

REVIEW ARTICLE

Management of Adenoid Hypertrophy: An Ayurvedic Perspective

Vijaykumar S. Kotrannavar¹, Savita S Angadi²

HOW TO CITE THIS ARTICLE:

Vijaykumar S. Kotrannavar, Savita S Angadi. Management of Adenoid Hypertrophy: An Ayurvedic Perspective. Ind J Anct Med Yoga. 2026; 19(2): 103-106.

ABSTRACT

Adenoid hypertrophy is one of the most common conditions seen in ENT/Pediatric OPD and the most important cause of impaired nasal airflow and nasopharyngeal obstruction. The estimated prevalence rate of Adenoid hypertrophy in children and adolescents ranges from 42% to 70%. In Ayurveda, adenoid hypertrophy can be well correlated with *Kanthashaluka*, based on the marked similarities of the clinical features of these two disease entities. As per Ayurveda, specific treatment protocol can be applied in the form of topical treatment along with internal medication to manage this condition. In this article an attempt is made to understand the etio-pathogenesis of *Kanthashaluka* w.s.r to Adenoid hypertrophy and to reveal role of topical treatment along with internal medication.

KEYWORDS

• Adenoid hypertrophy • *Kanthashaluka* • Topical treatment

INTRODUCTION

The adenoids are collection of lymphatic tissue located at the junction of roof and posterior wall of nasopharynx and it is the site of contact of antigens with immune active cells and inhaled micro-organisms.^{1,2} These are present

at birth, reach their maximum size in early childhood, and usually shrink slowly around the age of 10 years. The adenoids represent the first defense portal of the respiratory tract and the earliest site of exposure to various antigens by inhalation or ingestion. This can result in

AUTHOR'S AFFILIATION:

¹Dean & Professor, Shri J.G.C.H.S. Ayurvedic Medical College. Ghataprabha, Belagavi, Karnataka, India.

²HOD & Professor, KLEU's Shri B M Kankanawadi Ayurveda Mahavidyalaya, Shahapura, Belagavi, Karnataka, India.

CORRESPONDING AUTHOR:

Vijaykumar S. Kotrannavar, Dean & Professor, Shri J.G.C.H.S. Ayurvedic Medical College. Ghataprabha, Belagavi, Karnataka, India.

E-mail: kdrvijaykumar@yahoo.com

➤ Received: 06-11-2025 ➤ Accepted: 27-12-2025



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Red Flower Publication and Open Access pages (<https://www.rfppl.co.in>)

adenoid hypertrophy (AH) due to repeated stimulation by various antigens and their own inflammation.³

Adenoid hypertrophy can lead to a variety of local (nose, ear) and systemic changes and sequelae including sinusitis, mouth breathing, snoring, secretory otitis media and craniofacial abnormalities, and can even exert serious impact on sleep structure, quality-of-life and the patient's families.⁴ Adenoid hypertrophy can occur because of infectious and non-infectious etiologies. Infectious causes of adenoid hypertrophy include both viral and bacterial pathogens. Multiple non-infectious causes of adenoid hypertrophy have also been suggested including Gastro-esophageal reflux, Allergies, exposure to cigarette smoke etc. And the management includes both conservative and surgical with their own merits and demerits.

In Ayurvedic classics it can be considered with Kanthashaluka and has a number of medicines to manage this ailment. Kanthashaluka is one of the kanthagata rogas explained by Acharya Sushruta and Acharya Vagbhata and the treatment mentioned in Samhitas includes shodhana nasya, kavala, gandusha along with internal medication.^{5,6}

It is characterized by a nodular growth (कोलास्थमिर्त्रः) in the throat occurs due to vitiated Kapha that causes significant discomfort, Todavat vedana and Ghurghur Noises while breathing.⁷

AYURVEDIC MANAGEMENT OF ADENOID HYPERTROPHY:

Ayurveda aims to correct the imbalance of doshas i.e Kapha pradhana dosha, associated doshas - vata and Rakta and reduce hypertrophy of adenoids using different treatment methods like Nasya (nasal oil administration), Kavala and Gandusha (gargling) oral medications and to strengthen the whole body. A holistic approach focusing on diet and lifestyle also counts a lot.

Plan of care can be done based on lakshanas like nasal symptoms, aural symptoms and associated symptoms. If only nasal symptoms are present then the treatment protocol can be Sthanika snehana followed by swedana, Pratimarsha nasya, Shodhana nasya, dhumapana, Kavala, shiropichu along with Internal medication (Kaphaghna dravyas). If associated symptoms

are aural, then treatment can be - Vairechanika Nasya, Dhumapana, Kavala, Karnagata sthanika chikitsa and Internal medication (Kapha pradhana tridosahara) and Rasayana chikitsa. If other associated complaints are present - Along with nasa and karnagata sthanika chikitsa, yogasana, pranayama, Tridoshaghna oushadhis, Rasoushadhis internally can be adopted. Patya and Apatya are also very important while treating the kanthashaluka.

Ayurveda provides a useful approach, quality procedures and abundant reserve of herbo-mineral drugs which can be implemented in the management of AH and can avoid necessity of Surgery.

DISCUSSION

Probable Mode of action of Sthanik Snehana followed by Swedana:

It can be considered as a first line of Treatment. Abhyanga causes Mruduta of Doshas and Swedana causes Vilayana (liquification) of accumulated Doshas. In the language of modern science, Abhyanga and Swedana increases the local blood circulation and Swedana liquifies the mucous. Due to vasodilatation the permeability of blood vessels increases, which makes the drug absorption faster. It causes Srotoshuddhi, expels the dushita kapha and makes the Anulomana Gati of Vayu which is hampered in Adenoid hypertrophy.

Probable Mode of action of Dhumapana:

Sukshma guna of drugs used for Dhumapana opens/enters the smallest channels. Katu vipaka, Ushna Virya and Tikshna properties of drugs of dhumapana exert srotoshodhana effect and also produces Draveekarana-Vilayana and Chedana of vitiated Kaphadosha which is the main culprit in adenoid hypertrophy. Tikta Rasa and Laghu guna properties are very much in favor of clearing the Srotas. It dries up Kelda and Srava present in respiratory passage.

Probable Mode of action of Nasya:

Nasya may be applied as a first line of treatment in chronic cases of AH. Adenoids is preceded by upper respiratory infection. Shiropichu prevents respiratory infection and helps to shrink the enlarged mass based on the properties of nasya dravya used. Like the drugs having Ant-inflammatory, Anti-histaminic, Anti-allergic properties.

Probable Mode of action of Kavala and Gandush:

The *Gandush* and *Kavala* increases the pressure in the mouth, which stimulates the stretch reflex i.e. the pressoreceptors resulting in stimulation of the salivary nuclei in brain stem.⁸

This results in increased activity of parasympathetic motor fibres of facial and glossopharyngeal nerves and increases the salivary output which is further stimulated by the chemical constituents stimulating the oral chemoreceptors and hence the *Gandusha* and *kavala* maintains and cures the oral environment as the saliva consists of lysozyme, an enzyme and antibody IgA, which are bacteriostatic and antimicrobial in nature.

Gandusha stimulates the salivary glands to secrete more saliva. Saliva contains a variety of host defense factors. The IgA, IgM antibodies and lysozyme present in the saliva provide protection against micro-organisms by acting as local antibiotic. The main function of salivary buffer is to maintain pH at the mucosal epithelial cell surface and the tooth surface. Healthy mouth is a non-acidic or neutral. *Gandusha* is an instantaneous solution for mouth acidity and change the oral pH quickly into a safe zone. Gargling regulate and balance the pH of the oral cavity and help to reduce bacterial growth in the mouth. Thus, gargling cures, the disease and helps to regain oral hygiene by maintaining a good pH balance in the mouth.⁹

Probable mode of action of Internal Medication:

Several internal formulations are explained in classics which are useful for *samprapti vighatameva chikitsa* of AH: *Triphala, Trikatu, yastyadi kwatha, Vyoshadi vati, Haridra khanda, Talisadi churna, Sitopaladi churna, Kanchanaar guggulu, Vruddhi badika vati, Kshara gutika, Varunadi Kashaya* etc.

The drugs in these formulations possess the properties like - *Katu, Tikta Rasa Pradhan, Laghu, Ruksha, Tikshna Guna Pradhana, having Ushna Veerya, Katu Vipaka*. Thus, acts as *Deepana, pachana, shothaghna, kapha vilayana, Vatanulomana, Shothahara, and Srotoshodhana*. The *Deepana* and *Pachana* properties of drugs cause *Amapachana*. By *Amapachana* and also *Dhatvagni deepana*, the *Sara Dhatus* are formed properly (*Samyaka*), which increases

the *Vyadhikshamatva* (immunity). The anti-inflammatory properties of the ingredients reduce the inflammatory process in the adenoids. The antibacterial activity arrests secondary infection and prevents recurrence of the disease.

CONCLUSION

As per *Acharya Charaka*, treatment protocol is same as that of *Peenasa*. as per *Acharya Sushruta*, surgery and *Acharya Vagbhata's* views includes, various procedures like *sthanika abhyanga & swedana, Dhumapan, Shirovirechana, Rakta mokshana* which may help to control the rate of infection and reduce the size of adenoids. *Shirovirechana* is postulated as first procedure for managing AH, which give the insight of treating AH from its primary origin site. The drugs used in topical treatment as well as internal medication are having the *srotoshodhana, shothaghna* and *kaphaghna* properties. Hence the Ayurvedic treatment protocol works well in the management of Adenoid hypertrophy. It is one of the surgical indicated diseases but many case studies show success with non-surgical *Ayurvedic* management, highlighting the potential of treatments to reduce adenoid size and alleviate symptoms like nasal obstruction and snoring.

REFERENCES

1. JP, George GB, Ray C, John H, Martin JB, Nicholas SJ. The adenoid and adenoidectomy. 7th Edn.. 2008;1: 1095-101. [Google Scholar]
2. Lourenco EA, Lopes KC, Pontes A, Oliveira MH, Umemuro A, Vargas A. Comparision between radiological and laryngoscopic assessment of adenoid tissue volume in mouth breathing children. Rev Bras Otorhinolaringol. 2005; 71:23-8. [Google Scholar]
3. Niedzielski A, Chmielik LP, Mielnik-Niedzielska G, Kasprzyk A, Boguslawska J. Adenoid hypertrophy in children: a narrative review of pathogenesis and clinical relevance. BMJ Paediatrics Open. 2023; 7: e001710.
4. Yanan Ma, Lili Xie, Wenhui Wu. The effects of adenoid hypertrophy and oral breathing on maxillofacial development: a review of the literature. Journal of Clinical Pediatric Dentistry. 2024; 48(1): 1-6. doi: 10.22514/jocpd.2024.001.
5. Ganesh Garde, Sarth Vagbhata (Edition2012), Chaukhambha Prakashan, Uttartantra- 21/54.

6. Ashtanga Hridaya Edited by Bhisagacharya, Harishastry Paradkar Vaidya, Chaukhamba Sankrita Samsthana Krishnadas Academy, Varanasi, Edition 2000,
7. Ashtanga Hridaya Edited by Bhisagacharya, Harishastry Paradkar Vaidya, Chaukhamba Sankrita Samsthana Krishnadas Academy, Varanasi, Edition 2000, Uttarastana, 21st Chapter, Verse 45, 956, 848.
8. Mangal, Gopesh. Yadav, Minu, 2020/06/30, Kavala And Gandoosha - A Holistic Approach To Oral Health. 10.20959/wjpr20205-17395
9. Restorative dentistry by sesame oil swish Vijaykumar S Kotrannavar. IP innovative publication pvt ltd. 2019