

“A COMPARATIVE CLINICAL STUDY OF *PATOLADI KASHAYA GANDUSHA* AND *PANCHVALKAL KASHAYA GANDUSHA* IN THE MANAGEMENT OF *TUNDIKERĪ* WITH SPECIAL REFERNCE TO CHRONIC TONSILLITIS”



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ABSTRACT

Background and objectives

- According to *AcharyaSushrutaTundikeri* is the disease caused by the vitiation of *Kapha* and *Rakta* and characterized by *Shotha* (swelling), *Toda* (pricking type of pain), *Daha* (burningsensation), *Prapaka* (Suppuration).
- Tonsillitis is encountered more often now-a-days due to the dietary habits of taking spicy food, cold beverages and unusual exposure to cold climates. There are 74,55,494 cases of tonsillitis in India per year.
- About 2,00,000 tonsillectomies done in India per year
- So looking into the above facts there is a potential need for an effective alternate management of *tundikeri* without surgical intervention, which can be better accepted by the patients and which prevents complications as well as recurrence effectively.
- *Panchavalkashaya* is an already proven drug and used in day to day O.P.D patients of *tundikeri*. So the present study is planned to evaluate the efficacy of *patoladikashayagandusha* in comparison to *panchavalkalakashayagandusha*.

Objective of the present study was to get evaluate the efficacy of “A COMPARATIVE CLINICAL STUDY OF PATOLADI KASHAYA GANDUSHA AND PANCHVALKAL KASHAYA GANDUSHA IN THE MANAGEMENT OF TUNDIKERĪ WITH SPECIAL REFERENCE TO CHRONIC TONSILITIS”

Methods

Comparative Clinical trial on twogroupwas carried out.30 patients fulfilling the criteria of *Tundikeri* were selected. *Gandoosha* was given with duration of three times in one sitting in morning for 15 days.

Results

Gandusha with two *kwatha* in group A & group B provided significant relief in *ruja* by 39.57% in group A & 33.33% in group B , in *Daha* by 42.10% in group A & 33.33% in group B, in *tonsil`s size* by 44.67% in group A & 33.33% in group B, in

Ragatwa by 44.67% in group A & 36.06% in group B , in Galoparodha by 44.55% in group A & 39.57% in group B , in Halitosis by 36.06% in group A & 12.5% in group B, in Lymphadenopathy by 47.71% in group A & 42.10% in group B.

Interpretation and conclusion

PatoladiKwathgandoosha has more effective in the management of Tundikeri. Reduction in clinical symptoms was appreciated after 15 days of treatment which is proved statistically significant.

PatoladiKwath and Panchvalkalkwathaare proved to be less cost effective, no irritant, and safe and better drug in the management of Tundikeri.

Overall effect of the therapies:

By observing the overall effect of therapies after treatment showed that 26 patients had improvement in symptoms i.e. mild, moderate, good or excellent while in 04 patients recurrence was observed.

Hence, from the above results it is been observed that Gandushaprovides better effect in patients of Tundikeri with Patoladikwath than Panchvalkalkwath. so alternate hypothesis was accepted.

No side effects of the drug were observed during the course of study during or after treatment. Patoladikwatha and Panchvalkalkwatha both are proved to be cost effective and safe drug for Tundikeri.

Key words : Patoladi, Panchvalkal, Gandusha, Tundikeri, Tonsillitis.