



Effect of *Nasyakarma* in chronic tonsillitis - A case Study

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ABSTRACT:

Chronic tonsillitis is one of the commonest chronic infections, characterized by recurrent acute attack. Tonsillitis is inflammation of the tonsils. Each tonsil is an ovoid mass of lymphoid tissue situated in the lateral wall of *oropharynx* between the anterior and posterior pillars. Tonsillitis may occur as a primary infection of tonsils itself or can be secondary to a pre-existing upper respiratory tract infection or a pre-existing chronic tonsillitis predisposing with poor oro-dental hygiene, lowered immunity and poor nutrition. In *Ayurveda*, *Acharyas* have mentioned 18 *Kanthagat rogas*, among them *Gilayu* resembles tonsillitis.

KEYWORDS: Tonsillitis, *Nasya*, *Gilayu*, *panchendriyavardhan taila*

INTRODUCTION :

Tonsils are the part of *Waldeyer's* ring which is *subepithelial* collection of lymphoid tissue scattered in the pharynx.

Tonsillitis is the most common condition with the highest incidence of 1.4 % of all *otorhinolaryngological* problems in pediatric population. It affects both the sex equally and occurs more frequently up to the age of 15 but age is no bar to it. These immune competent tissues are the immune system's first line of defense against ingested or inhaled foreign pathogens and are thus prone to recurrent infection. Though initially the disease can be managed conservatively frequent episodes of infection makes it justifiable for surgical removal. Tonsillitis can be compared to "*Gilayu*" in *Ayurveda*. *Acharya Sushrut* has described *Gilayu* as a glandular swelling in the throat due to vitiation of *Kapha Rakta* which is stable, less painful and is like the seed of *Amalaki*. *Acharya Vagbhat* has described that due to vitiation of *Tridosha* one or more muscular polyps or protrusions develops in the throat which are less painful but causes difficulty in breathing and swallowing. He has

mentioned a common guideline for *Kanthagata roga*. He advised *Raktamokshan* and *Nasyakarma* with *Tikshna dravyas*.

A CASE STUDY:

A 22 years old, unmarried, female patient came to *Shalakyatantra* OPD of our hospital with presenting complaints as follows:

- 1) recurrent attacks of sore throat
- 2) chronic irritation in the throat
- 3) Mild grade fever
- 4) difficulty in swallowing
- 5) sensitivity to cold and sour food
- 6) weakness

She has recurrent attacks of same since 2 years with an interval of one to two months between two episodes.

PRESENT HISTORY:

After each attack seeks advised of ENT physician, every time treated with antibiotics, analgesics along with local gargles with a relief within a week. But this time she was advised tonsillectomy.

PRE-TREATMENT EXAMINATION:

Oral examination revealed

- bilaterally inflamed palatine tonsils with yellowish beads of pus
- peritonsillar, palatine and pharyngeal mucosa was highly congested
- submandibular lymph nodes were enlarged

Line of Treatment:

1) *Sthanik Snehana Swedana purvaka Nasya karma* (*Panchendriya Vardhan Taila*) once a day, 6 drops in each nostrils, for 7 days, 3 such settings was done by keeping 7 days gap.

2) Internal medicines

- *Tribhuvankirti ras* 2 tds
- *Sukshma triphala* 2 tds

Nasya Karma:

Nasya: *Nasya* is a type of *Panchakarma* treatment.

Administration of drugs by the nasal cavity route is termed as *Nasya*.

Purvakarma: *Snehana* with *Tila Taila* and *Bashpa Swedana* (oleation and fomentation) was done locally i.e. to patients face, forehead, head, ears and neck prior to *Nasya*. This will help to loosen the adhesive *Doshas*, and thus facilitates the further elimination.

Pradhan Karma: Then the patient was asked to lie down on the bed with his hands and legs keeping straight. His head was slightly lowered (45degree) by keeping the pillow below the neck. This position will facilitate the direct passage of the drug. Placing the medicine above hot water, it was gently warmed and then it was made to flow into the one nostril while the other was kept closed. The same process was carried out in the other nostril. For the administration of a drug a *Pichu* (cotton swab) or *Nadi* (tube) may be used. Dropper can also be used.

Paschyat Karma: The sole, shoulder, neck, ear and palm was gently massaged after the administration of drugs. He must spit out all the impurities and medicines that reach out his mouth. *Bashpa Sweda karma* was repeated after the *Nasya* treatment. Warm water *Gandhusha* was given. This process was carried out for 7 days for three consecutive cycle keeping gap of seven days in every cycle.

Drugs used

Jivak (microstylis muscifera), *Rushabhak (microstylis wallichii)*, *Manuka (vitis vinifera)*, *Jeshtamadha (glycyrrhiza glabra)*, *Pimpali (piper longum)*, *Vala (vetiveria zizanioides)*, *Shwetakamal (nelumbo nucifera)*, *Manjishta (rubia cordifolia)*, *Dalchini (cinnamomum zelyanicum)*, *Punarnava (boerhavia diffusa)*, *meda (polygonatum cirrhifolium)*, *vavding (embelia ribes)*, *nilakamal (nelumbo nucifera)*, *Shaliparni (desmodium gangeticum)*, *Dorali (solanicum indicum)*, *Saindhav (rock salt)*, *rasna (pluchea lanceolata)*, *Ringani (solanum xanthocarpum)* Kalka of these *Dravyas* was taken as 1 part, *Tila Taila* was taken as 4 parts and water is taken 16 parts and *Snehasidhi* was done.

Post treatment examination:

Inflamed tonsils, congestion of oral mucosa, dysphagia and mild grade fever these symptoms are reduced on 1st follow up taken on 7th day.

Submandibular lymph node enlargement, chronic irritation in the throat, sensitivity to cold and sour food and general debility these are relieved after 1 month.

RESULT:

After 3 settings of *nasya* therapy, patient got symptomatic relief and there was decrease in size of enlarged tonsils and no inflammatory changes noted.

DISCUSSION :

As per *Ayurveda*, due to *nidana sevana* there is vitiation of *dosha* which in turn causes *agnivikriti* and *shrotorodha* in *kantha* and *talv* so swelling of tonsils occur. *Ayurvedic* treatment is based on *shaman* and *shodhana chikitsa*. *Shaman* and *Shodhana chikitsa*

depend on proportion of *Kupit doshas*. If *doshas* are highly vitiated then they are removed from the body through nearest route is known as *Shodhana*. The terms *Shirovirechana* and *Nasya* are used interchangeably in *Panchakarma*. For *Urdhwajatrugata rogas*, *nasa* is the best route as per '*nasa hi shiraso dwaram*'. Drug administered through *nasa* acts by reaching the *shringatak marma* which is a *sira marma* formed by the union of *sira* supplying to nose, ear, eyes and tongue. From there, it spreads into various *strotasas* and removes vitiated *doshas* and expels them out through *nasa*.

In chronic tonsillitis recurrent attacks are seen due to suppressed immunity. Drugs used in *nasya* increase the local circulation which results in increased nourishment of the organs such as nose, ear, throat and give strength to them.

In *shaman* therapy - *Tribhuvan kirti ras* is one of the *rasaushadhi*. So it is required in low dose giving relief from fever in a short period of time. It also brings the *tridosha* and *Jatharagni* in balancing state. *Sukshma Triphala* helps by its antibacterial activity.

CONCLUSION:

Symptoms associated with chronic tonsillitis can be effectively relieved by *Shodhan nasya karma*. Justified and timely use of *Panchendriya vardhan taila nasya* is effective in this case of chronic tonsillitis.

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