

Regression Of Hypertrophied Tonsil In Tonsillitis- A Case Report

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ABSTRACT

The current therapy for tonsillitis is surgical intervention, this case reports discuss the effective ayurvedic management of a case diagnosed as tonsillitis which was advised for tonsillectomy. After topical application, there is reduction in the size of tonsils, patient is asymptomatic and free from recurrent attack of tonsillitis since 6 months. Hence safe method for reduction of enlarged tonsils.

Case- A 11-year-old on allopathy treatment for a year was approached to our hospital with symptoms of pain while swallowing, hypertrophied tonsils, sore throat for the last 1 year. The features were suggestive of tonsillar hypertrophy has been assessed by Broadsky grading score. Diagnosed as Chronic Parenchymatous tonsillitis.

Intervention- Topical application of Apamarga Kshara over the hypertrophied tonsils

Results- outcome of this case study revealed that there was reduction in the hypertrophied tonsils grade 2 to grade 1 in right tonsil and grade 3 to grade 1 in left tonsil according to the Broadsky grading score. There was no recurrence of symptom for last 6 months

Conclusion- Non-surgical intervention or topical application of Kshara of tonsillitis shows reduction in the size of tonsil, asymptomatic and no recurrence from 6 months.

Key words- Tonsillitis, Apamarga Kshara, Tundikeri.

1.INTRODUCTION

Difficulty in swallowing is the common problem in ENT practice. The etiological factors of difficulty in swallowing are due to pharyngitis, tonsillitis and peritonsillar abscess. Here the main aetiology is chronic tonsillitis.

Tonsillitis, or inflammation of the tonsils, is a common disease and makes up approximately 1.3% of outpatient visits. Chronic and inflamed tonsils affect patient's quality of life. It is predominantly the result of a viral or bacterial infection and, when uncomplicated, presents as a sore throat¹. Usually, it affects school-going children and often shows recurrence in immunocompromised children. It can affect school days and cause complications² such as peritonsillar abscess, parapharyngeal abscess, intratonsillar abscess, tonsillolith, tonsillar cyst, cervical abscess, acute otitis media, rheumatic fever, subacute bacterial endocarditis and increase the surgical burden. Chronic tonsillitis is chronic inflammation of palatine tonsils which occurs as a result of repeated attack of or due to inadequately resolved acute tonsillitis.

As per ayurvedic literature narration Tundikeri, the hypertrophy of tonsil looks like cotton fruit found in the Hanusandhi. The symptoms are hypertrophy of tonsils, pricking pain, suppuration, burning sensation and pain while swallowing³. This case report is diagnosed as Tundikeri (Chronic Parenchymatous Tonsillitis). Kshara application is mentioned in Kanthagata Rogas by Sushruta Acharya. As it is mentioned Tundikeri is Bhedya Roga and it should be treated as per the line of treatment of Galashundika⁴ as per Acharya Sushruta. In allied sciences also indicated for tonsillectomy. It is having operative and post-operative complications. By passing the side effects can be overcome by Kshara application. It is a simple procedure, doesn't need hospitalization, less pain, no operative and post-operative complications. Apamarga kshara is having Laghu, Ruksha and Tikshna Guna, Ushna Virya, Tridoshaguna, Shodhana, Ropana, Shoshana⁵ property.

2. CASE REPORT

A 11-year-old girl came to OPD with complaints of pain while swallowing and sore throat on and off for 1 year. The condition usually aggravates on consuming cold items, fast food and during cold climate. The problem had affected her studies. The patient doesn't have any family history related to the condition. Patient has been treated with antibiotics, NSAIDs for 1 year off and on but did not get complete relief and the symptoms recurred 5-6 times during that year. So, the patient

was advised to undergo tonsillectomy but was not willing for surgery. Hence, she has approached to our outpatient department for Ayurvedic management.

3. CLINICAL FINDINGS

3.1 Local examinations

Oropharynx Examination

On local examination of throat, lips, oral mucosa, gums, tongue, hard and soft palate appears to be normal. There was slight congestion on palatoglossal arch. After palatoglossal arch there is enlargement of tonsils bilaterally noted with grade 2 in right tonsil and grade 3 left tonsil with two pus points on left tonsil (Fig 1) and assessed according to Brodsky grading score. On Posterior pharyngeal wall mild nodular swelling was noted. Soft palate was normal, uvula was slightly shifted to left. There is jugulodigastric lymph node on either side enlarged but not tender on touch. Routine haematological examination, eosinophil count was above normal and erythrocyte sedimentation rate was raised (value).

3.3 Assessment of general condition-

Bowel- 1time/day

Micturition- 4 to 5 times/day

Appetite – reduced

Sleep – proper

4. Timeline

Table 1

Date	Intervention
16-01-2023	The patient came to OPD with complaints of pain while swallowing, sore throat and hypertrophied tonsil and was diagnosed as chronic parenchymatous tonsillitis
16-01-2023	1 gm of Apamarga kshara paste was topically applied on each tonsillar surface
16-01-2023	Shamana Aushadhi (oral medication)- Triphala guggulu 250 mg was given for 15 days along with Triphala ,Yashtimadhu Kashaya with Tankana Bhasma was given for gargle BD for 2 months
23-01-2023	Evaluation after 1 st Kshara Karma-

	The patient was having relief from sore throat and pain while swallowing 3 days after the 1st application of kshara
23-01-2023	2 nd time-1 gm of Apamarga kshara paste was topically applied on each tonsillar surface.
06-02-2023	First Follow up – after treatment evaluation was done. The size of hypertrophied tonsil was reduced. In Right tonsil it was grade 2 to grade 1 and in Left tonsil it was grade 3 to grade 1.
20-02-2023	Second Follow up- No recurrence of symptoms was reported by the patient
OPD- Out patient department	

5. Diagnostic assessments

After proper clinical examination, sign & symptoms and Brodsky grading score- tonsillar hypertrophy was diagnosed as chronic parenchymatous tonsillitis. The condition was diagnosed as chronic parenchymatous tonsillitis based on the complaints presented by the patient and by the presence of hypertrophied tonsils bilaterally using tongue depressor, sore throat, pain while swallowing were diagnostic criteria used here⁶(Table 2). Tonsillar hypertrophy was assessed by Broadsky grading score.

6. Therapeutic intervention

Treatment was planned for the present case by clearly understanding the association with Kapha and Rakta Dosha. Patient was with present complaints for last one year. So, taking into consideration Apamarga Kshara Karma was planned due to recurrent episodes of tonsillitis. On 0th day and on 7th day kshara pratisarana was done followed by mopping with lemon juice. Triphala Guggulu and Triphaladi gargling was given to healing of the wound produced by Kshara Karma (given in Table 1 and 2)

Procedure administered to patient

Purva karma- (pre-operative procedure)

Ayurvedic interventions were adapted to treat this patient. Patient was asked to sit with head resting on a chair to expose the throat proper aseptic conditions were taken care.

Pradhan karma- (operative procedure)

To expose proper oral cavity that to tonsils tongue is depressed with tongue depressor, Apamarga Kshara is applied with cotton held in the pea nut artery, precaution is taken that Kshara doesn't touch the other areas like posterior pharyngeal wall, uvula. Apamarga Kshara is kept for 1 minute and after that wiped off with Nimbu Swarasa and Jambu Phala Varna of tonsils was observed after Kshara application (Fig 2)

Paschat karma- (post-operative procedure)

Patient was asked to gargle with Triphala, Yastimadhu, Tankana Bhasma Kashaya and kept for observation for 30 minutes. The patient is advised not to take cold items, curd, milk items, heavy foods and fast food. Advised to take liquid and light diet.

7. Follow up and outcome

The patient was advised to follow up on 15th day and 30th day after Kshara application

The patient reported that pain while swallowing and sore throat, which was controlled after 3rd day after 1st sitting of Kshara application. Reduction in the size of hypertrophied tonsils was noted after 2nd time of Kshara application and during the follow up 2nd, which was scored from 3(Tonsils occupy 41%-60% of the oropharyngeal width) to 1(Tonsils occupy ≤20% of the oropharyngeal width) in left tonsil and grade 2(Tonsils occupy 21%-40% of the oropharyngeal width) to grade 1(Tonsils occupy ≤20% of the oropharyngeal width) in right tonsil (Fig 3) , according to Broadsky grade score⁷.

Table 2

Symptoms & signs	B T	0 th day (1 st sitting of Kshara Pratisarana)	7 th day (2 nd sitting Kshara Pratisarana)	15 th day
Dysphagia	Grade 2	Grade 2	Grade 0	Grade 0
Sore throat	Grade 3	Grade 3	Grade 0	Grade 0
Tonsillar hypertrophy	Right tonsil-grade 2 Left tonsil -grade 3	Right tonsil-grade 2 Left tonsil -grade 3	Right tonsil-grade 2 Left tonsil -grade 3	Right tonsil-grade 1 Left tonsil -grade 1
Congestion of tonsils	Grade 1	Grade 1	Grade 1	Grade 1

Figure 1(before treatment)



Figure 2(after kshara application-jambu phala varna)



Figure 3 (after treatment -15th day)



9. Discussion-

Palatine tonsils are muco-lymphoid tissue called as “Policeman of throat” which provide primary defence against pathogens because it is located at entrance of air and digestive system. Hence hypertrophied tonsils affect day to day activities of patients. From nasal and oral route, tonsils are more prone to get infection, it is because they are part of immune and local inflammatory causes.

As Kshara has Ushna, Tikshna, Tridoshaghna and does Ksharana, Dahana-Pachana Karmas. Especially according to Charak Samhita, Kshara is used in Adhimamsa, as here enlargement of tonsils can be considered as Adhimamsa, so it does Dahana, Ksharana, Pachana and Shoshana⁸ of enlarged tonsils, does the liquifacting necrosis, penetrates the tonsillar tissue thus by stimulating fibrosis of tissue and reduces the size of tonsils.

As Kshara karma is a simple OPD procedure, no need of hospitalisation, doesn't require anaesthesia. There were no chances of operative or post-operative bleeding and better acceptability and encouraging results. But in non-co-operative patients, topical application requires 2-3 sittings and should be done with precaution so that the kshara doesn't touch other parts of throat.

10. Conclusion

Topical Application of Apamarga Kshara can be a better non-invasive option for the treatment for tonsillitis. Without removing organ the disease is controlled and chances of recurrence is also reduced and is being practiced widely, easily administered and curative.

11. Patient perspective

As the patient was student, she used to skip the school frequently because to the episodes of tonsillitis. Patient and her parents are now happy that she did not skip the school after the kshara application. Quality of her life has enhanced.

Informed consent

Informed consent was taken from the patient for this study.

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None

Declaration of competing interest

None

Author Contribution

Akshata Nara- Treatment design, Ayurvedic thought process, data collection, manuscript writing, and reference collection.
Manoj Kumar Singh- Conceptualization, manuscript writing, critical editing, supervision and final approval.

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