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"Ayurvedic Management Of Adenoid Hypertrophy: A Case Report"

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Abstract

Adenoid hypertrophy is a common paediatric condition leading to chronic nasal obstruction, mouth breathing, snoring, and recurrent respiratory infections. In cases with persistent or severe symptoms, adenoidectomy is often recommended; however, established non-surgical conservative management options remain limited. A 7-year-old male child presented with chronic nasal obstruction, mouth breathing, snoring, and recurrent upper respiratory tract infections for two years. Clinical and radiological evaluation confirmed adenoid hypertrophy. The condition was interpreted as a Kapha-pradhana Urdhva Jatrugata Vyadhi in Ayurveda. The patient was managed with a structured Ayurvedic treatment protocol consisting of internal medications, Nasya Karma, and dietary modifications for twelve weeks. Marked improvement was observed in nasal obstruction, mouth breathing, snoring, and sleep quality. Radiological assessment showed reduction in adenoid size. No adverse events were reported. This case highlights the potential role of Ayurvedic management as a safe and effective conservative management option for adenoid hypertrophy in children.

Keywords: Adenoid hypertrophy, Urdhva Jatrugata Vyadhi, Adenoidectomy, Nasya Karma

Introduction

Adenoid hypertrophy refers to the pathological enlargement of nasopharyngeal lymphoid tissue and is a frequent cause of nasal obstruction and Sleep-Disordered breathing in children aged 3 to 10 years. Chronic untreated disease may lead to recurrent infections, otitis media, impaired sleep, and behavioural disturbances.

Although adenoid hypertrophy is not described as a separate disease entity in Ayurvedic classics, its clinical features can be correlated with Tundikeri, Galashundika, Kaphaja Shotha, and Dushta Pratishyaya. These conditions are predominantly Kapha Dosha disorders involving the Urdhva Jatrugata Pradesha. This report documents the clinical outcome of Ayurvedic management in a single paediatric case.

Case report

A 7-year-old male child presented to the paediatric outpatient department with complaints of persistent mouth breathing and nasal discharge. According to the mother, the child had been experiencing these symptoms for the past 2 years. Mouth breathing was more during sleep and was occasionally associated with loud snoring. There was a history of persistent nasal discharge accompanied by nasal obstruction. The discharge was mucopurulent in nature. The child also had an associated cough, which was predominantly nocturnal and frequently disturbed his sleep. Episodes of post-tussive vomiting were reported. No history of acute fever or other systemic illness was noted.

On general examination, the child was moderately built and well nourished. He was active, alert, and cooperative. Anthropometric measurements revealed a height of 122cm and a weight of 23kg (approximately 50th percentile) for age. He was afebrile, with a heart rate of 96 beats per minute, respiratory rate of 20 breaths per minute, and blood pressure of 100/60 mm Hg. Respiration was abdomino-thoracic. There were no pallor, icterus, or cyanosis. Enlarged cervical lymph nodes were palpable. Lips appeared dry. A nasal accent was noted during speaking. Oropharyngeal examination revealed markedly enlarged tonsils. Respiratory system examination revealed normal vesicular breath sounds with no evidence of respiratory distress. Examination of other systems was within normal limits.

Case at a glance

Basic findings:

- Height: 122cm (approximately 50th percentile)
- Weight: 23kg (approximately 50th percentile)
- Heart rate: 96 beats per minute
- Respiratory rate: 20 breaths per minute
- Blood pressure of 100/60 mm Hg

Presenting Complaints:

- Persistent nasal obstruction
- Mouth breathing (especially during sleep)
- Loud snoring
- Recurrent episodes of upper respiratory tract infections (1-2 episodes/ month)

Duration of Illness: 2 years

Family History: Non-contributory

Clinical Findings: On examination

- Persistent mouth breathing at rest
- Hypo-nasal speech
- Nasal patency reduced bilaterally
- No acute infection at presentation

Radiological Findings: Lateral nasopharyngeal X-ray revealed significant adenoid enlargement causing nasopharyngeal airway narrowing.

III. **Treatment Given:** This condition was diagnosed as Adenoid hypertrophy - moderate grade (Kaphaja Urdhva Jatrugata Vyadhi). After a thorough clinical examination and evaluation, a course of Shodhana Chikitsa (Nasya), Shamana Chikitsa (internal medications) and Pathya - Apathya (dietary modifications) were given.

I. **Shodhana Chikitsa- Nasya Karma**

Followed by local Abhanga and Swedana, Nasya Karma was conducted for consecutive 7 days.

Day	Drug Used	Dose per Nostril	Frequency
1–2	Anu Tailam	4 drops	Once daily (morning)
3–4	Anu Tailam	6 drops	Once daily (morning)
5–7	Anu Tailam	4 drops	Once daily (morning)

II. **Shamana Chikitsa (internal medications)**

Discharge medicines were given for a period of 1 month and again proper evaluation was done. It was advised to continue the same medicine for a period of 3 months.

Medicine	Dose (After Food)	Duration	Purpose
Kanchanara Guggulu	1Tab BD after food	12 weeks	Reduces lymphoid hypertrophy
Talisapathradi Churna	3gms TDS with honey	12 weeks	Kapha Shamana
Amrutharistam	15ml TDS after food	12 weeks	Immunomodulatory
Haridrakandam	3gms BD with honey	12 weeks	Immunomodulatory

IV. **Pathya–Apathya**

- Warm, light and easily digestible diet
- Avoidance of cold drinks, ice cream, and excessive dairy
- Regular gargling and steam inhalation with salt water and nasal hygiene
- Avoid day sleep

Follow-Up and Outcomes:

Symptoms were assessed on a 0-3 grading scale. 0- Absent, 1- Mild, 2- Moderate, 3- Sever

Symptom	Before Treatment	After Treatment
Nasal obstruction	3	1
Mouth breathing	3	1
Snoring	2	0
Sleep disturbance	2	0

At 3rd month follow-up, the child remained symptom free with improved sleep, appetite and reduced episodes of infection. Post-treatment lateral nasopharyngeal X-ray showed noticeable reduction in adenoid size with improved airway patency. No adverse drug reactions or complications were observed.

Discussion

Adenoid hypertrophy is considered as a Kapha-dominant disorder in Ayurveda, characterized by Srotorodha and Mamsa Dhatu Vriddhi. The use of Kanchanara Guggulu aids in reducing lymphoid hypertrophy, while Nasya Karma directly acts on the nasopharyngeal region, facilitating clearance of aggravated Kapha. The significant symptomatic and radiological improvement in this case suggests that early Ayurvedic intervention may reduce disease burden and potentially prevent surgical intervention in mild to moderate cases. The child's parents reported improved sleep quality, reduced mouth breathing, and overall improvement in the child's daily activities and well-being.

Conclusion

Ayurvedic management can be an effective and safe conservative approach in paediatric adenoid hypertrophy. Larger controlled studies are required to validate these findings.

- Adenoid hypertrophy can be effectively correlated with Kapha-pradhana Urdhva Jatrugata Vyadhis
- Ayurvedic treatment may reduce symptoms and adenoid size.
- Early conservative management can reduce surgical dependency.

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