



Review Article

AYURVEDIC MANAGEMENT OF ADENOID HYPERTROPHY IN CHILDREN

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ABSTRACT

Upper airway obstruction in children remains a concern and one of the most common causes is attributed to adenoid hypertrophy is the reason. The cause is mostly attributed to an increased response to immunologic activity. The prevalence in children has been estimated at 34.5%. The clinical manifestation of adenoid hypertrophy is varied in children and can be accompanied by various comorbidities. Upper airway obstruction usually leads to mouth breathing, nasal diseases, asthma and other symptoms. If not managed properly it can lead to serious conditions like sleep apnea, cognitive impairment and altered craniofacial growth. A relatively common management in the condition is adenoidectomy. Reluctance of common people to surgery necessitates an alternative and novel non-surgical approach to deal this condition, in which Ayurveda can showcase its value. The disease *Kanthashaluka* is one of the seventeen diseases affecting the throat mentioned in *Mukharoga prakarana* (chapter on diseases of mouth). Adenoid hypertrophy and *Kanthashaluka* has similar clinical features and the basic diagnosis and line of management is based on *Kanthasaluaka*. This is a single case study of a 7 years 9 months old child with grade 4 adenoid hypertrophy managed with Ayurvedic medicines. The after endoscopy revealed grade 2 adenoid. Proper medicines based on the stage of condition following the basic principles in *Kasa swasa chikitsa* (treatment of respiratory disorders) and *Kanta roga chikitsa* (treatment of throat diseases) can provide an effective management in the condition.

INTRODUCTION

Respiratory diseases are the greatest cause of pediatric medical visits, and of these, chronic nasal obstruction is most common. Adenoid hypertrophy which is the most common cause of this, causing alterations to the auditory and orthognathic apparatus, and sleep disorders such as snoring and obstructive apnoea, among others, resulting in educational and social problems. [1,2]

Adenoid or the nasopharyngeal tonsils is situated at the junction of the roof and posterior wall of the nasopharynx. Adenoids have no crypts and no capsule and this makes it different from the palatine tonsils. Adenoid tissue shows an enlargement which is physiological up to the age of six years, and then tends

to atrophy at puberty and further disappears by the age of 20. [3,4,5]

In Ayurveda, adenoid enlargement can be well correlated with *Kanthashaluka* owing to the marked similarities of the clinical presentations of these two disease entities. *Kanthashaluka* is one of the seventeen throat diseases affecting the quality of life of masses very badly. [4]

Patient Information

A 7 year, 9 months old preterm (29 weeks) normally delivered (2nd child) of NCP with birth weight (975 gram). History of respiratory distress, patent ductus arteriosus, early onset sepsis, late onset sepsis discharged after 2 months and 9 days from NICU. No sucking reflex was there so breast milk was given through nasogastric tube. All milestones were attained at correct time.

The child presented with complaints of mouth breathing, snoring, recurrent cough. For this they consulted a modern physician and was diagnosed with grade 4 adenoid hypertrophy and advised surgery

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History of past illness: At 3 years of age the child had a history of pneumonia.

Treatment history: The child was given modern medicine and Ayurvedic OP management for present illness.

Family history: Child's maternal father had similar complaints

Social history: Middle class

Immunization history: Immunized up to age.

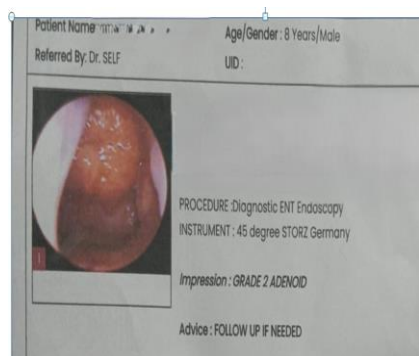
Time line

Date	Symptoms / condition	Medicine
8/11/2023	Complaints of recurrent productive cough On examination chest clear nose – left inferior turbinate hypertrophy.	<i>Elakanadi kashayam</i> 7.5ml <i>Kashayam</i> + 25ml lukewarm water + $\frac{1}{4}$ teaspoon <i>Lakshadi churnam</i> + 1 teaspoon honey twice daily $\frac{1}{2}$ hour before food. <i>Nimbarajanyadi Gulika</i> - 1-0-1 after food with honey
27/12/2023	Was clinically better, but the symptoms recurred due to increased exertion due to play (cough recurred).	<i>Elakanadi kashayam</i> 7.5ml <i>Kashayam</i> + 25ml lukewarm water + $\frac{1}{4}$ teaspoon <i>Lakshadi churnam</i> + 1 teaspoon honey twice daily $\frac{1}{2}$ hour before food. <i>Nimbarajanyadi Gulika</i> - 1-0-1 after food with honey
27/1/2024	Complaints of cough, running nose On examination chest– Mild crepitation present.	<i>Sudarshanam gulika</i> 1-1-1 after food
20 /2/2024	Child clinically better	<i>Danwantharam gulika</i> 1-0-1 powder it and give frequently.
24/2/2024	IgE– 215.9 serum calcium hb– within normal limits Vitamin D 17 ng/dl ENT surgeon gave antibiotics for 7 days.	<i>Danwantharam gulika</i> 1-0-1 powder it and give frequently.
12/03/2024	Adenoid hypertrophy was diagnosed grade 4.	<i>Rasnadhi churnam</i> - Mix in rice washed water and heat it apply as <i>Lepa</i> 2 times a day. <i>Vara brihatyadi kashya churnam</i> $\frac{1}{2}$ teaspoon <i>Churnam</i> + 1 $\frac{1}{2}$ glass water reduced to 1 glass from this 25ml <i>Kashaya</i> + 15ml <i>Arishtam</i> (<i>Amritharishtam</i> + <i>Punarnavasavam</i>) + $\frac{1}{2}$ <i>Kanchanara guggulu</i> after food 2 times a day.
20/3/2024	Symptomatically better	<i>Rasnadhi churnam</i> - Mix in rice washed water and heat it apply as <i>Lepa</i> 2 times a day. <i>Vara brihatyadi kashyachurnam</i> $\frac{1}{2}$ teaspoon <i>Churnam</i> + 1 $\frac{1}{2}$ glass water reduced to 1 glass from this 25ml <i>Kashyam</i> + 15ml <i>Arishtam</i> (<i>Amritharishtam</i> + <i>Punarnavasavam</i>) + $\frac{1}{2}$ <i>Kanchanara guggulu</i> after food 2 times a day.
21/05/2024	Child is symptomatically better	<i>Samsamaneevati</i> 1-0-1 after food with honey. <i>Sudarshanam gulika</i> $\frac{1}{2}$ -0-1/2 after food with honey. <i>Rajanyadhichurnam</i> $\frac{1}{4}$ teaspoon with honey at 11 am.
1/10 /2024	ENT endoscopydone again on 22/08/2024. Grade 2 (before it was grade 4). the child had recurrent rhinitis once in every 15 days. But the child is asymptomatic now.	<i>Samsamaneevati</i> 1-0-1 after food with honey <i>Sudarshanam gulika</i> $\frac{1}{2}$ -0-1/2 after food with honey <i>Rajanyadi churnam</i> $\frac{1}{4}$ teaspoon with honey twice daily.

Fig 1: Nasal Endoscopy
Before treatment - Grade 4 adenoid



Fig 2: Nasal endoscopy
After treatment – Grade 2 Adenoid



DISCUSSION

Elakanadi kashayam mentioned in *Rajayakshma chikitsa* has got broncho dilatory action so can be given in *Kasaswasa vikaras*. *Lakshadi churnam* is used as a *Prakshepa churnam* in *Elakanadi kashyam*. It is effective in respiratory infections. *Nimbarajanyadi gulika* is an Ayurvedic proprietary medicine whose contents are *Nimbi* (*Azadirachta indica*), *Rajani* (*Curcuma longa*), *Maricha* (*Piper longum*), *Thalisapatra* (*Abies spectabilis*) and it protects from respiratory allergic infection. *Histantin* is ayurvedic proprietary medicine whose main contents are *Katuki* (*Picorhiza kurrooa*), *Vacha* (*Acocus calamus*), *Shalmali* (*Bombax ceiba*), *Kirathatiktha* (*Swertia chirayita*) etc. used to treat allergic conditions. *Rasnadi churnam* is used as a *Lepa* in inflammatory swellings.

Amritharishtam whose main contents are *Amritha* is useful in inflammatory conditions and chronic fever. *Punarnavasavam* is mentioned in *Sopharoga chikitsa* in *Bhaishajya rathvanali* the

hypertrophy can be considered as a *Sopham*. *Kanchanara guggulu* is useful in treating diseases of neck like *Galaganda*, extra growths etc.

CONCLUSION

Adenoid hypertrophy remains a concern in the pediatric population. The wide spectrum of clinical features, starting from mild respiratory symptoms to cognitive impairment demands a timely intervention for the condition. The basic principles of Ayurveda in managing respiratory disorders should be utilized at the initial stage itself for a better prognosis. There is a need of extensive clinical trials to know the effectiveness of ayurvedic treatment modalities on adenoid. Managing the associated symptoms and avoiding the complications should also be given due importance.

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