

**A CONCEPTUAL REVIEW ON *KANTHASHALUKA* W.S.R. TO ADENOID
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ABSTRACT

This comparative analysis explores adenoid hypertrophy, a prevalent global concern and its ayurvedic counterpart, *Kanthashaluka*. Adenoid hypertrophy, a common condition characterized by the abnormal enlargement of the adenoids, which are lymphoid tissues located in the nasopharynx, shares similarities with *Kanthashaluka*, which ayurveda describes as resembling the seed of the Jujube and forming due to *Kapha* dosha in the throat region (pharynx) and leading to obstruction. Treatment options vary depending on severity, ranging from medical management with nasal steroids and antibiotics to surgical intervention via adenoidectomy. Similarly, in ayurveda, treatment includes *Kanthagat* Samanya Chikitsa and Shastrakarma, i.e. *Kanthashaluka* Nirharahan (Chedan). Early diagnosis and appropriate management are essential to prevent complications and improve the quality of life in affected individuals. This review highlights the pathophysiology, clinical presentation, diagnostic approaches, and treatment modalities for adenoid hypertrophy from both modern and ayurvedic perspectives. By drawing these comparisons, this study opens avenues for interdisciplinary collaboration and encourages a more inclusive approach to research and practice.

KEYWORDS: *Kanthashaluka*, Adenoid Hypertrophy, Adenoidectomy, Chedan, *Kanthagat*.**INTRODUCTION**

The lymphoid tissues of the upper respiratory tract, including the adenoids and palatine tonsils, serve as the first line of immune defense and play a crucial role in both mucosal and systemic adaptive immunity. Adenoid hypertrophy is a common childhood condition resulting from the excessive growth of adenoid tissue in the nasopharynx.

In Ayurveda, the symptoms of adenoid hypertrophy closely resemble those of *Kanthashaluka*, a condition described under *Kanthagat Rogas*. It is characterized by a knobby, elevated swelling similar to a jujube seed (*Kolavad Grathita Unnataha Sopha*), leading to obstruction (*margavarodha*).

Based on the causes (*Hetu*), symptoms (*Linga*), and treatment (*Aushadha*), many Ayurvedic scholars equate *Kanthashaluka* with adenoid hypertrophy, making a comparative study between the two essential.

MATERIALS AND METHODS

In the present study, an extensive literary review of various books of modern ENT books along with *Ayurvedic Samhitas* like *Sushruta*, *Charak*, *Ashtanga Hridaya* and *Ashtanga Sangraha* is done. It also considers various articles and case studies on *Kanthashalukas* and Adenoid hypertrophy.

RESULTS

The following sections describe the results of the review and are structured according to insights into Adenoid hypertrophy in modern medicine, Ayurvedic *Kanthashaluka*, and the measures for management as prescribed in both traditional and modern medicine.

**ADENOID HYPERTROPHY IN MODERN
MEDICINE**

- **Anatomy of Adenoid**^[1,2,3]
 - Also known as nasopharyngeal tonsil.
 - Adenoids are pyramidal in shape with the apex of the pyramid directed towards the nasal septum and the

base situated at the junction of the roof and posterior wall of the nasopharynx. It is composed of vertical ridges of lymphoid tissue separated by deep clefts. Unlike palatine tonsils, adenoids have no crypts and no capsule.

- Adenoid tissue is present at birth, shows physiological enlargement up to the age of 6 yrs, and then tends to atrophy at puberty and almost completely disappears by the age of 20.

➤ Blood supply

1. Ascending palatine branch of facial,
2. Ascending pharyngeal branch of external carotid,
3. Pharyngeal branch of the third part of the maxillary artery,
4. Ascending cervical branch of inferior thyroid artery of thyrocervical trunk.

- Lymphatics from the adenoid drain into upper jugular nodes.

- Nerve Supply: CN XIth (Glossopharyngeal nerve) and Xth (Vagus Nerve).

➤ Function

1. As a portion of the Waldeyer ring, adenoids compose the lymphoid tissue that serves as a defence against potential pathogens in the pharynx.
2. Adenoids, in conjunction with the lingual & palatine Tonsils, are involved in the development of T cell and B cells.
3. On the surface, adenoid tissue has specialized antigen-capture cells (ACC), M cells, which uptake the pathogenic antigens & then alert the underlying B cells.
4. Activation of B cells leads their proliferation in areas called germinal centers; this helps in producing IgA immunoglobulins.

• Adenoid Hypertrophy^[1,2,4]

➤ Aetiology

1. Certain children have a tendency to generalized lymphoid hyperplasia in which adenoids also take part and impaired mucociliary clearance has been implicated as playing a role.
2. Recurrent attacks of rhinitis, sinusitis or chronic tonsillitis and URTI.
3. Viral pathogens associated with adenoid hypertrophy include adenovirus, coronavirus, coxsackievirus, cytomegalovirus (CMV), Epstein-Barr virus (EBV), herpes simplex virus, parainfluenza virus, and rhinovirus.
4. Harbor pathogenic bacteria:

i. Haemophilus influenza	ii. Staphylococcus aureus
iii. Group A beta haemolytic streptococcus	iv. Moraxella catarrhalis
v. Neisseria gonorrhoea	vi. Streptococcus pneumoniae

➤ Clinical Features

1. Nasal

- a. Nasal obstruction
- b. Nasal discharge: Partly due to choanal obstruction and partly due to associated chronic rhinitis.
- c. Sinusitis: Chronic maxillary sinusitis is commonly associated with adenoids.
- d. Epistaxis: when adenoids are acutely inflamed
- e. Rhinolalia clausa: denasal / hyponasal voice
- f. Sleep apnoea

2. Aural

- a. Tubal obstruction: Leading to retracted tympanic membrane and conductive hearing loss.
- b. Recurrent attacks of acute otitis media, chronic suppurative otitis media, otitis media with effusion

3. Throat: Granular pharyngitis, Tonsillitis.

4. General symptoms

- a. Adenoid facies:

1. Pinched nose	5. Elongated face
2. Mouth breathing	6. Short protruding upper lip
3. Dribbling of saliva	7. Crowding of teeth especially of upper jaw
4. Flat nasal arch	8. High arched palate
- b. Growth retardation

➤ Dagnosis

1. Diagnostic nasal endoscopy
2. X-ray nasopharynx

➤ Management

1. Medical management (when symptoms are not marked)
 - a. Control of recurrent respiratory / aural infections
 - b. Antihistamines and decongestants
 - c. Steroid nasal spray
 - d. Improve nutritional status
 - e. Breathing exercises
2. Adenoidectomy (when symptoms are marked)

KANTHASHALAUKA IN AYURVEDIC MEDICINE

According to *Ayurveda* anatomy, *Kantha*, which is one of the *Shadangas*^[5,6] and a *Sadhyapranahara*^[7] *Marma*, is described. According to *Acharya Sushruta*, *Kantha* is part of the *Mukha*, which is a part of the *Urdhwa Jatru Bhaga*.^[8,9] He explained *Kanthagat Rogas* under the category of *Mukhagat Rogas*.^[8] There are 17 types of *Kanthagata Rogas*, and *Kanthashaluka* is one of them, according to *Sushruta*.^[10]

Considering Ayurvedic aspect of pharynx it is named as *Gala* or *Kantha* meaning throat. *Gala* is a part of *Pranvahasrotasa* and *Annavahasrotasa*. Any *Dosha Dhatu Dushti* locally or remotely, which causes discomfort at *Kantha* and *Gala Parshwa* is broadly classified under *Kanthagata Roga*. Also, it is a site of Waldeyer's ring situated at naso pharynx which is a rich

source of IgG, IgM, and IgA and works a defense mechanism.^[11]

- **NIDANA**^[12,9]

Nidana are the factors which are responsible for inducing a disease. No separate and specific *Nidana* of *Kanthashaluka* is mentioned in text. *Acharya Vagbhata* and *Yogaratakar* have described the *Samanya Nidana* of *Mukharoga* which includes:

- Aharaj Nidana: Matsya Sevana, Atimamsa Sevana, Balamulaka, Masa, Dadhi, Kshira, Iksu, Sukta, Phanita, Madhura-Amla-Lavana Rasa Atisevana.*
- Viharaj Nidana: Avak Shayya, Danta Dhavana Dwesha.*

- **POORVA ROOPA**

Poorvaroopa are the symptoms which occur prior to complete manifestation of any disease. No specific *Poorva Roopa* has been mentioned for *Kanthashaluka*. *Kanthashaluka* can be correlated with Adenoid hypertrophy. Nasal obstruction and snoring can be considered as *Poorva Roopa* of *Kanthashaluka*.

- **ROOPA**

1. **According to Acharya Sushruta**^[13]

The disease in which a hard rough *Granthi* similar to size of *Kola* (jujube seed) develops in throat, which seems as if it has been seen stuffed with the bristles of a *Suka* insect or been pricked by thorns is called *Kanthashaluka*. This disease occurs due to the aggravated *Kapha* and is curable by surgical treatment only.

2. **According to Acharya Vagbhata**^[14]

A swelling (tumor) produced by all the *Doshas*, *Kapha* being predominant among them, developing in the throat resembling a *kola* (jujube fruit) in size, elevated, acting like thorn in the throat and obstructing the passage. This is *Kanthashaluka*.

3. **According to Acharya Charak**^[15]

Three dosas vitiated by their respective etiological factors produce very severe swelling in head. Inside throat they produce *Shaluka* (tuberlike growth) associated with sterterous sound and obstructed respiration.

- **SAMPRAPTI**^[9,12]

No *Acharya* has explained the specific *Samprapti* of *Kanthashaluka*. According to *Acharya Sushruta*, *Kanthashaluka* occurs due to *Kapha*, while according to *Acharya Vagbhata*, it occurs due to all three *Doshas* (*Tridoshas*), with *Kapha* being predominant. However, *Acharya Vagbhata* and *Yogaratakar* provide the general (*Samanya*) *Samprapti* for all *Mukharogas*. Due to causes, *Kapha* being predominant among them, get aggravated and produce disease in the interior of the mouth.

- **CHIKITSA**

Samanya Chikitsa of Kantharoga^[16,17]

- a. In diseases of the throat not complicated with fever

etc,

- b. Nasal medication, rubbing the area, holding liquids in the mouth etc, should be done with drugs of pungent taste and penetrating property; venesection
- c. Drinking the decoction of *Rasanjana*, *Indrayava*, *Darvi* and *Nimba*.
- d. Drinking the *Haritaki* decoction or mixed with honey.
- e. *Vyosha*, *Yavakshra*, *Darvi*, *Rasanjana*, *Tejovati*, *Patha*, *Nimbatvak*, *Triphala* and *Citraka* boiled in *Sukta* (fermented grain wash) and cows urine should be used either as mouth gargles, chewing pills or application of paste.
- f. *Talispatra*, *Gruhadhuma*, *Panchakola*, *Ela*, *Maricha*, *Palasa*, alkali prepared from *Muskaka* and made into pills and used (chewed) acts like nector in all the diseases of the throat.
- g. Paste of *Nicula*, *Katabhi*, *Musta*, *Devadaru*, *Mahausadha*, *Vacha*, *Danti* and *Murva* applied lukewarm relieves pain and swelling.

Chikitsa of Kanthashaluka

➤ **According to Acharya Sushruta**^[18]

In a case of *Kanthashaluka*, bloodletting should be done and treated like *Tundikeri*, and the patient should take a one time meal consisting only of little quantity of *Yavanna* with ghee.

Acharya Dalhan Tiaka^[19]

It should be performed like the *Tundikeri*—but in *Tundikeri*, the region is pierced like in *Galasundi*. Therefore, it should be done like *Galasundi*. However, if one says that, then the instruction to pierce like in *Tundikeri* would become redundant, as it is meant to indicate complete excision. The phrase ‘like *Galasundi*’ is intended to show that only one-third excision is to be done here, and not complete excision. Complete excision is not done in fractions such as one-third, etc. Apply leeches to cause bloodletting.

➤ **According to Charak**^[20]

They are treated with venesection, purgation, head evacuation, smoking, drinking of old ghee and lightening measures like fasting. In the disorders inside the mouth, rubbing and gargling are used in addition to the above.

➤ **According to Acharya Vagbhata**^[21]

That born from *Kapha* should be rubbed with the paste of *Agardhuma* and *Katuka*. Oil prepared with fruits (seeds) of *Apmarga*, *Shweta* (*Girikarnika*), *Danti*, *Jantughna* and *Saindhava* to be used for nasal medication and holding in the mouth. *Vrunda*, *Shaluka*, *Tundikeri* and *Gilayu* should be treated in the same manner.

DISCUSSION

Adenoid hypertrophy is a widely recognized condition in pediatric populations, often causing obstructive symptoms such as nasal blockage, mouth breathing, and recurrent infections. Its detailed description in modern

medical literature includes etiology, pathology, clinical features, diagnostic techniques, and both medical and surgical management, particularly adenoidectomy.

In contrast, Ayurvedic literature refers to a similar condition as *Kanthashaluka*, categorized under *Kanthagat Rogas*. Although ancient Ayurvedic texts do not provide a one-to-one correlation with modern anatomical terminology, the descriptions of *Kanthashaluka* align closely with symptoms of adenoid hypertrophy. It is said to manifest as a hard, thorn-like swelling in the throat, resulting from aggravated *Kapha* or *Tridoshas*, obstructing the airway.

Both systems of medicine emphasize early diagnosis and tailored treatment. Modern medicine relies on diagnostic tools like endoscopy and imaging, while Ayurveda emphasizes clinical signs and doshic involvement. Treatments differ—modern medicine favors pharmacological interventions and surgical removal, whereas Ayurveda uses a combination of internal medications, external therapies, and in severe cases, *Shastrakarma* (surgical excision).

This comparative analysis reflects that while the methodologies differ, the pathophysiological understanding and symptomatic management of the condition bear strong similarities. Ayurveda provides a holistic and non-invasive line of treatment, particularly beneficial in mild to moderate cases or where surgery is contraindicated.

CONCLUSION

The comparison between *Kanthashaluka* in Ayurveda and adenoid hypertrophy in modern medicine reveals striking similarities in clinical presentation and progression. Integrating both medical perspectives can enhance understanding, early diagnosis, and treatment planning. Ayurvedic practices could serve as complementary therapies, particularly in reducing recurrence, improving immunity, and managing early-stage symptoms without invasive procedures. Therefore, this study supports the potential for interdisciplinary collaboration and the inclusion of Ayurvedic principles in holistic management strategies for adenoid hypertrophy.

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