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Role of *Triphala Kwath kawal* in the Local Management of Recurrent Tonsillitis – A Case Study

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Abstract

Recurrent tonsillitis is a frequent otolaryngological disorder that primarily affects children and young adults. Conventional treatment frequently entails multiple courses of antibiotics or surgical intervention, such as tonsillectomy, which can be linked with side effects and patient reluctance. As a result, there is an increased need to investigate effective and safe conservative therapy choices.

A patient with recurrent tonsillitis, including sore throat, dysphagia, tonsillar inflammation, and numerous episodes, was treated with *Triphala Kwath Kawal*, an Ayurvedic gargling therapy. The intervention was chosen because *Triphala* has anti-inflammatory, antibacterial, and immunomodulatory effects.

The patient was recommended to practice *Triphala Kwath Kawal* on a regular basis as a local therapy. Following the intervention, there was a significant reduction in throat pain, tonsillar irritation, and recurring episodes. There were no documented side effects during or after the treatment period, and considerable clinical improvement was seen.

This case report demonstrates that *Triphala Kwath Kawal* is a safe, effective, and non-invasive conservative therapeutic option for

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managing recurrent tonsillitis. It may be a potential Ayurvedic treatment to minimize symptom severity, recurrence, and reliance on antibiotics or surgical procedures. It is helpful in raising awareness regarding the efficacy of Ayurveda in conditions where conventional medicine may have limited effectiveness.

Keywords: Recurrent tonsillitis, *Triphala Kwath, Kawal, Shalakya Tantra,* Ayurvedic management

Tonsillitis is an inflammatory condition of the palatine tonsils, which are paired oval-shaped lymphoid structures located on either side of the oropharynx[1]. It is one of the most common disorders encountered in otorhinolaryngology, particularly among children and adolescents[2]. Depending on the clinical course and duration, tonsillitis may present as acute, subacute, chronic, or recurrent forms[3].

As the first line of defence against pathogens entering through the oral and nasal cavities, the palatine tonsils are an essential part of Waldeyer's ring and contribute significantly to immune defence[4]. However, this protective function may be compromised by repeated exposure to infectious agents, leading to inflammation. While bacterial pathogens, especially Streptococcus pyogenes, are often linked to acute and recurrent tonsillitis, viral infections are the most common etiological factors. Sore throat, fever, odynophagia, erythema, tonsillar enlargement, and occasionally purulent exudates are the clinical manifestations of tonsillitis.

Recurrent tonsillitis is a significant clinical problem due to its relationship with reduced quality of life, frequent school absenteeism, repeated antibiotic consumption, and the possibility of tonsillectomy[7]. Chronic tonsillar inflammation may also predispose patients to complications such as a peritonsillar abscess and systemic consequences[8].

In Ayurvedic literature, tonsillitis can be correlated with *Tundikeri*, described under *Urdhva Jatrugata Rogas* (diseases of the supraclavicular region)[9]. *Tundikeri* is primarily caused by the vitiation of *Kapha and Pitta doshas*, leading to clinical features such as *shotha* (swelling), *shoola* (pain), and *kanthakujana or kasa* (difficulty and discomfort in swallowing)[10]. Ayurvedic management emphasizes local therapeutic procedures and internal medications aimed at pacifying the vitiated doshas, reducing inflammation, and enhancing local immunity, thereby offering a conservative approach in the management of recurrent tonsillitis.

Case description :

A 30-year-old male patient who was *Hindu* by religion and having occupation of professor visited at the *Shalakya Tantra* OPD, with the chief complaints of pain and burning sensation in throat, difficulty in swallowing and foul smell from mouth for two week. The patient had a history of same features one year prior and despite consulting with an Allopathic doctor, the relief provided was unsatisfactory and he had now again its recurrence consequently, the patient decided to explore alternative treatment options, specifically *Ayurveda*, for its potential

management. He had no other comorbidities such as Diabetes, Hypertension, Tuberculosis, Thyroid disorders. Not any significant family history was identified. The patient reported no prior history of tobacco use, smoking, or alcohol abuse.

Clinical findings :

In a sitting position, the patient exhibits decubitus and has a strong physique, is afebrile, and has stable vital signs. The oral cavity examination revealed the following findings: *Kathina Shopha*/Enlargement of the Tonsils (The Brodsky grading) was graded as Right Tonsil (Grade 1) and Left Tonsil (Grade 2); *Daha* (Burning sensation in the throat) was graded as 1; Toda (Pricking pain) was also graded as 1; *Galoparodha* (Dysphagia) was graded as 2; *Mukha Daurgandhya* (Halitosis) was graded as 2; and *Ragatwa* (Congestion) was graded as 2 (Table-2).

Table-1. Depicts the timeline of events for the case as following

Days/Date	Treatment
2/4/2025- 5/4/2025	Initial starting of the disease and treated with Allopathic medications.
20/4/2025	-*Sitopaladi Churna* (3gm), *Mulethi Churna* (1gm), *Lakshmi Vilas Rasa* (500mg) adequately mixed and given with honey twice daily. -*Triphala Kwath Kawal* given twice daily. -*Sphatika Bhashma* (350mg) with honey for *Pratisarana* twice daily. -Steam inhalation through mouth and nose with *amrut bindu* -*Haridra Khand* (1 tsf) with milk twice daily.
5/5/2025	Steam inhalation through mouth and nose with normal water twice daily.
18/05/2025	Same treatment was repeated as given on 20/04/2025 for 7 days and later medicine was stopped.

Gradation of Symptoms :

Normal	0
Mild	+
Moderate	++
Severe	+++

Table-2. Assessment Criteria for the case

S.No	Symptoms	Grading
1.	The Brodsky grading (Shopha)[11]	0: Tonsils are within the tonsillar fossa 1: Tonsils occupy <25% of the oropharyngeal width 2: Tonsils occupy <50% but >25% of the oropharyngeal width 3: Tonsils occupy <75% but >25% of the oropharynx 4: Tonsils meet in the midline

2.	Daha (Burning sensation in the throat)	0: Tonsils are within the tonsillar fossa 1: Tonsils occupy <25% of the oropharyngeal width 2: Tonsils occupy <50% but >25% of the oropharyngeal width 3: Tonsils occupy <75% but >25% of the oropharynx 4: Tonsils meet in the midline
3.	Toda (Pricking Pain)	0: No pain 1: Mild tolerable pain 2: Moderate tolerable pain even during rest 3: Severe intolerable pain affecting routine work
4.	Galoparodha (Dysphagia)	0: No pain while swallowing 1: Pain during swallowing of solid food 2: Pain during swallowing of liquid substances 3: Patient unable to swallow even saliva
5.	Mukha Daurgandhya (Halitosis)	0: No bad odour 1: Slight bad odour 2: Moderate bad odour decreases after mouth wash 3: Persistent bad odour even after repeated mouth wash
6.	Ragatwa (Congestion)	0: No Congestion (Normal Pink coloured mucosa) 1: Congestion seen over tonsils and uvula 2: Congestion seen over tonsils, uvula and pharyngeal wall 3: Congestion with haemorrhages

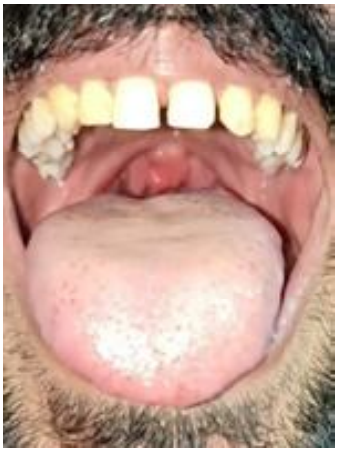

Image- 1
Before treatment
Therapeutic interventions

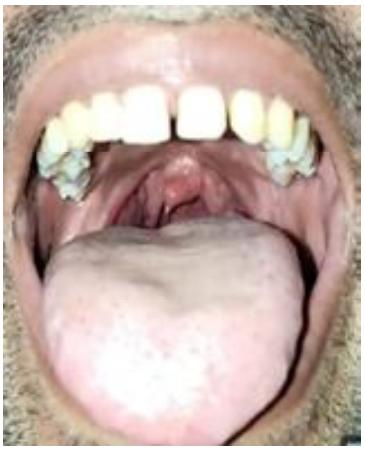

Image-2
After treatment

As part of the therapeutic approach, following 35 days of treatment regimen was given and a notable improvement in the patient's condition was observed.

• *Sitopaladi Churna* (3gm), *Mulethi Churna* (1gm), *Lakshmi Vilas Rasa* (500mg) adequately combined and recommended to be taken with honey two times a day for a duration of initial 15 days and last 7 days.

• *Sphatika Bhasma* (350mg) with honey for *Pratisarana* on Tonsils for a duration of initial 15 days and last 7 days.

• Steam inhalation through mouth and nose with *amrut bindu* and later recommended twice daily for initial 15 days and last 7 days.

• *Haridra Khand* (1tsf) with milk recommended twice a day for initial 15 days and last 7 days.

• Normal water steam inhalation through nose and mouth was advised twice daily for 13 days in between the initial 15 days and last 7 days.

Outcomes :

The patient began to show symptoms/ signs of improvement in *Tundikeri* (Tonsillitis) with *Ayurvedic* treatment and by the end of 35 days, there was relief in the symptoms as presented in this study as *Kathina Shopha*/ Enlargement of the Tonsils (The Brodsky grading) was fully recovered in Right Tonsil and to grade 1 in Left Tonsil; *Daha* (Burning sensation in the throat), *Toda* (Pricking pain), *Galoparodha* (Dysphagia), *Mukha Daurgandhya* (Halitosis) was completely cured and *Ragatwa* (Congestion) was reduced to grade 1.

Table-3. Effect of the therapeutic intervention on symptoms of the case

S. No.	Symptoms	Grade before treatment	Grade after treatment
1.	The Brodsky grading *(Shopha)*	Right Tonsil: 1 Left Tonsil: 2	Right Tonsil: 0 Left Tonsil: 1
2.	*Daha* (Burning sensation in throat)	1	0
3.	*Toda* (Pricking Pain)	1	0
4.	*Galoparodha* (Dysphagia)	2	0
5.	*Mukha Daurgandhya* (Halitosis)	2	0
6.	*Ragatwa* (Congestion)	2	1

The recurrent infections of Tonsils have adverse effects on normal growth and development of the child and also quality of life in adults. Tonsillitis because of its recurrence, effects on the economy, society and workplace it considered a public health concern[12]. *Agnimandya*, *Kapha and Rakta Dosha*[13] vitiation in *Kantha* and *Talu* are the main factors behind the *Samprapti* of *Tundikeri* but there's inclusion of *Vata* and *Pitta Dosha* also in its causing factor. Ayurveda adheres to the principle of *Nidana Parivarjana* as its foundational management approach so initially patient was made aware of avoiding risk factors and committing to a healthy lifestyle. The drugs given in this study for *Tundikeri*

management have probable mode of action to balances the vitiated *Doshas*, *Samprapti vighatana* property and establish equilibrium of *Doshas* and *Dhatus*.

- *Sitopaladi Churna* given for the management is an *Ayurvedic* formulation known for its immune modulating, expectorant, analgesic, antitussive, anti-inflammatory characteristics[14] pacify *Vata-Pitta Dosha* so became helpful in managing vitiated *Pitta Dosha* and other symptoms of *Tundikeri*.

- *Mulethi Churna* given has pharmacological activities like *Rasayana, Kanthya*, effective in *Raktapitta, Kasa, Mukhapaka* and have anti-inflammatory, pain relieving and sore throat operator property so alleviate cough, *Paka* and also has anti-microbial property which shields the body from recurrent microbial infection in Tonsils.

- *Lakshmi Vilas Rasa* given mainly acts as *Kaphaghana* and all *Mukharogas* including *Tundikeri* is because of *Kapha* as told by Acharyas of Ayurveda and helpful in infections of *Mukha* (upper respiratory tract).

- *Triphala Kwath* was given for *Kawal* to provide locally more effect as it is efficacious against Upper respiratory tract infection causing pathogenic microorganism, has mucolytic, expectorants, antibacterial, anti-oxidant property, *Kaphavilayana* and *Kaphanisarak* properties.

- *Sphatika Bhasma* is *Kanthya*, *Vrana Ropaka*, greater effective against Gram-negative bacteria. Furthermore, *Sphatika* effectively addresses certain spoilage bacteria and foodborne pathogens[15] so prevent recurrent infections and given with honey as it have *Yogavahi* nature which enhances the pharmacodynamic effects of medications and exhibits *Vishanwat* (antimicrobial) and anti-healing properties attributed to its *Kashaya Rasa, Rukshya Guna*[16].

- The *Kashaya* taste and Rukshya quality of Madhu facilitate the absorption of *Kapha,* which contributes to the alleviation of *Shotha*[18].

- Steam has the ability to effectively infiltrate and access the deeper regions of the respiratory system aiding in the elimination of bacteria and viruses thereby it assists in congestion and the removal of mucus and phlegm from the respiratory system and *amrut bindu* drops add on the effect of it and has anti-inflammatory, pain alleviating effect and also helpful in *Mukha Daurgandhya* in *Tundikeri*.

- *Haridra Khanda* given is beneficial in Tonsillitis because of the antioxidant and antihistaminic qualities of Curcumin and other ingredients along with it has anti-allergy, *Raktashodhaka, Rasayana, Jeevaniya, Dhatuposhaka* property and *Lauha Bhasma* present in it provide an indirect effect on the immune system so provide natural immunity. *Haridra Khand* ingredients also have *Vata-Kaphashamaka, Tridosha Shamaka* properties and helpful in restoring affected *Dosha* to normal levels in *Tundikeri* and also *Goghrita* and milk present in it act to balance *Pitta and Kapha*.

The cardinal highlights of *Tundikeri* portrayed in *Ayurveda* classics are comparative to that of Tonsillitis in Allopathy science. There are a lot of *Siddhanta* given in Ayurveda classic texts to cope up *Tundikeri* and this article underscores the significance of Ayurveda drugs in addressing Tonsillitis symptoms (The Brodsky grading, *Daha, Toda, Mukha Daurgandhya, Galoparodha, Ragatwa*) and is helpful in raising awareness regarding the efficacy of Ayurveda in conditions where conventional medicine may have limited effectiveness.

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