EVALUATION OF THE EFFECT OF ARIMEDADI TAILA GANDUSHA IN THE MANAGEMENT OF TUNDIKERI (TONSILLITIS) IN CHILDREN – A CASE REPORT

Vivek Gowda S.¹* and Rathi S.²

¹PG Scholar, Dept. of PG Studies in Shalakya Tantra, Govt. Ayurveda Medical College Bengaluru, India.
²Assosiate Profssor Department of PG Studies in Shalakya Tantra Government Ayurveda Medical College Bengaluru, Karnataka.

ABSTRACT

Introduction: This is a case report of a 17 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 Arimedadi Taila is selected for Clinical Trail. Materials and Methods: A 17 year old male child suffering from the signs and symptoms of Tundikeri was taken for the study from Shalakya tantra opd of SJIIM, Bengaluru. He was treated with Arimedadi 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 Arimedadi taila also possess the properties like Bhedana, Lekhana, Ropana, Shoshana, Sthambana. Therefore, the present study was planned to evaluate the effect of Arimedadi Taila Gandusha in the management of Tundikeri (Tonsillitis).

KEYWORDS: Tundikeri, Tonsillitis, Gandusha, Arimedadi 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.

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 Arimedadi Taila Gandusha in Tundikeri.

MATERIALS AND METHODS
Case report
Basic information of the patient:
Age: 17 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 Shalakya 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft palate</td>
<td>Congestion +</td>
</tr>
<tr>
<td>Movement of soft palate</td>
<td>Normal</td>
</tr>
<tr>
<td>Uvula</td>
<td>Congestion +</td>
</tr>
<tr>
<td>Tonsils</td>
<td>B/L enlarged &amp; Grade 4</td>
</tr>
<tr>
<td>Right</td>
<td>Congestion+, Oedema+, Swollen+, Hypertrophied+</td>
</tr>
<tr>
<td>Left</td>
<td>Congestion+, Oedema+, Swollen+, Hypertrophied+</td>
</tr>
</tbody>
</table>

Ear

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>Normal</td>
</tr>
<tr>
<td>Left</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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

Assessment of general condition of child

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel</td>
<td>Constipated</td>
</tr>
<tr>
<td>Appetite</td>
<td>Reduced</td>
</tr>
<tr>
<td>Micturation</td>
<td>Regular, 6-7 times/day</td>
</tr>
<tr>
<td>Sleep</td>
<td>Disturbed</td>
</tr>
<tr>
<td>Temperature</td>
<td>100.6 degree farenhiet</td>
</tr>
</tbody>
</table>
Chief complaints

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kathina shotha (Enlargement of tonsils)</td>
</tr>
<tr>
<td>2</td>
<td>Galoparodha (Dysphagia)</td>
</tr>
<tr>
<td>3</td>
<td>Ragatwa (Hyperemia)</td>
</tr>
</tbody>
</table>

Treatment adopted

Phase

1.1. Chitrakadi vati 1-1-1 before food for 3 days.

1.2. Tribhuvana Keerti Rasa 1-1-1 after food for 3 days. Phase 2:1. Gandusha with Arimedadi Taila for 7 days.

1.3. Kantakari Avaleha 0-0-1tsp with Milk at bed time of 15 days.

1.4. Kanchanara Guggulu 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, < 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- 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.

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft palate</td>
<td>Congestion +</td>
<td>Reduced</td>
</tr>
<tr>
<td>Pain</td>
<td>Moderate</td>
<td>Mild</td>
</tr>
<tr>
<td>Uvula</td>
<td>Congestion +</td>
<td>Reduced</td>
</tr>
<tr>
<td>Tonsils</td>
<td>B/L enlarged &amp; Grade IV</td>
<td>Grade II</td>
</tr>
<tr>
<td>Right</td>
<td>Congestion+, Oedema+,</td>
<td>Reduced</td>
</tr>
<tr>
<td></td>
<td>Swollen+, Hypertrophied+</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td>Congestion+, Oedema+,</td>
<td>Reduced</td>
</tr>
<tr>
<td></td>
<td>Swollen+, Hypertrophied+</td>
<td></td>
</tr>
</tbody>
</table>

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

_Shamana oushadhis were Kanchanara guggulu and Kantakari avaleha. Kantakari Avalehais predominant of Tikta and Katu rasa, thereby by acts as Kapha hara_. 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 Vyadhi shamatva.

_Kanchanara guggulu_, popularly known as _Gandari_ is beneficial for _Kapha pradhana kanta gata rogas_. It has Lekhana Swabhava thereby helps in reducing the size of tonsils. thereby helps in reducing the signs and symptoms.

**CONCLUSION**

_Tundikeri is 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 the drugs should have the properties such as Lekhana, Shothahara, Sandhaniya, Ropana, Rakta Sthambana and Vedana Sthapana. The drugs in the Arimedadi Taila has the above said Gunas and Gandusha as Sthanika Chikitsa helps in treating the present condition. The Shamanooshadhis and Rasayana helps in improving the vyadhikshamatva of the patient.
REFERENCES

1. Incidence and prevalence of tonsillitis, www. google. co. in/search?q=tonsillitis, accessed on 20/02/2022 at 9 am.


