

# An Ayurvedic Management of Tonsilitis: A Case Report

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## Abstract

Tonsilitis is the aggravation of the two oval formed cushions at the throat which are resistant framework first line of safeguard. Tonsilitis hampers the personal satisfaction because of its intermittent assaults. Tonsilitis is exceptionally normal in paediatric practice. Current medication gives indicative alleviation however doesn't check repeat and furthermore has incidental effects. Additionally, ongoing conditions are frequently treated by tonsillectomy which likewise has its own difficulties. In this way, there is a need to discover a protected and powerful cure which diminishes the manifestations as well as builds prosperity. It tends to be followed by unsheathed fortune of Ayurveda. Tonsilitis can be correlated with Tundikeri in Ayurveda. Tundikeri is brought about by Abni Mandya, Kapha and Rakta dosha because of inappropriate eating, routine, helpless oral cleanliness and stationary way of life. Ayurveda gives distinctive treatment modalities to fix sickness.

**Keywords:** Inflammation, Tonsilitis, Tundikeri, Apamarg Kshara, Triphala Kashaya Kaval, Chitrak Haritaki Avaleh

## INTRODUCTION

Tonsilitis is an infection of the tonsils associated with sore throat, difficulty in swallowing, fever etc. Tonsilitis can be compared with Tundikeri in Ayurveda.

Tonsilitis 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 tonsilitis is an infection of the tonsils triggered by one of the several types of bacteria or viruses, in tonsil peritonsillar abscess can also occur. Chronic tonsilitis is a tenacious infection of the tonsils which may result in tonsil stones. Recurrent tonsilitis ensues when an individual suffers from several incidents of tonsilitis per year. Both chronic and recurrent tonsillitis involve repeated occurrences of inflamed tonsils which can impact severely on a patient's quality of life<sup>i</sup>. It is estimated that, 15% of all visits to doctors are because of chronic tonsilitis<sup>ii</sup>. tonsilitis may be a micro abscess walled complication of acute tonsilitis. 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, there will be subclinical infection of tonsils without an acute attack. It mainly affects the children and young adults<sup>iii</sup>.

A range of therapies from different medical faculties word 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 fail 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 treatment of the disease Tundikeri particularly, Acharya Sushruta mentions that Tundikeri is the Bhedyaroga and it should be treated as per the line of treatment of the disease Galashundika<sup>iv</sup>. All drugs should have the properties such as Lekhana, Shothhara, 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, Gandamala and Shoth. Therefore, the present study was planned to evaluate the effect of apamarga kshara Pratisarana, Chitrak Haritaki Avaleh orally and Triphala Kashaya Kavala in the management of Tundikeri(tonsillitis)

### Objectives

To understand the pathophysiology of acute tonsillitis in the perspective of Tundikeri explained in Ayurveda classics.

To find a better Ayurvedic approach in Acute tonsillitis.

### Case Report

Basic information of the patients

Age :35years

Gender : Male

Religion : Hindu

Occupation : Business

Socioeconomic status : Middle class

### Chief complaints

Complaints of Throat pain, difficulty in swallowing, sore throat since 7days.

### Associated complaints

Complaints of anorexia, halitosis since 5days.

### History of present illness

Patients was apparently normal 15day ago, gradually developed fever, throat pain, cough took antibiotic therapy and got relief, but had on and off symptoms, since 7days the symptoms aggravated could not find relief, so for further management he consulted Shalakya Tantra OPD of ITRA Jamnagar.

### History of past illness

No HTN

No DM

### Personal history

Aharaja : diet predominantly of Katu and Kashaya Rasa, Rooksha Ahara

Viharaja ; day sleep for 1 to 2 hours regularly

### Examination

#### Asthvidha Pareeksha

1. **Nadi** :Prakruta, 80/min
2. **Mutra** :Samyaka, 4 to 5 times/day,
3. **Mala** :once a day
4. **Jihwa** :Alipta
5. **Shabda** :Prakruta

6. **Druk** :Prakruta

7. **Sparsha** :Prakruta

8. **Akruti** :Prakruta

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

### Local emanation

#### Inspection

##### Oral cavity

Soft palate - Congestion

Uvula - Normal

Tonsillitis - enlarged grade 3 , congestion at bilateral, Swollen

#### Ear

Right - Normal

Left - Normal

#### Palpation

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

#### Treatment adopted

1. Pratisaran : Apamarga kshara for 100 matra kala
2. kaval : triphala yavakuta kashaya
3. Chitraka Haritali avaleha <sup>v</sup>; 10gm bd lehnarth

#### Assessment Criteria

For tonsillar Swelling

#### Brodsky Grading Scale<sup>vi</sup>

Grade 0 - tonsil within the tonsillar fossa

Grade 1 - tonsil just outside of tonsillar fossa and occupy, < 25% of oropharyngeal width

Grade 2 -tonsil occupy 26-50% of the oropharyngeal width

Grade 3 - tonsil occupy 51-75% of the oropharyngeal width

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

#### For pain

##### Visual Analogue Scale<sup>vii</sup>

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

**For halitosis**

**Organoleptic scores**

- No malodor
- Slight malodor
- Clearly noticeable malodor
- Stronge 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 particles

**For Congestion**

- 0 – No congestion
- 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

**Objectives Parameters**

- Tonsillar swelling
- Congestion
- Halitosis

**Investigation**

TLC, DLC, ESR, AEC

**OBSERVATION AND RESULT**

Regression of patient’s symptoms was observed from the third day of treatment and complete remission of the condition was observed by 7<sup>th</sup> day of treatment During the treatment no minor or major complication 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
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## 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 tonsillitis, medical management, making use 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<sup>viii</sup>. Triphala being Tridosahara and Shothahara, was given in Kashaya form to gargle after Pratisarana, helped to reduce the inflammation<sup>ix</sup>.

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)<sup>x</sup>

## CONCLUSION

Tundikeri can be restored by appropriate treatment followed by solid eating regimen and keeping up with oral cleanliness, diminishing the odds of tonsillectomies. Tonsillitis has unfriendly impact on development and advancement of the youngster. Treatment standards in ayurvedic writing can be changed over to standard for the better comprehension of Tonsillitis. Above article shows distinctive treatment modalities from Ayurvedic message which can be utilized to treat tonsillitis. Need of great importance is to foster a comprehensive way to deal with address the issue of Tonsillitis and its treatment according to Ayurveda to stay away from future wellbeing risks and for a solid way of life

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