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Evaluation of the effect of *Apamargadi Taila Gandusha* in the management of *Tundikeri* (Tonsillitis) in children - A Case Report

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ABSTRACT

Introduction: This is a case report of a 15-year-old male child complained of Fever, Pain and Difficulty in swallowing since 2 days. On Examination observed Congested soft palate, uvula, bilateral enlarged tonsils and confirmed the diagnosis as *Tundikeri* (Tonsillitis). In the present study *Gandusha* with *Apamargadi Taila* is selected for Clinical Trail. **Materials and Methods:** A 15-year-old male child suffering from the signs and symptoms of *Tundikeri* was taken for the study from Shalaky tantra opd of SJIIM, Bengaluru. He was treated with *Apamargadi Taila Gandusha* for a time period of 7days. **Result:** There was considerable improvement both subjectively and objectively. **Discussion:** *Tundikeri* is the *Bhedya roga* and should be treated like *Kaphaja Rohini* according to *Asthanga Sangraha*. *Kaphaja Rohini Chikitsa* includes *Swedana, Lekhana, Pratisarana, Gandusha, Kavala, and Nasya*. All drugs should have the properties such as *Lekhana, Shothahara, Sandhaniya, Ropana, Rakta Sthambhana and Vedana Sthapana*. The drugs used in the *Apamargadi Taila* also possess the properties like *Bhedana, Lekhana, Ropana, Shoshana, Sthambana*. Therefore, the present study was planned to evaluate the effect of *Apamargadi Taila Gandusha* in the management of *Tundikeri* (Tonsillitis).

Key words: *Tundikeri, Tonsillitis, Gandusha, Apamargadi Taila.*

INTRODUCTION

Tonsillitis is inflammation of the tonsils, typically of rapid onset. Symptoms may include sore throat, fever, enlargement of the tonsils, large lymph nodes around the neck, trouble swallowing. Acute tonsillitis is more common in children between the ages of 5 and 15 years. The prevalence rate of Tonsillitis in India is >1

million cases/ year.^[1] Among this 15-30% are children and 5-15% are adults.

The recurrent attack of tonsillitis makes the disease chronic & vulnerable for infectious diseases & causes several health hazards like laryngeal oedema, acute otitis media, and quinsy.

In the case of recurrent attacks, the only treatment of choice is surgery in conventional medical science. Considering the increased rate of incidence, non-availability of effective medical measures, possible complications of surgery and anaesthesia like airway obstruction with respiratory compromise, primary and secondary post-operative bleeding and non-affordability for surgery, and surgical removal of lymphoid tissue(tonsils) arises a question of debate which can affect the body defence mechanism. So, the need arises to research for effective measures which would help in treating the condition.

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In *Ayurveda* tonsillitis can be correlated to *Tundikeri* (NAMC CODE- GE-3)^[2] Which presents with *Kathinasotha* resembling *Karpasaphala*, *Toda*, *Daha* and *Paaka in Kantha*.^[3]

Tundikeri should be treated like *Kaphaja Rohini* according to *Asthanga Sangraha*. *Kaphaja Rohini Chikitsa* includes *Swedana*, *Lekhana*, *Pratisarana*, *Gandusha*, *Kavala* and *Nasya*.

In the present case the treatment protocol is planned on the basis of *Dosha* and *Gunas* of *Tundikeri*.

OBJECTIVES

1. To understand Tonsillitis under the umbrella of *Tundikeri*.
2. To evaluate the effect of *Apamargadi Taila Gandusha* in *Tundikeri*.

CASE REPORT

Basic information of the patient:

Age: 15 years

Sex: Male

Religion: Hindu

Occupation: Student

Socioeconomic status: Middle class

Chief complaints: Fever, Pain and Difficulty in swallowing since 2 days

History of Present Illness: The patient was apparently normal before 2 days, suddenly there was rise in temperature and patient felt pain and difficulty in swallowing. Patient's parents observed redness and swelling in throat. Patient's parents directly approached Shalaky Tantra OPD for better management.

History of Past Illness: Nothing specific

Personal History:

- a) *Aharaja*: Predominant of *Madhura* and *Snigdha Ahara*.
- b) *Viharaja*: Exposed to dust while playing.

Examination

Local Examination

Inspection

Oral cavity:

Soft palate	Congestion +
Movement of soft palate	Normal
Uvula	Congestion +
Tonsils	B/L enlarged & Grade 4
Right	Congestion+, Oedema+, Swollen+, Hypertrophied+
Left	Congestion+, Oedema+, Swollen+, Hypertrophied+

Ear

Right	Normal
Left	Normal

Palpation

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

Assessment of general condition of child

Bowel	Constipated
Appetite	Reduced
Micturation	Regular, 6-7 times/day
Sleep	Disturbed
Temperature	100.6°F

Chief complaints

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

Treatment adopted

Phase 1.1.	<i>Chitrakadi vati</i> 1-1-1 before food for 3 days.
Phase 1.2.	<i>Tribhuvana Keerti Rasa</i> 1-1-1 after food for 3 days.
Phase 2:1.	<i>Gandusha</i> with <i>Apamargadi Taila</i> for 7 days.
Phase 2:2.	<i>Kantakari Avaleha</i> 0-0-1tsp with Milk at bed time of 15 days.
Phase 2:3.	<i>Kanchanara Guggulu</i> 1-0-1 after food for 7 days.

Assessment Criteria**For Tonsillar swelling****BRODSKY Grading Scale^[4]**

Grade 0	tonsils within the tonsillar fossa
Grade 1	tonsils just outside of tonsillar fossa and occupy, \leq 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^[5]**

0	None
1 to 3	Mild
4 to 6	Moderate
7 to10	Severe

For Dysphagia

0	No difficulty in deglutition.
1	Mild pain during deglutition of hard food particles.
2	Mild pain during deglutition of hard 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.

RESULTS

	Before Treatment	After Treatment
Soft palate	Congestion +	Reduced
Pain	Moderate	Mild

Uvula	Congestion +	Reduced
Tonsils	B/L enlarged & Grade IV	Grade II
Right	Congestion+, Oedema+, Swollen+, Hypertrophied+	Reduced
Left	Congestion+, Oedema+, Swollen+, Hypertrophied+	Reduced

DISCUSSION

In this Clinical Trail the Treatment was planned based on *Dosha Avastha*. In the present case there are *Shleshma* and *Rakta* involvement in the patient. *Shleshma Samutklesha Lakshanas* were understood by the presence of *Katina Shotha* and *Gala Uparodha*, *Raagatva* indicates *Rakta Dushti*, *Koshtagata Ama* was understood by *Jihwa Liptata*, reduced appetite and reduced bowel movement. Hence the condition was diagnosed as *Tundikeri* in the *Sama Kapha Avastha*.

Since there is *Amatva* and *Jwara*, *Paachana*, *Deepana* and *Jwarahara* line of management was adopted initially. It was done with *Chitrakadi Vati* and *Tribhuvana Keerti Rasa*. *Chitrakadi Vati* is both *Deepana* and *Paachana*. *Tribhuvana Keerti Rasa* due to its *Ushna Guna* and *Virya* reduced the *Jwara*.

Tundikeri is *Bhedyo Roga* and should be treated like *Kaphaja Rohini* according to *Asthanga Sangraha*. *Kaphaja Rohini Chikitsa* includes *Swedana*, *Lekhana*, *Pratisarana*, *Gandusha*, *Kavala*, and *Nasya*.

All the drugs should have the properties such as *Lekhana*, *Shothahara*, *Sandhaniya*, *Ropana*, *Rakta Sthambana* and *Vedana Sthapana*. The drugs in the *Apamargadi Taila* have the above said *Gunas* and *Gandusha* as *Sthanika Chikitsa* helps in treating the present condition.

Shamana Oushadhis were *Kanchanara Guggulu* and *Kantakari Avaleha*. *Kantakari Avaleha* is predominant of *Tikta* and *Katu Rasa*, thereby by acts as *Kaphahara*. Moreover, it also helps in *Vata Anulomana*. *Kantakari Avaleha* has its action over the *Pranavaha Srotas*.

Tonsils are secondary lymphoid organs and *Rasayana* therapy helps in *Roga Apunarbhavatva* and increase of *Vyadhikshamatva*.

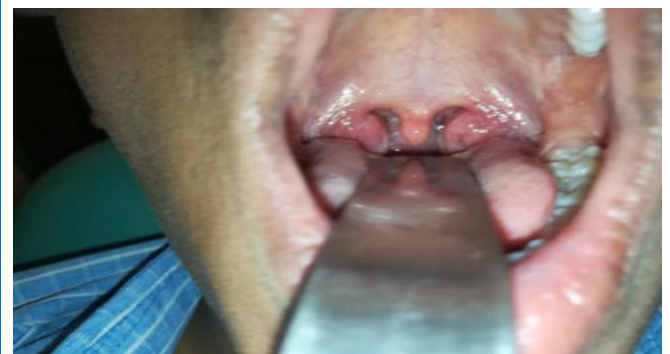
Kanchanara Guggulu, popularly known as *Gandari* is beneficial for *Kapha Pradhana Kantagata Rogas*. It has *Lekhana Swabhava* thereby helps in reducing the size of tonsils. thereby helps in reducing the signs and symptoms.

CONCLUSION

Tundikeri is *Bhedyo Roga* and should be treated like *Kaphaja Rohini* according to *Asthanga Sangraha*. *Kaphaja Rohini Chikitsa* includes *Swedana*, *Lekhana*, *Pratisarana*, *Gandusha*, *Kavala*, and *Nasya*. All the drugs should have the properties such as *Lekhana*, *Shothahara*, *Sandhaniya*, *Ropana*, *Rakta Sthambana* and *Vedana Sthapana*. The drugs in the *Apamargadi Taila* have the above said *Gunas* and *Gandusha* as *Sthanika Chikitsa* helps in treating the present condition. The *Shamanoushadhis* and *Rasayana* helps in improving the *Vyadhikshamatva* of the patient.



Before Treatment



After Treatment

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