsillitis involve repeated occurrences of inflamed tonsils which can impact severely on a patient's quality of life.^[1] It is estimated that, 15% of all visits to family doctors are because of chronic tonsillitis.^[2]

Chronic tonsillitis may be a complication of acute tonsillitis. Pathologically, micro abscesses walled off by fibrous tissue have been seen in the lymphoid follicles of the tonsils. There will be subclinical infections of tonsils without an acute attack. It mainly affects the children and young adults.^[3]

A range of therapies from different medical faculties work on this disease, with either limited success or time bond relief and also having various limitations, side effects, including allergic reactions. If all these measures fails otolaryngologist suggests removing the tonsils i.e. tonsillectomy which also having minimal results.

A disease which is similar to tonsillitis in clinical presentation in *Ayurveda* is *Tundikeri* which is described under *Mukha Roga*. Dealing with the

Address for correspondence:

Dr. Rathi S.

Associate Professor, Department of PG Studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, INDIA.

E-mail: drrathi.s@gmail.com

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treatment of the disease *Tundikeri* particularly, *Acharya Sushruta* mentions that *Tundikeri* is the *Bhedyo Roga* and it should be treated as per the line of treatment of the disease *Galashundika*.^[4] All drugs should have the properties such as *Lekhana*, *Shothahara*, *Sandhaniya*, *Ropana*, *Rakta Stambhana* and *Vedana Sthapana*. The drug *Apamarga Kshara* has all the above properties and it is indicated in the conditions such as *Granthi*, *Apachi*, *Galaganda* and *Shotha*. Therefore, the present study was planned to evaluate the effect of *Apamarga Kshara Pratisarana* and *Triphala Kashaya Kavala* in the management of *Tundikeri* (tonsillitis).

OBJECTIVES

1. To understand the pathophysiology of Chronic tonsillitis in the perspective of *Tundikeri* explained in Ayurveda classics.
2. To find a better Ayurvedic approach in Chronic tonsillitis.

CASE REPORT

Basic information of the patient

Age: 35 years

Gender: Male

Religion: Hindu

Occupation: Business

Socioeconomic status: Middle class

Chief complaints

Complaints of throat pain, difficulty in swallowing, sore throat since 10 days.

Associated complaints

Complaints of anorexia, halitosis and neck pain since 10 days.

History of present illness

Patient was apparently normal 5 years ago, gradually developed fever, throat pain, cough took antibiotic therapy and got relief, but had on and off symptoms, since 10 days the symptoms aggravated could not find any relief, so for further management he consulted

Shalakyia Tantra OPD of Government Ayurveda Medical college, Bangalore.

History of past illness

The subject is not a known case of Diabetes mellitus, Hypertension or any other systemic illness.

Personal history

- *Aharaja*: diet predominantly of *Katu* and *Kashaya Rasa*, *Rooksha Ahara*.
- *Viharaja*: day sleep for 1 to 2 hours regularly.
- Habbits: Smoking since 8 years.

Examination

Asta Sthana Pareeksha

1. *Nadi*: *Prakruta*, 78/min
2. *Mutra*: *Prakruta*, 4 to 5 times/day, once at night
3. *Mala*: *Prakruta*, regular, once a day
4. *Jihwa*: *Alipta*
5. *Shabda*: *Prakruta*
6. *Sparsha*: *Prakruta*
7. *Druk*: *Prakruta*
8. *Akruti*: *Pittavatala*

Vitals were normal.

Respiratory system, Cardiovascular system, Gastro intestinal system, Central nervous system and Musculoskeletal system has shown no abnormality.

Local examination

Inspection

Oral Cavity

Soft palate	Congestion ++
Movement of soft palate	Normal
Uvula	Congestion +
Tonsils	Left Tonsil enlarged, Grade 3
Right	Congestion+
Left	Congestion+, Oedema+, Swollen+, Hypertrophied+

Ear

Right	Normal
Left	Normal

Palpation

Jugulo-digastric lymph nodes-not palpable, moderate pain+

Assessment of general condition

Bowel	Regular, 1-2 times/day
Appetite	Reduced
Micturition	Regular, 6-7 times/day
Sleep	Sound
Temperature	98.6° Fahrenheit

Chief complaints

SN	Complaints
1.	<i>Kathina Shotha</i> (Enlargement of tonsils)
2.	<i>Galoparodha</i> (Dysphagia)
3.	<i>Ragatwa</i> (Hyperemia)
4.	<i>Mukha Dourgandhya</i> (Halitosis)

Treatment adopted

5/10/2020 to 11/10/2020 - *Pratisarana* with *Apamarga Kshara* for 100 *Matra Kala* followed by *Triphala Kashaya Kavala*, once a day in the morning for 7 days.

Internally *Triphala Guggulu* one tablet thrice a day was advised for 10 days.

Assessment Criteria**For Tonsillar swelling****Brodsky Grading Scale^[5]**

- Grade 0 - tonsils within the tonsillar fossa
- Grade 1 - tonsils just outside of tonsillar fossa and occupy, < 25% of oropharyngeal width.
- Grade 2 - tonsils occupy 26-50% of the oropharyngeal width
- Grade 3 - tonsils occupy 51-75% of the oropharyngeal width

- Grade 4 - tonsils occupy more than 75% of the oropharyngeal width.

For pain**Visual Analogue Scale^[6]**

- 0 - None
- 1 to 3 - Mild
- 4 to 6 - Moderate
- 7 to 10 - Severe

For halitosis^[7]**Organoleptic scores**

- No malodor.
- Slight malodor.
- Clearly noticeable malodor.
- Strong malodor.

For Dysphasia

- 0 - No difficulty in deglutition.
- 1 - Mild pain during deglutition of hard food particles.
- 2 - Moderate pain during deglutition of semisolid food particles.
- 3 - Severe pain during deglutition of even liquid food articles.

For Congestion

- 0 - No congestion (normal pink coloured mucosa)
- 1 - Congestion saw over tonsils and uvula.
- 2 - Congestion saw over tonsils, uvula and pharyngeal wall.
- 3 - Congestion with haemorrhages.

Subjective Parameters

- Pain in the throat
- Dysphagia

Objective Parameters

- Tonsillar swelling
- Congestion

- Halitosis
- Pictorial representation

Investigation

TC, DC, ESR, AEC.

Fig. 1a: Before treatment (4/10/2020)



Fig. 1b: During treatment (7/10/2020)



Fig. 1c: After treatment (13/10/2020)



OBSERVATION AND RESULT

Regression of Patient symptoms was observed from the third day of treatment and complete remission of the condition was observed by 7th day of treatment. During the treatment no minor or major complications was observed in the patient.

Table 1: Showing regression of symptoms during treatment

Soft palate	No congestion
Movement of soft palate	Normal
Uvula	No Congestion
Tonsils	Grade 0
Right	No congestion
Left	Mild congestion

Table 1: Showing the effect of therapy

SN	Symptom	0 th Day	3 rd Day	7 th Day
1.	<i>Kathina Shotha</i> (Enlargement of tonsils)	++	+	-
2.	<i>Galoparodha</i> (Dysphagia)	++	+	-
3.	<i>Ragatwa</i> (Hyperemia)	+	+	-
4.	<i>Mukha Dourgandhya</i> (Halitosis)	++	+	-
5.	<i>Jwara</i>	++	-	-

DISCUSSION

The clinical features of *Tundikeri* like *Kathina Shotha*, *Toda*, *Paka* and *Galoparodha* were found along with halitosis and jugulo-digastric lymphadenopathy. After assessing the chronicity of the condition treatment is adopted. Since this is a case of chronic tonsillitis, medical management, making use of different *Kashaya* preparations and *Choornas* is beneficial. Added to this, Para surgical procedure of *Kshara Karma* and *Pratisarana* is beneficial. The disease is

Kapha and *Rakta* predominant, there is involvement of *Vata* and *Pitta Dosha* in the *Samprapti* of *Tundikeri*.

Apamarga Kshara being *Raktha Sthambaka* and having *Kapha Rakthahara* property *Pratisarana* has shown very good improvement in the present study.^[8]

Triphala being *Tridosahara* and *Shothahara*, was given in *Kashaya* form to gargle after *Pratisarana*, helped to reduce the inflammation.^[9] *Triphala Guggulu* is *Shothahara*, *Vedanahara* hence helps in anti-inflammatory action and reduces pain.^[10]

The patient was advised not to consume sour taste (*Amla Rasa*), fish (*Matsya*), Meat of animals residing in marshy land (*Anupa Mamsa*), curd (*Dadhi*), milk (*Ksheera*), black gram (*Masha*), dry and hard food stuffs (*Ruksha, Katina Anna*), sleeping with head inclining down (*Adhomukha Shayana*), substances which are hard to digest (*Guru Ahara*), food stuffs causing obstruction of body channels (*Abhishyandi*) and sleeping during day (*Divaswapna*).^[11]

CONCLUSION

The cardinal features of *Tundikeri* described in our classical texts are similar to that of tonsillitis in contemporary science. It is a clinical condition which is very common in today's practice. The timely treatment is most essential to avoid surgery. The medicines used in this case study have shown significant results (complete remission of the symptoms occurred after 7 days of treatment i.e., the patient obtained 100% relief in symptoms). The effectiveness of Ayurvedic treatment has proved that, satisfactory result may be found in this case.

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