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CASE STUDY

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Ayurvedic Management of Intratonsillar Abscess: A Case Study

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ABSTRACT

Intratonsillar abscess is an infection occurring in both children and adults.It is a rare complication associated with tonsillitis which is a common pharyngeal infection.In modern science, treatment includes incision and drainage along with antibiotics and analgesicswhich cause unnecessary side effects and in chronic stage there is little or no relief and hence surgery is advised as the only alternative.Moreover, there is recurrence even after surgical intervention.In Ayurveda, Intratonsillar abscess can be correlated with *Gala Vidradhi* which has indication of *Bhedana Karma* as treatment. In the present case study, a 26 year old female patient came with complaints of swelling in the left tonsillar region for the last 6 months following an episode of acute tonsillitis. She was treated with local application of *Apamarga Kshara* and*Gandusha* with *Darvyadi Kwatha* along with oral medications. There was significant improvement in patient complaints and marked reduction in swelling with no recurrence of abscess formation.

KEYWORDS

Intratonsillar abscess, *Gala Vidradhi*, *Apamarga Kshara*, *Pratisarana*, *Gandusha*

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INTRODUCTION

Tonsillitis is increasing day by day in our society due to altered life style, unhealthy practices, exposure to dust and various pollutants. Tonsillitis is an inflammation of the tonsils often affecting school going children but may also affect adults. However, intratonsillar abscess is a rare complication associated with tonsillitis[1,2] and there is very little scope for its medical management. In a massive internet search using pubmed/ medline services we could find only 24 cases reported in the medical literature which were predominately found in children[3-5].Therefore, inferences on the exact incidence are difficult to ascertain. The current literature does not provide any new insights on the pathogenesis of intratonsillar abscess. On review of previous works basically two mechanisms prevails for the formation of intratonsillar abscess[1]. The first is that inflammation of the tonsils, especially acute follicular tonsillitis leads to accumulation of pus within the tonsillar crypts and thus an intratonsillar abscess is formed. The second postulated mechanism is haematogenous or lymphatic spread. The reason for intratonsillar abscess being so rare is due to the fact that the normal rapid transit of lymphatic flow within the tonsil which is about 30 minutes prevents the accumulation of bacteria within the tonsil and hence prevents intratonsillar abscess formation. Alteration in this normal lymphatic transit is therefore thought to cause intratonsillar abscess. The clinical features of intratonsillar abscess can resemble withtonsillitis or peritonsillar abscess as all the three may present with sore throat, odynophagia with or without referred otalgia[6]. Tonsillitis however is often bilateral whereas peritonsillar abscess and intratonsillar abscess are more commonly unilateral and the patients report pain to be predominantly single sided. Additionally patients with tonsillitis do not have trismus whereas trismus is a common feature of peritonsillar abscess. To distinguish peritonsillar abscess and intratonsillar abscess, the latter may lack the erythema and proptosis of soft palate, however as previously stated the two may also co-exist. Given at times the lack of clinical clarity the patient may need imaging to assist in diagnosis. Management as with most abscesses consists of incision and drainage and systemic antibiotics and in last resort to tonsillectomy. A substantial high cost of surgical approach, high recurrence rate, resistance to antibiotics initiates a search for alternate system of medicine which is effective, safe and cost effective and this can be achieved through *Ayurveda*.

In *Ayurveda*, Intratonsillar abscess can be compared with *Gala Vidradhi* which is explained under *Kanthagata roga*[7].According to *Sushruta,Gala Vidradhi* which is an abscess arising in the tonsillar region and may further increase in size to envelope the whole throat. It is associated with *ruja*(pain arising from the vitiation of all *doshas*)[8].In*Ashtang Hridhya*it is stated that this abscess forms readily and also quickly accelerates inflammation and suppuration and highly painful resembling the discharge as *puti puya*(mucopurulent discharge)[9]. Further the treatment of *Galavidradhi* which is not in any *Marmasthan*, well inflamed and suppurated involves *Bhedana Karma*[10].

Considering all the above criteria this case study was done with Ayurveda perspectives which may open a doorway to find an alternate and effectivesolution to the present problem. To meet this challenge, the present case study was done with *Apamarga Kshara as* local application and *Gandusha* with *Darvyadi Kwatha* along with oral medications.

CASE REPORT

A 26 year old female patient came to *Shalakya* OPD of National institute of *Ayurveda*, Jaipur with complaints of swelling in the left tonsillar region for the last 6 months following an episode of acute tonsillitis. After taking detailed history the patient revealed pain in throat and difficulty in swallowing not only food but even saliva since 6 months. She had burning sensation in throat after consumption of any type food. The clinical examination revealed a pale yellow swelling in the left tonsil (figure 1) which was soft, cystic and tender on palpation. She had a mildly muffled hot potato voice but no respiratory compromise.

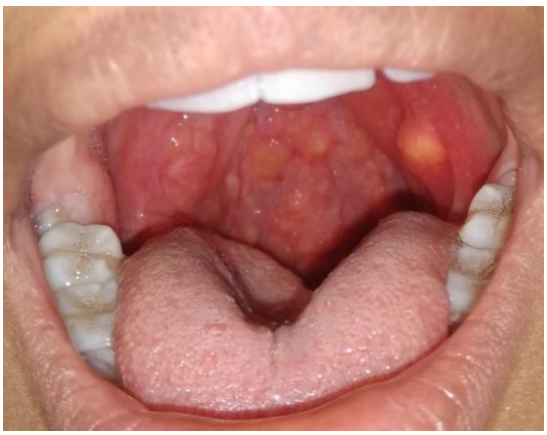

Fig 1 Before treatment

Her medical history was unremarkable except previous episodes of tonsillitis. It would be prudent to note that patient had no fever,trismus. The differential diagnosis of tonsillar cyst, tonsillar lith, paraphyrangeal abscess were made. Reports of routine hematological tests like hemoglobin, total leukocyte count, differential count, were within normal limits.The Erythrocyte sedimentation rate was raisedto about 23mm.

On examination –

- Otoscopic examination – bilateral external auditory canal patent and normal; right tympanic membrane - intact and normal, left tympanic membrane- intact with mild congestion.
- External nose - normal appearance
- Anteriorrhinoscopy-
  - Nasal mucosa- congested.
  - Bilateral inferior turbinates hypertrophy.
- Throat examination-
  - Congestion seen over tonsils, uvula and pharyngeal wall.
  - No evidence of palatal or uvular asymmetry or bulge.
  - Intratonsillar abscess in left tonsillar region.
  - Posterior pharyngeal wall (oropharynx) showed granules.
- Jugulodigastric lymph nodes were not palpable.

Treatment administered

1. *Apamarga Kshara Pratisarana* on tonsillar abscess surface once a week for 2 sittings.
2. *Gandusha*with *Darvyadi Kwatha*for14 days.
3. Oral intake of *Darvyadi Kwatha* in the dose of 30 ml twice a day before meals.
4. *Kanchnaar Guggulu* 250 mg 2 tablet twice a day after meals with lukewarm water for 14 days.

Procedure of *Kshara Pratisarana*

First the patient was made to sit comfortably. After that lignox 10 % was sprayed into the oral cavity to reduce the sensitivity of oropharynx and to prevent gag reflex. Then *Apamarga Teekshna Pratisarneeya Kshara* of pH about 13 was taken on a sterile cotton ball held with a long artery forceps and applied gently over the tonsillar abscess to open the pus pocket and mildly rubbed for 2 minutes or till the time taken to count hundred *Matra Kala*[11]. After the specified time the colour of swelling changed to reddish brown(*Pakva Jambuphalvat)*[12].After thatthe applied *Kshara* was neutralized with lemon juice[13]. Burning sensation was observed during and after the *Kshara Pratisarana* which subsided by gargling with lemon juice at that time.After that, gargling with *Darvyadi Kwatha* was advised. The same procedure was repeated after one week.

RESULTS

After two successive sittings of*Apamarga Kshara* the pus in tonsillar area was drained completely as shown in figure 2.

After the treatment all the symptoms like pain in throat, difficulty in swallowing, burning sensation in throat after intake of any food, muffled voice was reduced substantially. Erythrocyte sedimentation

rate was reduced to 10mm.The patient was advised to take liquid or semisolid food which is easily digestible.During follow up period of 1 month, there was no recurrence in the patientcomplaints and complete relief was achieved.

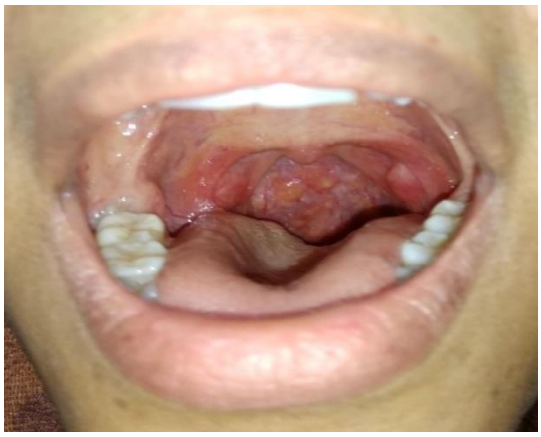

Fig 2 After treatment

DISCUSSION

The exact etiology of intratonsillar abscess is obscure. However in present case it could be due to inflammation of the tonsils, which leads to accumulation of pus within the tonsillar crypts and thus forming an intratonsillar abscess. Diagnosis was confirmed from all above clinical features including unilateral swelling in tonsillar region associated with pain in throat without trismus, tonsillar hypertrophy and palatal or uvular asymmetry or bulge.

AcharyaSushruta defines *kshara* as a substance which has *Ksharana* and *Kshanan* properties[14]. *ApamargaKshara* does *Chedana* (excision), *Bhedana* (incision) and *Lekhana* (scraping) *Karma* simultaneously and it is also *TridoshaShamak* as it subdues all the three vitiated *doshas*[15]. It is *Katu,Tikta*in *Rasa, Laghu, Ruksha* and*Teekshna* in *Guna* due to which it can perform *Bhedana* as well as *Lekhana* in *Gala Vidrahi* thus helpful in intratonsillar abscess. Hence *Apamarga Kshara* helped inopening the pus pockets in intratonsillar abscess because of its corrosive nature.Simultaneously gargle(*Gandusha)* and gulp(*pana)* of *Darvyadi Kwatha* having *Tikta Rasa*[16]which has*Daha Kandu Prashmana*propertythereby reducingburning sensation and itching. It also has*Lekhana* and *Upshoshana* property due to *Ruksha Guna* present in the *Tikta Rasa* which causes absorption of *Kleda* and *Kapha.Kashaya Rasa*[17] in *Darvyadi Kwatha* is *Vranaropana* and *Sandhanakar*. It promoted *Sleshma, Pitta, Rakta Prashamana*action. *Kashaya Rasa* is *Shothahar* and *Sleshmala Kala Sankochaka* which promotes healing of mucosa. As *KanchnarGuggulu* is indicated in *Granthi, Arbuda, Shotha*etc.and having *Lekhana* property, thereby it helped in reducing inflammation.

CONCLUSION

Present case study showed that local application of *Apamarga Ksharaand Gandusha* with *Darvyadi Kwatha* along

with oral medications has been found very effective in this case. Despite the limitations of this case study in a single patient, this treatment modality may be an eye opener for further studies to effectively manage intratonsillar abscess through *Ayurveda.*

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