

**AYURVEDIC MANAGEMENT OF SEVERE ADENOIDITIS: A CASE STUDY****Ghansham Jadhav¹, Rohit Natekar², Madhuri Rodd³, Hemlata Natekar⁴**

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Respiratory illness is more common in daily pediatric practice than other systemic diseases. Upper respiratory tract infection accounts for more respiratory problems. Adenoid hypertrophy is found at the age of 3 to 6 years. Viruses or Gram-positive bacteria cause most adenoiditis episodes. Children having adenoiditis present with chronic mouth breathing, nasal obstruction, hypo-nasal speech, repeated cold, loud snoring, abnormal sleep positions, etc. *Ayurvedic* management plays the most crucial role in Adenoiditis. According to *Ayurvedic Chikitsa*, *Nidan parivarjana* and treatment (*Nasya*) help equally in this case.

Keywords: pediatric, hypertrophy, adenoiditis, *Chikitsa*, *Nidan parivarjana***INTRODUCTION**

Respiratory illness is more common in daily pediatric practice than other systemic diseases¹. Upper respiratory tract infection accounts for more respiratory

problems. Adenoid is the single lymphoid tissue between the nasal septum and posterior pharyngeal wall². The primary defence against the foreign body is

the function of the Adenoid and Tonsils. They secrete the secretary's immunoglobulins to induce the secretary's immunity. Adenoid hypertrophy is found at the age of 3 to 6 years. Viruses or Gram-positive bacteria cause most adenoiditis episodes. Children having adenoiditis present with chronic mouth breathing, nasal obstruction, hypo-nasal speech, repeated cold, loud snoring, abnormal sleep positions, etc. Removal of the adenoid gland is called Adenoidectomy. It is helpful for children with chronic and recurrent otitis media. Adenoidectomy alone may be curative in the management of patients with nasal obstruction, chronic mouth breathing and loud snoring after Adenotonsillectomy were associated with an increased risk of Respiratory infection and allergic diseases⁴. In the *Ayurvedic* aspect, adenoiditis is described in the *Kanthashaluka* context, with similar symptoms and may have similar symptoms to adenoiditis. *Kanthashaluka* explained under the *Mukhavikaras*⁵.

Sr.no	Drugs	Dosage
1.	<i>Anu Taila Nasya</i>	2 drops in each nostril for 1month
2.	<i>Sitopaladi choorna (1gm)+ Talisadi choorna(0.5gm)</i>	1gm thrice a day with honey For 15 days

OBSERVATIONS AND RESULTS: An X-ray was done before treatment, as shown in Fig 1. There was severe airway compression followed by *Anu Taila nasya* and oral herbal medicines, which decreased the complaints. On the other hand, it is restricted to exposure to environmental cold and allergic triggering factors (pollutants, cold air, dust, etc). After 15 days, follow-

CASE REPORT:

A 3-year male child approaches our outpatient department at Sparsh Hospital Pattankodoli in June 2024. He had mouth breathing, running nose, snoring while sleeping and recurrent Upper Respiratory Tract Infection. For the above symptoms, he had taken a modern system of medicines. Symptoms were reduced to some extent, but after some duration, the child had the same symptoms. So, he approached us for treatment. We did an X-ray for Adenoid on July 1st. X-ray findings were Adenoid hypertrophy and severe compromise of the regional nasopharyngeal air spaces. After that, we confirmed it as Adenoiditis and planned Ayurvedic management in Sparsh Hospital Pattankodoli.

Ayurvedic Treatment: In the *Ayurvedic* perspective, adenoiditis is considered *Kanthashaluka*, and treatment was planned.

up, running nose and loud snoring were stopped entirely. So, oral medications were stopped after 15 days. *Anu Taila nasya* continued for 30 days. On the 35th day, the child was normal. Open-mouth breathing was reduced to some extent. An x-ray of the adenoid was done on 6th August 2024. X-ray as shown in Fig no: 2. An X-ray suggests adenoid hypertrophy, which compromised nasopharyngeal air space.

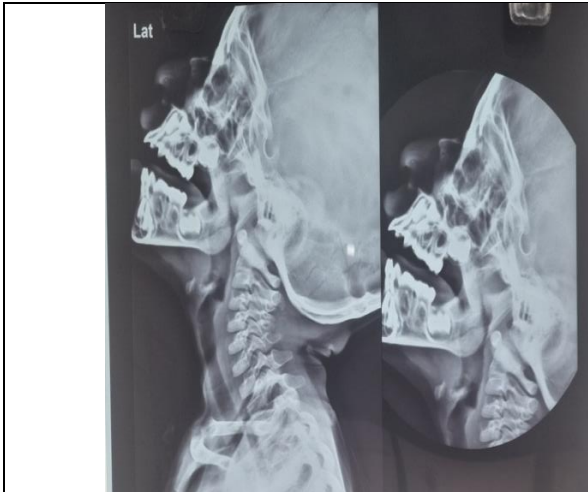


Fig No 1



Fig No 2

DISCUSSION

In the Ayurvedic perspective, *Nasya* is one of the vital *karmas* of *panchakarma*. *Nasya* is a therapeutic procedure in which a drug or sneha processed with the drug is administered through the nose. The au tail

Anu taila has the following properties:

Sr no	Properties
1	<i>Rasa</i> : Madhur, Katu, Tikta, Kashay
2	<i>Veerya</i> : Ushna
3	<i>Vipaka</i> : Katu
4	<i>Gunas</i> : Laghu, Ushna, Ruskha
5	<i>Karma</i> : Lekhana, Shothahar, Vedanasthapak

Table No:01

Anu taila has all the above properties, so it helps reduce adenoiditis. Ayurveda is a life science. Oil has been used for centuries to prevent and protect against the entry of external agents. Applying pure sesame oil trans-nasally improves the linings of the nasal mucosa, prevents mucosal dryness⁷, attenuates oedema and neutrophilic inflammation in the lungs⁸, and protects the upper respiratory tract. *Anu Taila*, through the trans nasal route, significantly reduced the pro-inflammatory cytokines Th1 and Th-17 in both groups. When *A. taila* was used, the rate and severity of infection, as well as pneumonitis symptoms, were better reduced⁹. Nasal mucosa exhibits the highest ACE2 expression and is the origin of viral transmission. Therefore, using sesame oil or *A. taila* for trans-nasal usage (*Nasya*) might avoid the virus's adher-

ence, possibly by forming a biofilm¹⁰. Sitopaladi choorna is indicated in *pratishyay*.

CONCLUSION

Ayurvedic management plays the most crucial role in Adenoiditis. According to Ayurvedic Chikitsa, Nidan parivarjana and treatment (*Nasya*) help equally in this case. Proper treatment is essential in acute conditions to avoid surgery, and the symptoms completely remit on the 30th day of treatment.

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