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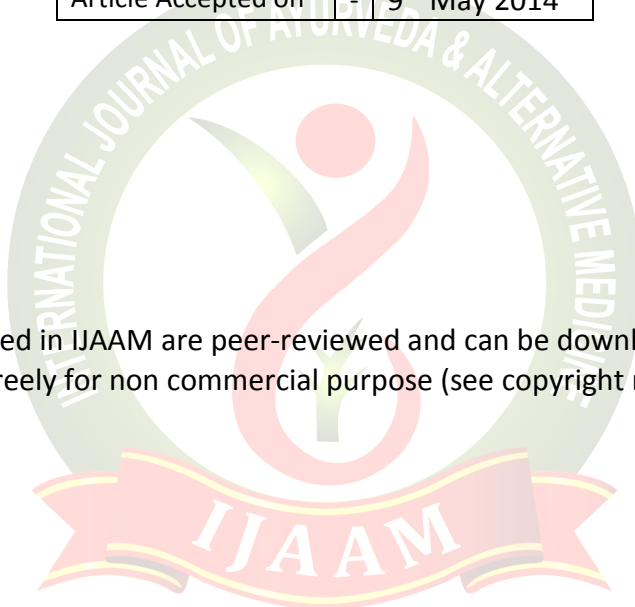
## EFFECTIVE MANAGEMENT OF CHRONIC RECURRENT TONSILLITIS WITH *DARUHARIDRADI KASHAYA*- A Case Study

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## CASE STUDY

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**EFFECTIVE MANAGEMENT OF CHRONIC RECURRENT  
TONSILLITIS WITH *DARUHARIDRADI KASHAYA*- A Case Study****\*Corresponding Author****Jitendra Waghmare**

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**ABSTRACT:**

Tonsillitis is the most common condition with the highest incidence of 1.4% of all otorhinolaryngological problems in paediatric population. The incidence of the disease is more common among male children than female and the majority of those belong to age group 5-15 years; however the condition rarely occurs in children younger than 2 years. Chronic recurrent tonsillitis is diagnosed when an individual has 7 episodes of acute tonsillitis in 1 year, 5 episodes in 2 consecutive years or 3 infections each year for 3 years consecutively. This was a case study of a 20 year old female having chronic recurrent tonsillitis treated with *Daruharidradi kashaya*.

**Key Words:** *Gilayu, Kashaya, Rasanjjan, Tridosha, Berberis aristata DC, Azadirachta indica A.Juss., Holarrhena antidysenterica Wall*

**INTRODUCTION**

In the first century AD, Celsus described tonsillectomy.<sup>[1]</sup> Since then physicians have been documenting management of tonsillitis. It gained additional attention as a medical concern in the late 19<sup>th</sup> century. The consideration of quinsy in the differential diagnosis of George Washington's death<sup>[2]</sup> and the discussion of tonsillitis in Kean's Domestic medical lectures, a home medical companion book published in the late 19<sup>th</sup> century,<sup>[3]</sup> reflects the rise of tonsillitis as a medical concern. Tonsils should not be seen as a useless focus of infection but important lymph tissue that protects the upper airways. Recurrent infection however does alter this situation and chronic tonsillitis can turn tonsillar tissue into a nidus for anaerobic bacteria.<sup>[4]</sup>

Tonsillitis is inflammation of the pharyngeal tonsils. The inflammation usually extends to the adenoid and the lingual tonsils, therefore the term pharyngitis may also be used. Tonsillitis is the most common condition with the highest incidence of 1.4% of all otorhinolaryngological problems in paediatric population.<sup>[5]</sup> The incidence of the disease is more common among male children than female and the majority of those belong to age group 5-15 years<sup>[5]</sup> however the condition rarely occurs in children younger than 2 years. Viral or bacterial infection and immunologic factors lead to tonsillitis and its complication. Overcrowded conditions and mal-nourishment is also the contributory factors. Tonsillitis caused by streptococcus species typically occurs in children aged 5-15 years, while viral tonsillitis is more common in younger children.<sup>[6]</sup> Individuals with acute tonsillitis present with inflamed tonsils, white or yellow patches on it, high grade fever, sore throat, foul breath, dysphagia and tender

cervical lymph nodes. Lethargy and malaise are common. Airway obstruction due to swollen tonsils may cause mouth breathing, snoring. Recurrent tonsillitis is diagnosed when an individual has 7 episodes of acute tonsillitis in 1 year, 5 episodes in 2 consecutive years or 3 infections each year for 3 years consecutively.<sup>[7]</sup> Individuals with chronic tonsillitis may present with chronic sore throat, tonsillitis, halitosis and persistent tender cervical lymph nodes. Chronic tonsillitis is the complication or outcome of recurrent acute tonsillitis because of which the severity of symptoms like fever, dysphagia is less. Acute tonsillitis is treated with antibiotics, antipyretics, analgesics and anti-inflammatory agents, however inability to maintain adequate oral fluid intake may require IV hydration sometime. Tonsillectomy is indicated for individuals who have chronic or recurrent tonsillitis associated with the streptococcal carrier state that has not responded to beta-lactamase resistant antibiotics.

In *Ayurveda* literature *Sushruta*<sup>[8]</sup> and *Vagbhata*<sup>[9]</sup> describes tonsillitis as *Gilayu*. *Sushruta* has described tonsillitis as a glandular swelling in the throat which arise from the vitiation of *Kapha* and *Rakta* which is stable, less painful and like seed of *Amalaki* (*Emblica officinalis Gaertn.*) as *Gilayu*.<sup>[8]</sup> He told surgery is the only treatment for it.<sup>[10]</sup> *Vagbhata* has described that from the vitiation of *Tridosha* one or more muscular polyps or protrusions develops in the throat which are less painful but may interfere with breathing and swallowing and are having a broad root as *Gilayu*.<sup>[9]</sup> He has mentioned a common guideline for the treatment for all *Kantharoga*. He suggested *Raktamokshana* (Blood letting) and *Nasyakarma* (Nasal inflation) with *Tikshna dravyas* along with

oral intake of *Haritaki* (*Terminalia chebula* Retz.) *Kashya* (decoction) with *Makshik* (Honey) or *Kashaya* prepared of *Daruharidra twak* (*Berberis aristata* DC), *Nimba twak* (*Azadirachta indica* A.Juss.), *Rasanjjana* (*Extractum berberis*) and *Indrayava* (*Holarrhena antidysenterica* Wall.)<sup>[11]</sup>

### CASE REPORT

A 20 year old female patient came to Sanjeevan Ayurved and Panchakarma clinic at Nashik on 22 May 2012 having complaints of tonsillitis, throat pain, dysphagia, low grade fever, weakness, halitosis, persistent tender cervical lymph nodes and sensitivity to cold and sour food items. History reveals that she was having such episodes frequently since last 3-4 years. Every time she went to an E.N.T. physician and all symptoms subside but this time she got advised tonsillectomy. The patient's look was immune-compromised and on local examination of oral cavity tonsils are profusely inflamed having some whitish patches on it. The peritonsillar, palatine and pharyngeal mucosa was highly congested. Sub mandibular and cervical lymph nodes are enlarged having mild pain. Patient unable to open her mouth upto its full extent. Other parts of lymphoid tissue, spleen and inguinal lymph nodes are not enlarged. All the routine investigations were carried out which shows increased Total Leucocyte Count to 6.8 millions/cumm and neutrophilia in Differential Leucocyte count.

Keeping Vagbhata's reference in mind a *Kashaya* (decoction) prepared from equal quantity of *Daruharidra twak* (*Berberis aristata* DC), *Nimba twak* (*Azadirachta indica* A.Juss.), *Rasanjjana* (*Extractum berberis*) and *Indrayava* (*Holarrhena antidysenterica* Wall.) was given in the dose of 50ml twice a day after food. Patient was advised to avoid cold and sour food items in food. The *Kashaya* was prepared by the standard method of *Kashaya* preparation as described in *Sharangdhara Samhita*.<sup>[12]</sup> *Rasanjjana* was prepared of *Kashaya* of *Daruharidra* (*Berberis aristata* DC) and cow milk by the standard method of *Rasakriya*.<sup>[13]</sup> The *Kashaya* was continued till patient get relief from all the symptoms. The follow-up was taken after each 15 days. Tonsillitis, dysphagia, congestion of oral mucosa, halitosis, low grade fever these symptoms reduced on 1<sup>st</sup> follow-up, while it takes 1 month to get relief from sub-mandibular and cervical lymph node enlargement, sensitivity to cold, sour food items and generalized debility. Patient ruled out for TLC and DLC count after 15 days which shows normal values.

### DISCUSSION

With the referral advice from NICE (National Institute for Health and Clinical Excellence), if all of the following criteria are present tonsillectomy should be advised.<sup>[14]</sup>

- Sore throats are due to tonsillitis
- The person has 5 or more episodes of sore throat per year
- Symptoms have been occurring for at least a year
- The episodes of sore throat are disabling and preventing normal functioning.

In this situation it would be worth removing their Tonsils. However, there is only limited evidence from well conducted medical trials to suggest that tonsillectomy benefits children with recurrent tonsillitis. In cases of recurrent and chronic tonsillitis, specific technical considerations for tonsillectomy include awareness of a higher intra-operative and peri-operative bleeding risk and awareness that dissection may be more difficult because of fibrosis and scarring of the tonsillar capsule. In the present case, since the patient had been advised tonsillectomy but being afraid and unwilling to undergo surgery had preferred to take *Ayurvedic* medicine. Patient was having recurrent attacks of tonsillitis and get immune-compromised with consequences like cervical lymphadenopathy which needs a formulation who eradicate the etiopathology from its root. *Daruharidradi kashaya*<sup>[11]</sup> a formulation of four medicines compete in all level successfully without any complication.

Among four ingredients *Daruharidra twak* (*Berberis aristata* DC) and *Rasanjjana* (*Extractum berberis*) works as *Jwarahar* (Antipyretic), *Deepan*, *Pachan* (Appetizer), *Shothaghna* (Anti inflammatory), *Raktashodhak* (Blood purifier) and *Vranaropak* (Wound healer) where as *Nimba twak* (*Azadirachta indica* A.Juss.) and *Indrayava* (*Holarrhena antidysenterica*) are best *Krimighna* (Antibacterial), *Jwaraghna* (Antipyretic), *Balya* (Tonic) and *Rasayan* (Immuno-modulator),<sup>[15]</sup> which helps to reduce all symptoms within 1 month, without any noticeable side effects. Patient not only get rid of tonsillitis but improved her immune system as well with capable to eat cold and sour food. The most important advantage was tonsillectomy was avoided.

### CONCLUSION

Today's high prevalence rate of infectious and immune-compromised diseases is an outcome of fast life, faulty and wrong food habits, unbearable physical as well as mental stress and off course excessive use of junk food which results in diseases like chronic recurrent tonsillitis. Children

are more susceptible age group but younger also became victim. When pathology become chronic and present with persistent recurrent episodes, surgical interferes viz tonsillectomy is the only last choice. Daruharidradi kashaya was found to be very effective to reduce tonsillitis and it's related symptoms with the quality improvement of immune system which plays a vital role in healthy life, without tonsillectomy.

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