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**PEETHA SAIREYAKA (*BARLERIA PRIONITIS* LINN.) TABLET IN
THE MANAGEMENT OF CHRONIC TONSILLITIS IN CHILDREN: A
CASE REPORT**

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ABSTRACT

Objective: To evaluate the effect of Peetha Saireyaka tablet in the management of chronic tonsillitis. **Materials and Methods:** The subject approached Kaumarabhritya/Balroga OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan with complaints of swelling in the throat region associated with pain, sore throat, difficulty in swallowing and foul smell from the mouth which is occurring recurrently for the past two years and aggravated in the last ten days. The child was systemically reviewed and Peetha Saireyaka tablet (500mg) was advised to administer once daily, morning time for a period of two months. **Results:** The child with chronic tonsillitis showed marked improvement as depicted in the photographs. **Discussion:** The shotheadhara activity of the drug may help in reducing the shotheadhara of the tonsils, by which Ragatwa appearing as a result of inflammatory process also reduces. The plant is anti-inflammatory and used in ulcers. It also may help in Galoparodha, as the size of tonsils reduces and gives space for food to pass through. This may reduce the pain produced by obstruction. Moreover, the drug has Shoolahara Karma which may help in reducing Galoparodha. Being Deepaka, the drug may help in Agni Deepthi, by which Daurgandhya produced by Ama reduces. The drug also has Pitta Hara property by its Rasa Panchaka,

which may help in reducing Mukha Daurgandhya. **Conclusion:** Peetha Saireyaka tablet can be considered as an effective and safe medicine for chronic tonsillitis in children.

Keywords: Ayurveda, chronic tonsillitis, tundikeri, peetha saireyaka

INTRODUCTION

Tonsillitis (Tundikeri) is an inflammation (swelling) of the pharyngeal tonsils.¹ The inflammation may affect other areas of the back of the throat, including the adenoids and the lingual tonsils.² Chronic tonsillitis (CT) is a persistent infection of the tonsils which may result in tonsil stones.³ CT involves repeated occurrences of inflamed tonsils which can impact severely on the quality of life of the child.⁴ Children very often suffer from tonsillitis, mostly between the age of 5 to 15 years.⁵ Children with CT may develop deep tonsillar crypts that accumulate debris, such as food or sloughed mucosa, thereby providing an ideal environment for the growth of bacteria, especially anaerobes.⁶

India is native to a wide variety of folklore practices. Peetha saireyaka moola churna (root powder), a famous folklore practice in coastal Karnataka, having effectiveness in opposing the Doshic configuration of Tundikeri, and may be effective in reducing the number of attacks of Chronic Tonsillitis.⁷ The drug possesses Tikta-Madhura Kinchit Amla Rasa, Usna Virya, Laghu Guna and Katu Vipaka, Jwarahara and Vrana shodhana properties, which might be of great help in bringing down the

cardinal symptoms of Tundikeri like Shotha, Vidaha, Kandu etc.. Therefore, the present study was planned to evaluate the effect of Peetha saireyaka tablet in the reduction of symptoms in chronic tonsillitis in children.

CASE REPORT

A nine-year-old child was brought to the Out-Patient department of *Kaumarabhritya*, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan by his parents with complaints of swelling in the throat region associated with pain, sore throat, difficulty in swallowing and foul smell from the mouth which is occurring recurrently for the past two years and aggravated in the last ten days. The child also presented with anorexia as associated complaint since last ten days.

History of present illness

The child was apparently healthy two years back. Then he developed pain in the throat region and cough associated with difficulty in swallowing. The symptoms used to aggravate by the use of cold/refrigerated food items. In the beginning they have consulted a medical practitioner in their home town, and was advised a course of medications for seven days. Even after

completing the full course of medicines, satisfactory relief from symptoms was not appreciated.

The parents waited for another two days or so and later they decide to consult our hospital for further evaluation and remedial medications.

History of past illness

The subject is not a known case of any other systemic illness.

Examination

Local Examination:

INSPECTION:

Oral cavity:

Soft palate	Congestion +
Movement of soft palate	Normal
Uvula	Congestion +
Tonsils	B/L enlarged & Grade 3
Right	Congestion+, Oedema+, Swollen+, Hypertrophied+
Left	Congestion+, Oedema+, Swollen+, Hypertrophied+

Ear

Right	Normal
Left	Normal

Palpation

Jugulo-digastric lymph nodes - not palpable

Assessment of general condition of child:

Bowel	Regular, 1-2 times/day
Appetite	Reduced
Micturition	Regular, 5-7 times/day
Sleep	Sound
Temperature	98.4 degree farenhiet

Chief complaints:

S. No.	Complaints
1.	Kathina shotha (Enlargement of tonsils)
2.	Galoparodha (Dysphagia)
3.	Ragatwa (Hyperemia)
4.	Mukha dourgandhya (Halitosis)
5.	Lasikagranthi Vriddhi (Enlargement of lymph nodes)

Treatment adopted: Peethasaireyaka tablet in a daily dose of 500 mg once daily early morning before food orally for 2 months.



Figure 1: Peethasaireyaka tablet

Assessment Criteria for Tonsillar swelling

Brodsky Grading Scale

- Grade 0 - tonsils within the tonsillar fossa
- Grade 1 - tonsils just outside of tonsillar fossa and occupy, < 25% of oropharyngeal width.
- Grade 2 – occupy 26-50% of the tonsils

- Grade 3 – occupy 51-75% of the tonsils
- Grade 4 - tonsils occupy more than 75% of the oropharyngeal width.

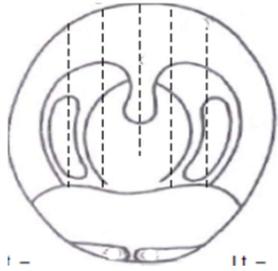


Figure 2: grading of tonsillar size

1. Enlargement of tonsils (Kathinashotha)

- 1 –No Enlargement
- 2 –Enlarged within anterior pillars
- 3 –Enlarged within posterior pillars
- 4 –Enlarged beyond pillars
- 5 –Kissing tonsils with sleep apnoea

2. Hyperemia (Ragatwa)

- 1 – No Hyperaemia
- 2 – Hyperaemia of tonsil surface
- 3 – Pinkish appearance of pillars
- 4 - Reddish appearance of surroundings
- 5 - Reddish appearance of surroundings and pharynx

3. Dysphagia (Galoprodha)

- 1 – No pain while swallowing
- 2 – Pain during swallowing solid food substances
- 3 - Pain during swallowing semi-solid food substances
- 4 - Pain during swallowing liquid food substances

- 5 – Continuous pain/unable to swallow

4. Halitosis (Mukhadaurgandhya)

- 1 – No halitosis
- 2 – Foul breathe experienced by patient only
- 3 – Foul breathe is experienced by patient and friends/parents
- 4 - Foul breathe is experienced by a group of surrounding people
- 5 - Foul breathe is experienced as soon as the patient opens the mouth

5. Enlargement of lymph nodes (Lasikagranthi Vriddhi)

- 1 – No palpable lymph nodes
- 2 – Palpable lymph nodes unilateral/warm
- 3 – Palpable lymph nodes bilateral/soft/fluctuant
- 4 – Palpable lymph nodes bilateral which are hard
- 5 – Palpable lymph nodes bilateral with tenderness

OBSERVATIONS

The regression of symptoms was observed well after one week of administration of the medicine itself. No minor or major complications was observed during the course of treatment. The tonsillar size had reduced from grade 3 to grade 2. The reduction in hypermia and dysphagia was clearly appreciated i.e., both reduced from grade 3 to grade 2. The complete cessation of halitosis after 60 days of therapy was appreciated by the parents i.e., from grade 3

to grade 1. The child was observed for another 30 days till 90th day for any further resurgence of symptoms, but there was

none. Moreover, the parents also recorded an increase in the appetite as well as general health quality of the child.



Figure 3: Before treatment (0th day)



Figure 4: After treatment (61st day)

DISCUSSION

Peetha Saireyaka, being Tiktha Madhura Rasa Pradhana, Ushna Veerya, Laghu Ruksha Guna, Katu Vipaka acts as Kapha Vata Shamaka. It has Deepana Karma, which may primarily act upon the Mandagni Avastha, increasing appetite. The extracts and isolated phytochemicals from this plant have been found to possess wide range of pharmacological activities

including antimicrobial, anthelmintic, antioxidant, anti-inflammatory, antiviral, antipyretic, antidental decay, antianalgesic and gastroprotective effects. Chronic tonsillitis presents with symptoms such as Ragata (Hyperemia), Galoparodha (Dysphagia), Katina shotha (Enlarged tonsils), Mukhadaurgandhya (Halitosis) and Lasika granthi vridhhi (Enlargement of lymph nodes).⁸

The shothahara activity of the drug may help in reducing the shotha of the tonsils, by which Ragatwa appearing as a result of inflammatory process also reduces.⁹ The plant is anti-inflammatory and used in ulcers. It also may help in Galoparodha, as the size of tonsils reduces and gives space for food to pass through.¹⁰ This may reduce the pain produced by obstruction. Moreover, the drug has Shoolahara Karma which may help in reducing Galoparodha. Being Deepaka, the drug may help in Agni Deepthi, by which Daurgandhya produced by Ama reduces.¹¹ The drug also has Pitta Hara property by its Rasa Panchaka, which may help in reducing Mukha Daurgandhya.

CONCLUSION

Chronic tonsillitis is a clinical condition which is very common in today's practice. The timely treatment is most essential to avoid surgery and that too specially making use of herbal medicines such as Peetha Saireyaka (*Barleria prionitis* Linn.). The medicine used in this case study have shown significant results (complete remission of the symptoms occurred after 60 days of treatment. Hence the practice of administration of Peetha Saireyaka can be considered as an effective and safe medicine for chronic tonsillitis in children.

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