

## Efficacy of *Kshara Pratisarana* in the Management of *Tundikeri* W.S.R. to Chronic Tonsillitis: A Case Report

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### Abstract

Tonsillitis is one of the most common diseases of upper respiratory tract, which affects the children and young adults. It is an infection of tonsils, which are glands on either side of the back of throat. Tonsils are part of the immune system, which protects and helps the body to fight infections. Thus become more prone to recurrent infections. When this happens, they lose their effectiveness in helping the immune system and actually become a source of recurrent infection. The recurrent attack of tonsillitis makes the disease chronic and vulnerable for infectious diseases. Hence, timely treatment is most essential. Though disease is managed by antibiotic regimen, but the frequent episodes of infection are justifiable for Tonsillectomy, however surgical management is also having its own merits and demerits with limitations. In classics of Ayurveda this ailment is described as *Tundikeri* under the heading of throat diseases which is characterized by *Kathina Shotha* (hard swelling) resembling *Karpasa Phala* in throat. Sushruta recommended *ksharapratisarana* (application of alkali) in the treatment of *shotha*. Clinical observation has shown its effectiveness in the management of *Tundikeri*. A case report of 18-year old female who presented with complaints of sore throat on/off, chronic irritation of throat with cough and changes in voice since from 4-5 years has been presented here.

**Keywords:** *Apamargakshara*; Chronic tonsillitis; *Pratisarana*; *Tundikeri*.

### Introduction

*Tundikeri* is a condition mentioned in Ayurvedic classics like Sushruta Samhita,[1] Charaka Samhita[2] etc. clinical features of which resembles with the tonsillitis. It is a very common condition, most frequent in children aged 5 to 10 years and young adults between 15 and 25 years.[3] Incidences 7% of all visits to the pediatricians. Tonsillitis is the inflammation of palatine Tonsils, which causes pricking pain in throat, fever, and dysphagia.[4] Though disease is managed by

the Antibiotics,[5] frequent episodes of the infection interfere with the normal growth and development of the child. And also leads to chronicity and vulnerable for infectious diseases, due to incomplete treatment or resistance of organisms to antibiotics. Several health hazards like laryngeal edema, acute otitis media, and quinsy, and rheumatic fever, rheumatic heart diseases are often seen as systemic complications.[6] In Ayurveda we get enough references regarding the treatment of *tundikeri* which is based on *doshic* predominance, signs and symptoms. Among these one of the promising therapies is *Pratisaraneeyakshara*, which has many advantages over conventional surgery and is aimed at pacifying inflammation and subsidence symptoms. '*Pratisaraneeyakshara*' is a prevalent treatment modality in Ayurveda, which has been advocated in disorders like *arbuda* (tumor) and *adhimamsa* (muscular growth)[7] besides many other diseases which are the results of unhealthy or undesirable growth of body tissues.[8] *Kshara* (alkali) has properties of mainly *chhedana* (excision),

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*bhedhana*(incision),and *lekhana*(scraping),[9] and so serves the purposes of cutting, dividing, puncturing, scratching etc., moreover it is fit to be used in places where sharp instruments can be used with difficulty[10] like the throat. Hence considering this point it is recognized that the use of *ksharaprisarana* can be an effective solution in the management of *tundikeri* w.s.r. to chronic tonsillitis. This case showed good results.

#### Case report

An 18-year-old female presented with the complaints of on/off sore throat,pain while swallowing, chronic irritation of throat with cough, fever, changes in voice, unpleasant taste and bad smell since from 5-6 years.

#### On examination

Local examination of the oro-pharynx reveals bilaterally enlarged and red tonsils, partially covered by pus spots, mild congestion of uvula.[Figure1] Routine hematology (hemoglobin, total leucocytes Count (TLC), differential leucocytes count (DLC) and

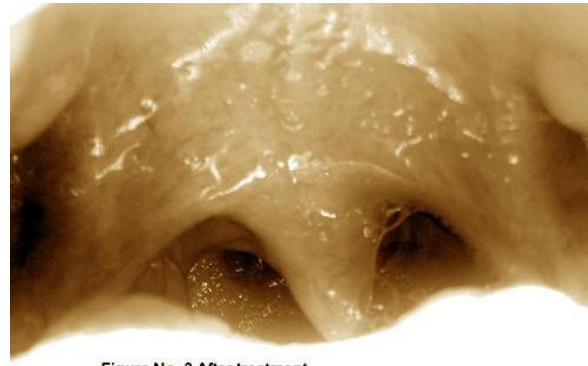


Figure No- 3 After treatment

erythrocyte sedimentation rate) investigations are done. The polymorph count and erythrocyte sedimentation rate were slightly increased.

#### Past history

Patient had taken medical management which includes a variety of anti-inflammatory drugs, antibiotics and topical gargles since from 6 years but of no use. After discontinuation of medication recurrence of the sore throat, difficulty in swallowing etc. symptoms were there 5-6 times per year.

#### Procedures administered to the patient

##### Puroa Karma

- The patient was made to sit comfortably on the soft cushion chair.
- Tongue depressor was applied over the dorsum of posterior 1/3rd of tongue.
- Lignox 10% spray was sprayed in to the oral cavity to reduce the sensitivity of Oro-pharynx and to prevent Gag reflex.
- Cotton ball held in a long artery forceps gently rubbed over the anterior surface of the tonsils.

##### Pradhana Karma

- *Apamarga* (*Achyranthusaspera* Linn.) *kshara* was taken over the cotton ball and applied gently over the anterior surface of the tonsils and in to the crypts. Applied *kshara* was kept for 2 minutes or

till the time taken to count up to the 100.[11]

- After sometime, the color changes to Reddish brown (*Jambuphalavat*, i.e., the fruit of *Syziziumcumini* Linn.). [Figure 2]
- The *kshara* was wiped out using a cotton ball held in long artery forceps.
- During procedure, the patient was asked to breathe comfortably.
- Then the patient was advised for gargling with lemon juice to neutralize the remaining *kshara*.

#### *Paschat Karma*

The patient was advised to avoid exposure to air or breeze, dust, smoke etc. The patient was advised to take liquid diet.

#### *Follow Up*

The patient was advised to follow up for twice weekly for 15 days.

### Results

Burning sensation was observed during and after the *ksharaprisarana*, which was managed with gargling using Lemon juice. The patient was complained of pain while swallowing on the next day which was managed with gargling by using decoction of *yastimadhu* (*Glycchirrhiza glabra*), *tankana* (*Sodium tetraborate*), *Haridra* (*Curcuma longa*) and *Triphala* (powder of three fruits namely *Terminalia chebula*, *Terminalia bellarica*, *Emblica officinalis*). It was controlled, in due course of time. The complete reduction in the size of enlarged tonsils was observed on the next day. Along with pain in the throat the other associated complaints, like chronic irritation of throat with cough, fever, changes in voice, unpleasant taste and bad smell were completely reduced within 15-20 days. The patient was advised to take such food articles which are liquid or semisolid and easily digestible. With a follow-up for a period of 6

months, the patient had not got even a single time sore throat and other symptoms. Meanwhile, he was prescribed topical treatment *kavala* (gargling) with the decoction prepared by using *Triphala* (powder of three fruits namely *Terminalia chebula*, *Terminalia bellarica*, *Emblica officinalis*), *yastimadhu* (*Glycchirrhiza glabra*), *Haridra* (*Curcuma longa*) and *saindhavalavana* (Rock salt) twice daily for 1 month.

### Discussion

Tonsils are muco-lymphoid tissues situated in Oro-pharynx as a policeman at the gateway of Oro-pharyngeal route and considered as one of the chief immunocompetent tissues. Thus more prone to get infection from nasal route as well as oral route and become hypertrophic. This is because of their direct relation with immune system and local inflammatory causes. Hence this factor may enhance the incidence of tonsillitis and cause for its recurrence. In chronic tonsillitis as there is hypertrophy of the tonsillar tissue is present, which can be considered as *adhimamsa* and according Acharya Charaka's quotation "*Ksharo arbuda adhimamseshu kriya..... |*"[12]the line of treatment is *kshara* application. *Pratisaraneeya kshara* acts on hypertrophied tonsils in two ways. It cauterizes hypertrophied mass directly because of its corrosive nature. Thus produces shrinking effect on tonsillar hypertrophy. As *apamargakshara* is having *Sukshma* (minute), *Teekshna*(sharp), *Vyavayi* properties it penetrates in to the crypts and core of tonsillar tissue and due to, *Cchedana* (excision), *bhedhan*(incision), and *lekhan*(scraping),[13]*Ushna*(hot), *Teekshna* (sharp) properties forms minute burns and there is a coagulation of muco-lymphoid tissues. This reduces the intracellular space and aggregates the lymphoid tissues. This in turn stimulates fibrosis of tonsillar tissue and reduces the size of the tonsils. More over according to Ayurvedic classics *tundikeri* is mainly caused due vitiated *kapha dosha*. [14]

Local application of *Apamarga kshara* reduces the *Vikrita Kapha*.

There are certain methods of *ksharakarma*. One of them is *Pratisaraneeya Kshara* which has been proved very effective in the treatment of unhealthy or undesirable growth of body tissues, and is being practiced widely. In this present case-report, *apamarga* (*Achyranthus aspera* Linn.) *kshara*, one among the best qualitative *ksharas*, was locally applied directly on the hypertrophied tonsils to find out its effectiveness with or without any untoward effect. The tonsillar hypertrophy reduced permanently and there is no recurrence of chronic tonsillitis. Thus *Apamarga kshara pratisarana* can be considered as an ideal para-surgical procedure which is having minimal discomfort or adverse effects.

### Conclusion

As per the available treatment modalities of tonsillitis, the *pratisarana karma* is the best one, taking into the consideration its convenience, easy adoptability, cost-effectiveness and curative results. Moreover it is best to select local treatment in case of ENT problems. Hence *pratisarana* with *Apamarga* (*Achyranthus aspera* Linn.) *kshara* is said to be very useful in treating the tonsillitis locally.

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