



ROLE OF KANCHANAR GUGGUL AND KHADIRSARA AS KAWALA IN THE MANAGEMENT OF TUNDIKERI W.S.T. TO CHILDHOOD CHRONIC TONSILITIS

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ABSTRACT

Ayurveda is a holistic system of medicine which evolved in India some 3000- 5000 years ago, a system of traditional medicine native to the Indian subcontinent. In Ayurveda, health is a state of spiritual and physical attainment. It is a medical, metaphysical healing life science - the mother of all healing arts. The practice of Ayurveda is designed to promote human happiness, health, and creative growth. It is the science of daily living and this system of knowledge evolved from the sage's practical, philosophical and religious illumination, which was rooted in their understanding of the creation. Ayurveda helps the healthy person to maintain health and the diseased person to regain health. It is evident in its principles that even after cure of a particular disease; Ayurveda advocates specific Rasayana to improve the Bala and Vyadhikshamatva of an individual so that the system can resist the recurrence of disease. Kaumarbhritya is one among the eight branches of Ayurveda dealing with childcare. The knowledge attitude and practice of this childcare system have to be uplifted for the welfare of entire child population. Researches have to be done in this field to ensure the development of Ayurvedic paediatric department in ancient India, problems such as deformities of the oral cavity, plaques and infections was managed and even cured.

KEYWORDS – Ayurveda, Kaumarbhritya, Rasayana etc.

INTRODUCTION

documenting management of Tonsilitis. Tonsilitis gained additional attention as a medical concern in the late 19th century. The consideration of quinsy in the differential diagnosis of George Washington's death and the discussion of Tonsilitis in Kean's Domestic Medical Lectures, a home medical companion book published in the late 19th century, reflect the rise of Tonsilitis as a medical concern. Tonsilitis is a highly prevalent disease in paediatric age from 5- 10years. Tonsilitis is an infection of tonsils, which are glands on either side of the back

of the throat.10-12 The incidence of this disease is about 7% of all visits to the paediatrician. It is a highly prevalent disease in paediatric age from 5-10 years of age. The tonsils are part of the immune system, which protects and helps the body to fight infections. Tonsils aid the body in fighting off diseases and infection in children. The tonsil tissues can become diseased with recurrent infections. When this happens, they lose their effectiveness in helping the immune system and actually become a source of recurrent infection. Hence, timely treatment is most essential. It is one among the Talugata Roga. Acharya Vagbhata, Acharya Sharangadhara and Acharya Chakrapani Datta have considered it under the Kanthgata Roga.

MATERIALS AND METHODS

Clinical trials are conducted to allow safety and efficacy data to be collected for health interventions (e.g., drugs, diagnostics, devices, therapy protocols). Prior to conduction of any clinical study, researcher has to design and fix the whole methodology of study.

NIRUKTI

The word Tundikeri is formed with 2 words – Tunda+Keri=Tundikeri. It is defined as “*Tundikeri Karpasyam Vanakarphasiphalam*” which means Tundikeri resembles Vanakarphasika Phalam (cotton fruit).

NIDANA

Acharya have not mentioned specific Nidana for Tundikeri. The etiological factors of Mukharoga can be Nidana for Tundikeri.

Aaharaja Nidana: The Aaharaja Nidana mentioned in Ashtanga Sangraha, Ashtanga Hridaya and Sushruta Samhita are briefly summed up with its Rasa, Guna, Veerya, Vipaka and Prabhava. Chronic Tonsillitis is usually due to the complication of improperly managed Tonsillitis that affects child's day-to-day performances. The current attack of Tonsillitis makes the disease chronic and vulnerable for infectious diseases. Several health hazards like

laryngeal oedema, acute otitis media, quinsy, rheumatic fever, rheumatic heart diseases are often seen. Surgical excision is the current treatment option, but it is not the ultimate solution for recurrent episodes of Tonsillitis. In Ayurvedic purview, Tonsillitis can be correlated to Tundikeri. Tundikeri is one among the Urdhvajatrugata roga; mentioned in Talugataroga as well as Kanthagataroga.

VIHARAJA NIDANA:

Dantadhavana (brushing), Kavala/Gandoosha (gargling) are measures to maintain the oral hygiene. Avoidance of this leads to Kapha Dosha vitiation. Sleeping in prone position (Avaksayanam) creates hindrance to the free flow of saliva, leading to Mala Sanchaya and hence the Kapha Dosha vitiation. Taking bath daily after heavy diet, indigestion, drinking/bathing in cold water, excessive talking after eating, and suppression of natural urges aggravates Vata which in turn deranges Kapha thus congesting the channels of Oral cavity.

POORVAROOPA

As such prodromal symptoms of Tundikeri are not explained in any classical text. Butas Tundikeri is a disease characterized by Shotha, prodromal symptoms of Shotha can be taken as increased temperature (Ushma)

proceeded by vascular congestion (Sirayama) where the Shotha is to occur. Other symptoms may be burning sensation, irritation and discomfort in Talu and Kantha.

ROOPA

Acharya Kashyapa has explained the general signs and symptoms of a child suffering from Mukha Roga (diseases of the oral cavity) in Vedanaadhyaya Tundikeri. According to him the diseases of oral cavity, there will be excessive salivation, aversion to breast, dullness and pain, child ejects the ingested milk and nasal breathing. The child suffering from throat-pain (KanthaVedana) and facial palsy (Ardita) ejects the ingested milk, suffers from constipation on taking substances having predominance of Shleshma, and has mild fever, anorexia and languor. Specific symptoms of Tundikeri are explained by Susruta and Vagbhata. According to Susruta, Tundikeri is characterized by large cystic swelling (Sthoola Sopha) associated with pricking pain (Toda), burning sensation (Daha) and suppuration (Prapaka). Doshainvolvement is as that of Galashundika i.e. 'Kapha' and 'Rakta'. Acharya Vagbhata opines that 'Tundikeri' is the 'Katina Shopha' (hard swelling) that occurs in the region of Hanusandhi (temporo-mandibular region) resembling with the fruit of Karpasa (cotton plant). It is characterized by mild pain (Mandaruk) and exudation. Comparison of views of Susruta and Vagbhata has been given below

AIMS AND OBJECTIVES

- To prepare a Ayurvedic clinical protocol for diagnosis of Tundikeri w.s.r. to chronic Tonsilitis.
- To evaluate the Role and efficacy of Khadirasara Kawala in clinically diagnosed cases of Tundikeri w.s.r to chronic Tonsilitis.
- To evaluate the effect of Kanchnar guggulu on tunddikeri (Tonsilitis)

CHRONIC TONSILITIS

Tonsils and adenoids take part in first line of defense at the oro-pharyngeal gateway. When the infectious focus invades the tonsils, they cause various diseases.

DISEASES OF TONSILS

Diseases of the Tonsils can be studied under the following classification

INFLAMMATORY DISEASES OF TONSILS

Acute conditions:

- Acute Tonsilitis
- Peritonsillar abscess (Quinsy)
- Intratonsillar abscess
- Lingula tonsil abscess

Chronic conditions:

- Chronic/recurrent Tonsilitis
- Chronic specific Tonsilitis i.e., Diphtheria, Syphilitic, Tubercular, etc.

TUMOURS OF TONSILS

- Benign growths in Tonsils

- Malignant growths in Tonsils

OTHER DISEASES

The most common infections which trigger acute Tonsilitis are pharyngitis, adenoids, upper respiratory tract infections, otitis media and sinusitis.

TONSILITIS

Tonsilitis is inflammation of the tonsils caused by infection. It often affects the school going children.

CAUSATIVE ORGANISMS: Tonsilitis occurs by viral as well as bacterial infections.

- **Bacterial infection:** - The most commonly involved bacteria are streptococcus pneumoniae (90%), staphylococcus, pneumococcus, diphtheroid.
- **Viral infections:** -The viruses which often affect the respiratory system, the flu (influenza) virus and parainfluenza (the virus that causes laryngitis and croup) and Epstein-Barr virus are the causes of glandular fever, may also be

A cause for Tonsilitis.

- **Miscellaneous Causes:** -Acute Tonsilitis can potentially spread from person to person by coughing and sneezing (Droplet infection). Those who have immuno deficiency tend to get Tonsilitis very easily.

PATHOGENESIS OF TONSILITIS

Many theories have been put forth to describe the pathogenesis of Tonsilitis. But no single theory is yet accepted worldwide. However, viral infection with secondary bacterial invasion may be one of the acceptable forms of pathogenesis in Tonsilitis. The pathogenesis of Tonsilitis has its basis in following factors;

- Anatomical location
- Inherent function as organ of immunity
- Ecological and environmental factors
- Wide spread use of antibiotics

DISCUSSION

The incidence of Tundikeri is high especially in children. Since antiquity, the problem of Tundikeri management has been a great challenge to the paediatrician. While explaining the etymology of the word Tundikeri, all the authors have explained about the Tundi, Tunda, but not explained about the Keri. The identification of Tundikeri is based on the simile of Karpasaphala (fruit of *Gossypium herbaceum* Linn.).³⁹³ In follicular Tonsilitis, the crypts will be filled with pustules, resembling with Karpasaphala. In parenchymatous Tonsilitis it is characterized by gross hyperaemia and resemble with Badara (*Ziziphus jujuba* Lamk.). The incidence of Tundikeri is more in Bala and Kaumara age group due to under developed immunity. The prevalence and recurrence of the Tundikeri is found more predominantly during the period of July to January. It is due to rainy and cold season which facilitates accumulation of Kapha Dosha and even growth of bacteria and virus. It was observed that in Kapha-Raktaja Tundikeri (chronic follicular Tonsilitis), pain in throat is more during morning and evening hours (Kapha Pradhana Kala). In Vata-Pittaja Tundikeri (parenchymatous Tonsilitis) pain is constant

throughout the day and night. All Nidana are Abhishyandi, Guru, Sheeta, Vidahi, Kapha and Rakta Utkleshaka. The majority of the diseases occurs in Mukha are having the dominancy of Kapha and Pitta Dosha.

CONCLUSION

This dissertation entitled as “A clinical study on the effect of Kanchanar Guggul in the management of Tundikeri (chronic Tonsilitis)” The first part designated as “Conceptual Study” presents the literary review of Mukha Shareera, Tundikeri and historical background of the disease Tundikeri along with the brief description of the anatomy of tonsils and the disease Tonsilitis. It also includes Nidana Panchaka of Tundikeri along with Sadhya asadhyata, Pathya Apathya.

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