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An Ayurvedic Formulation in The Management of Chronic Tonsillitis in Pediatric Patient: A Case Reort

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ABSTRACT
Tonsillitis is normal in kids and youthful grown-ups. Around 2,00,000. Tonsillectomies are acted in India per year.[1]Tonsillitis is inflammation of the tonsils, two oval-shaped pads of tissue at the back of the throat one tonsil on each side.[2]
*Tonsilitis*is one of the disease entities mentioned under *Kanthagatroga*.Tonsillitis can be corelated with *Tundikeri andGilayuvridhi*in Ayurveda. *Tundikeri*is brought about *dosha* by *Agni mandya*, *Kapha* and *Rakta dosha*.In Ayurvedic classics Gilayuvridhi*Amalkasthi*is mentioned as a swelling at the base of *Hanusandhi*(Tempero-mandibular joint) resembling with*karpasphala*. On the basis of sign and symptoms,can be correlated with Tonsilitis. A case report of 9 years old male child suffering from Chronic tonsillitis.Treated with*SitopaladiChurna,Laxmivilas rasa and Abhrakbhasma*orally. After one month of therapeutic intervention a significant result was observed.

KEYWORDS: Tonsillitis, *Gilayuvridhi,Kapharakta dosha*

I. INTRODUCTION:

Tonsillitis is the aggravation of the tonsils two oval formed cushions at the rear of the throat which are resistant frameworks first line of safeguard. [3]Tonsillitis hampers the personalsatisfaction because of its intermittent assaults

*Gilayuvridhi*refers to the disease that occurs in the regionof *kantha*. It isdefined as "*Granthirgaletwaamalkasthimatramsthiralparukhya tkapharaktamurthi"* which means *Granthirgale*resembles *amlakasthi*.[2] According to *Acharya Sushruta Amalkasthi*is a *Talugataroga*[3] while according to *Acharya Vagbhattamlakasthimatram*comes under *Kanthagataroga*.[4] The palatine tonsils are paired structuresconsisting of lymphoid tissue. They are located in the tonsillar fossa between the anterior and posterior tonsillar pillars formed by palatoglossus and palatopharyngeal muscles respectively. Along with the adenoids, the lingual tonsils, the tubal tonsils and the diffuse aggregates of pharyngeal submucosal lymphoid tissue, they make up Waldeyer's ring. The tonsils are composed of lymphoid tissue. Both T- and B-lymphocytesare present though B-lymphocytes predominate.[5] Acute tonsil inflammation may be localized episode, in association with an upper respiratory illness or as a part of generalized systemic infection. The causative organism usually is GABHS (Group A beta-hemolytic streptococci), although a range of other organisms including viruses and anaerobes may be implicated. Acute tonsillitis is diagnosed mainly on the basis of clinical assessment. There is a short history of sore throat with fever and pain on swallowing. Examination generally reveals erythema of the tonsils and posterior pharyngeal wall, with obvious exudates on the tonsils occasionally. This is usually associated with tender cervical lymph node enlargement.[6] *Amalkasthi*happens because of *Kapha prakopa*and *Rakta dushti*.[7]

Ayurveda gives distinctive treatment modalities. Medications having *Lekhan* (Scrapping), *Shothahar*(Anti-inflammatory), *Sandhaniya*(Tissue binding), *Ropan*(Healing), *Rakta stambhan*(Haemostasis), *Vednasthapan*and *Pitta Kapha shamak*properties should be ideal for the treatment of Tonsillitis.

II. CASE STUDY:

A 9 years old patient visited balroga(Kaumarbhritya)outpatient department with chief complaint of sore throat, difficulty in swallowing and fever since15 days. He had history of recurrent tonsillitis since3 years. The patient had a consultation of allopathic doctor however; the relief was unsatisfactory. Thus, he opted for *Ayurveda* for possible management. The patient was afebrile with body temperature of 98ºF. Pulse was 82 beats/min. No abnormality was noticed in the functioning of the respiratory, circulatory and

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digestive systems. To assess the effect of therapy, an in-house scoring criterion was developed .
On oral cavity examination *Gala Prapaka*Grade III and Tonsillar hypertrophy Grade II was observed.
On the basis of subjective criteria *Gala Toda* was Grade II and..*Gala Daha* was grade II.

THERAPEUTIC INTERVENTIONS:

Formulations of*Sitopaladichurna, Laxmivilas rasa,Abhrkabhasma*were given with honey twice daily, resulting in significant improvement in symptoms i.e pain,difficulty in swallowing and reduction in the size of the tonsils.

*Sitopaladichurna*25gm with honey orally twice times daily for onemonth[8],in our classical texts *Gilayuvridhi*has been described under the *Mukharoga*(diseases of oral cavity). Tonsillitis is the inflammation of the tonsils, two oval shaped pads at the back of the throat. *Gilayuvridhi*can be correlated with tonsillitis as both the terminologies have similar features like pain and burning sensation in throat (*Ruka*, *Daha*), *Prapka*(suppurative inflammation), *Shopha*(Enlarged tonsils) etc.[9-13] Though the disease is *Kapha* and *Rakta* predominant, so treatment was adopted accordingly.*SitopaladiChurna* Ayurvedic formulationstraditionally used for various respiratory disorders including cough, cold and asthma.Antibacterial, Antitussive and immunostimulatory actions.It found significant anti-inflammatory and mast cell stabilizing activity, which may help in reducing inflammation associated with Tonsillitis.Laxmiviias rasa suggesting it has existed with varying ingredients and therapeutic efficacies depending on the classical text. SitopaladiChurna, Laxmivilas rasa,Abhrakbhasma was given with honey twice daily 3consequative cycleupto 90 days.

As per *Acharya Sushruta Tundikeri*is the illness brought about by the vitiation of *Kapha* and *Rakta* and portrayed by *Shotha*(expanding), *Toda* (pricking kind of agony), *Daha* (burning sensation), *Prapaka*(Suppuration). As indicated by *Acharya Vagbhata, Tundikeri*have the state of *Karpasphala*and its area is *Hanusandhiashrita Kantha* (base of the temperomandibular joint). It is *Pichchhila*(Slimy), *Manda Ruk* (Mild torment) and a firm expanding. The depiction given by *Acharya Sushruta* takes after the intense phase of tonsillitis whereas the definition by *Acharya Vagbhata*is highlighting likely the constant phase of tonsillitis.

Etiology

Microbes like Hemolytic streptococcus, Staphylococci, Pneumococci or H. Influenzae.[14] Infection like Adenovirus, Rhinovirus, Influenza An infection, Para flu infection, Epstein bar infection are some potential micro-organisms causing Tonsillitis.

Nidana* of *Mukh Rogas

There is no particular *Nidana* depicted for the sickness *Tundikeri*in works of art. Yet, there is a reference of the overall *Nidana* of *Mukha Rogas*. So, the *Samanya Nidana* for *Mukha Rogas* can be said in this specific circumstance. Since*Tundikeri*is the sickness of either the *Talu* or the *Kantha*, which are the pieces of *Mukha*. The causative elements for *Mukha Rogas* are given.15

III. CASE REPORT

Basic information of the patient
Age: 9 years
Gender: Mch
Religion: Hindu
Occupation: Business
Socioeconomic status: Middle class

Chief complaints

Complaints of throat pain, difficulty in swallowing, sore throat since15 days.

Associated complaints

Complaints of anorexia, halitosis sometimes and neck pain since10 days.

History of present illness

Patient was apparently normal 3 years ago, gradually
developed fever, throat pain, cough for these he recived antibiotics and got relief, but had on and off symptoms.
Since15 days the symptoms aggravated could not find
any relief, so for further management he consulted *Kaumarbhrityatantra*OPD of Government *Ayurveda* College, Dharashiv.

History of past illness

No any history of any major illness.

Personal history

▪*Aharaja*: Diet predominantly of *Katu*and *Lavana Rasa, Abhishyandi Ahara.*
▪*Viharaja*: Day sleep for 1 to 2 hours regularly.

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

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4. Jihwa: sama
5. Shabda: Prakruta
6. *Sparsha: Prakruta*
7. Druk: Prakruta
8. *Akruti: Kaphapitta*

Systemic examination –
RS- AEBE Clear
CVS -S1S2 N
CNS -NAD.

Local examination
Inspection
Oral Cavity
Soft palate Congestion ++
Movement of soft palate Normal
Uvula Congestion +
Tonsils Left Tonsil enlarged
Right Congestion+
Left Congestion+,Oedema++,Hypertrophied+
Ear - Right –Normal
Palpation- Cervical lymph nodes- palpable, 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
1. *Kathina Shotha*(Enlargement of tonsils)
2. *Galoparodha*(Dysphagia)
3. *Ragatwa*(Hyperemia)

Treatment adopted
5/09/2025 to 04/12/2025
Laxmivilas rasa-250mg (15 tab)
Sitopaladi churna-60gm
*Abhraka Bhasma-100mg*for 2 consecutive cycle of 30days
Matra -1.5 gm BD
Anupana-Madhu

Assessment Criteria
For Tonsillar swelling
Brodsky Grading Scale[5]
▪ Grade 0 - tonsils within the tonsillar fossa
▪ Grade1 - 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

For pain
Visual Analogue Scale [6]
▪ 0 - None
▪ 1 to 3 - Mild
▪ 4 to 6 - Moderate
▪ 7 to10 - Severe.

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

Investigation
CBC, ESR, AEC.

IV. OBSERVATION AND RESULT

Regression of Patient symptoms was observed from the 15th day of treatment and complete remission of the condition was observed by 60th day of treatment.
During the treatment no minor or major complications were observed in the patient.

Regression of symptoms duringtreatment
Soft palate - No congestion
Movement of softpalate-Normal
Uvula- No Congestion
Tonsils -Grade 0
Right- No congestion
Left- Mild congestion

Effect of therapySymptom

Sr.No	Symptoms	0th Day	30Day	60Day
1	*Kathina Shotha*(Enlargement of tonsils)	+++	++	--

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2	*Galoparodha*(Dysphagia)	+++	+	--
3	*Ragatwa*(Hyperemia)	++	+	-
4	*Jwara*	+	-	--

V. 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.

Themedicines used in this case study have shown significant results (complete remission of thesymptoms occurred after 7 days of treatment i.e. thepatient obtained 100% relief in symptoms). Theeffectiveness of Ayurvedic treatment has proved that,satisfactory result may be found in thiscase.*Lakshmi Vilas* rasa useful in treatingwide rangeofdiseasesespecially upper respiratorytract, abdominal conditionsandsomemajor systemic disorderssuch asanemia, diabetes,tuberculosis, hepatitisandinfertility. This ishavinguniqueproperties formulation; hencehave limitations in vitiatedconditions. It also effectively removes the aamdoshas.Sitopaladichurna is an effective ayurvedic medicine treatingrespiratory diseases and allergic disorders.Themain function of this churna is enhance immunity.Pepper and Cinnamon function asbioenhancers, Cardamom is loaded with antioxidantsthat prevent free radical damage and possess strong anti-inflammatory properties.mishri has potential to balance kapha and vata dosha and vanshlochana compounds have healing properties.

Abhrak Bhasma has various therapeutic properties,which beneficial for respiratory and throat conditions. It helps reducing the inflammation and swelling associated with Tonsillitis. Relief from sore throat, chronic and acute cough ease throat congestion by thinning mucus deposits.

VI. DISCUSSION

The clinical features of *Tundikeri*like *Kathina Shotha*,*toda*, *Paka* and *Galoparodha*were found along withCervical lymphadenopathy. After assessing the chronicity of the condition treatment is adopted. Since this is a case of chronic tonsillitis, medical management, making use of Ayurvedic regimen such as herbal and rasaushdipreparations *is* beneficial.This disease is *Kapha* and *Rakta* predominant, there is involvement *Vata* and *Pitta Dosha* in the *Samprapti*of *Tundikeri*.

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