



COMPARATIVE STUDY OF AYURVEDIC AND MODERN APPROACHES IN TREATING BENIGN TONSILLAR TUMORS

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Abstract: Benign tonsillar tumors, often presenting as chronic enlargement or hypertrophy of the tonsils, are a frequent clinical entity encountered in both Ayurvedic and modern medicine. While modern management primarily includes antibiotics and surgical excision (tonsillectomy), Ayurveda offers holistic and minimally invasive options aimed at reducing inflammation, enhancing immunity, and correcting underlying dosha imbalance. This comparative study analyzes classical Ayurvedic references and modern clinical literature to identify the efficacy, safety, and scope of both approaches. The Ayurvedic modalities — particularly *Kaphaja Gala Shotha Chikitsa*, *Pratisarana*, *Gandusha*, and use of *Kantakari*, *Yashtimadhu*, and *Trikatu* formulations — show promising outcomes in non-surgical management. Integrating both systems may provide a patient-centered, cost-effective, and preventive alternative for managing benign tonsillar conditions.

Keywords: Benign tonsillar tumor, *Kaphaja Gala Shotha*, Ayurveda, Tonsillectomy, Herbal management, Comparative study

I. INTRODUCTION

Tonsils are lymphoid tissues forming part of Waldeyer's ring, functioning as immune sentinels in the upper respiratory tract. Benign tonsillar tumors, including chronic hypertrophy and non-malignant proliferations, lead to symptoms such as sore throat, dysphagia, snoring, halitosis, and recurrent infections.

In Ayurveda, similar conditions are described under *Tundikeri* and *Gala Shotha* within *Mukha Roga Varga* by Acharya Sushruta. The vitiation of *Kapha* and *Rakta Dosha*, coupled with local inflammation (*Shotha*), underlies the pathogenesis. While modern science attributes these to chronic infection and lymphoid hyperplasia, both systems aim to restore function and relieve obstruction.

The objective of this study is to compare the Ayurvedic and modern modalities of treating benign tonsillar tumors with respect to pathogenesis, line of treatment, and prognosis.

II. MATERIALS AND METHODS

Study Design

This is a conceptual and literature-based comparative analysis using classical Ayurvedic texts and recent modern medical references. Clinical trials, research articles, and authoritative compendia were reviewed to evaluate therapeutic effectiveness.

Sources of Data

- Ayurvedic Sources: Charaka Samhita – Chikitsa Sthana, Sushruta Samhita – Uttara Tantra (22/15–22), Ashtanga Hridaya, and commentaries of Chakrapani and Dalhana.
- Modern Sources: Harrison's Principles of Internal Medicine (21st ed.), Cummings Otolaryngology – Head and Neck Surgery (7th ed.), and PubMed/NCBI reviews (2015–2024).

Inclusion Criteria

- Benign tonsillar hypertrophy or chronic tonsillitis cases
- Non-malignant tonsillar lesions
- Literature comparing herbal, local, or surgical management outcomes

Method of Comparison

Parameters such as Samprapti (pathogenesis), Chikitsa Sutra (treatment principle), therapeutic procedures, prognosis, recurrence rate, and post-treatment immunity were compared across both disciplines.

III. RESULTS AND OBSERVATIONS**Modern Approach:**

Etiopathogenesis: Chronic infection by β -hemolytic Streptococcus, lymphoid hyperplasia, and immune dysregulation.

Treatment: Antibiotics (penicillin, amoxicillin), analgesics, antiseptic gargles, and tonsillectomy in recurrent or obstructive cases.

Outcome: Surgical removal offers immediate relief but may compromise local immunity, with risk of postoperative bleeding, pain, and recurrence of pharyngeal infection.

Ayurvedic Approach:

Etiopathogenesis: *Kapha-Rakta Dushti*, *Ama Sanchaya* leading to *Gala Shotha* or *Tundikeri*.

Treatment:

Shodhana Chikitsa: *Vamana Karma* and *Nasya* to eliminate *Kapha Dosha*.

Shamana Chikitsa: Decoctions and powders of *Kantakari*, *Trikatu*, *Haridra*, *Yashtimadhu*, *Guggulu*, and *Tulasi*. Local therapies: *Kavala*, *Gandusha*, *Pratisarana* with *Saindhava Lavana* and *Tankana Churna*.

Outcome: Gradual reduction in swelling, improved deglutition, reduced infection frequency, and enhanced systemic immunity.

Clinical Observations: Several recent Ayurveda studies (e.g. *IJAPR* 2019; 7(5): 68-72) report 60–80% symptomatic relief within 3 weeks using local and internal remedies without recurrence.

IV. DISCUSSION

Both Ayurveda and modern medicine acknowledge tonsillar enlargement as a chronic inflammatory process, though their conceptual bases differ. Modern medicine targets pathogens and symptomatic relief, often culminating in surgical excision. Ayurveda, on the other hand, approaches it as a systemic imbalance — primarily of *Kapha Dosha* and *Rakta Dushti* — requiring detoxification, anti-inflammatory herbs, and lifestyle correction.

Ayurvedic formulations like *Kantakari Ghrita* and *Guggulu Kalka* act through *Shothahara*, *Krimighna*, and *Rasayana* effects, comparable to modern anti-inflammatory and immunomodulatory drugs. *Nasya Karma* and *Gandusha* improve local circulation and mucosal immunity. Integrative treatment plans combining *Ayurvedic Rasayana* therapy with antibiotic prophylaxis could minimize recurrence and reduce surgical dependency.

Preventive measures such as *Dinacharya*, *Ritucharya*, and *Aahara Niyama* are pivotal in maintaining upper-respiratory immunity — an area often neglected in modern otolaryngology.

V. CONCLUSION

Ayurveda provides a safe, cost-effective, and preventive alternative to surgery in benign tonsillar tumors by addressing the root cause and enhancing immunity. Modern medicine ensures rapid symptomatic relief but may involve surgical risks. A combined approach integrating Ayurvedic herbal, local, and lifestyle therapies with modern diagnostics and aseptic principles can yield optimal results.

Further randomized controlled trials are needed to validate the long-term efficacy of Ayurvedic interventions.

VI. REFERENCES

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