

Siddha Therapeutic Approach in the Management of Tonsillolith: A Case Report

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ABSTRACT:

Tonsillolith or calculi of the tonsil is an unusual presentation of stone formation within the tonsillar crypts, most commonly affecting young adults, and typically takes 2–3 years to develop. In Siddha literature, *Nina Kural Kammal* is considered the synonymous term for tonsillolith, as documented in the classical text *Pothu Maruthuvam*. A 22-year-old female patient presented with complaints of throat irritation, a tickling sensation and odynophagia. She had previously received allopathic treatment but declined the advised surgical intervention, opting instead for Siddha management. On examination, the tonsils revealed hard, whitish, horny plug-like projections on the right tonsil, associated with bilateral palatine tonsillitis. The patient was managed as per siddha therapeutic guidelines followed in the outpatient department. A combination of internal medicines and external medicines was prescribed based on the clinical assessment and siddha principles. The pre- and post-treatment, physical examination and Brodsky scale showed improvement in patient's clinical symptoms and inflammation of tonsils. The intervention resulted in a significant and promising clinical outcome, highlighting the potential efficacy of Siddha medicine in the management of tonsillolith.

KEYWORDS: *Nina Kural kammal*, *Pothu maruthuvam*, Siddha medicine, Tonsillolith, Tonsillitis.

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INTRODUCTION:

Tonsilloliths are white or yellow concretions in tonsillar crypt. It occurs as a result of microorganism and cellular debris retention in the crypts of palatine tonsils [1]. The earliest known description of oropharyngeal concretions is attributed to Lang in 1560 [2]. Tonsillolith is called tonsil stone or throat stone. It is a cluster of calcareous matter in the tonsillar crypt of palatine tonsil. The size may vary and are usually cream in colour. Tonsillolith protrudes out of the tonsillar crypt, feels like foreign body in mouth and not usually harmful. It is one of the common causes of bad breath and it is more common in adults than in children. It is detected accidentally on oral examination or X-ray or a CT-Scan. Larger tonsillolith may present with symptoms like choking, tonsillitis, sore throat, dysphagia, odynophagia, ear ache, head ache etc., but small sized tonsillolith are usually symptomless. The causes include hyperactive salivary glands, betel nut chewing, tobacco chewing (with CaCo₃), mucous secretions, intolerance to food or dairy products, salivary stasis and hypercalcemia [3,4,5]. A case study with Tonsillolith treated effectively with simple Siddha medicines available in the OPD was reported and discussed in detail.

CASE HISTORY

Patient details:

A 22-year-old female presented to the Outpatient Department of Arignar Anna Hospital of Indian Medicine, Chennai, with complaints of throat irritation, a tickling sensation and odynophagia. She

had a past history of recurrent tonsillitis. The pain was moderate in intensity, non-radiating, and not associated with any other systemic symptoms. Her medical and family histories were unremarkable.

INTRAORAL EXAMINATION:

On intraoral examination, a hard, whitish, horny plug-like mass was observed embedded in the right palatine tonsil, associated with bilateral tonsillar enlargement and inflammation. On palpation, the mass was firm to hard in consistency. No other significant abnormalities of the ear, nose or throat were noted.

THERAPEUTIC INTERVENTION:

The patient had previously sought allopathic management for recurrent tonsillitis and tonsillolith, which included medication. However, she was advised to undergo tonsillectomy, which she declined. She subsequently opted for Siddha management. Based on clinical findings and Brodsky scale, a diagnosis of grade 2 chronic tonsillitis with tonsillolith (Nina Kural Kammal) was made and the patient was initiated on Siddha medicines, including both internal and external medicines.

TREATMENT PROTOCOL

The patient was prescribed Thalishathi Chooranam 1 gm twice daily, after food, with honey as an internal medicine. For external therapy, a mixture of 5 grams of Thiripala Chooranam and 5 grams of Induppu (Sodium chloride impure) was mixed with warm water and advised for gargling twice daily (morning and night), as detailed in Table 1. Dietary modifications were also recommended. The patient was advised to consume soft grains, cooked vegetables, herbal teas, probiotics, non-acidic fruits, soups, and broths. Foods that could potentially irritate the throat, such as spicy, acidic, and crunchy items were restricted. Gargling with Thiripala Chooranam and Induppu (Sodium chloride impure) was continued until complete resolution of tonsillar inflammation. The patient was advised to attend outpatient visits weekly for one month, during which she continued with internal Thalishathi Chooranam and external Thiripala Chooranam and Induppu (Sodium chloride impure) gargling. Throughout

the follow-up period of 6 months, no remission of symptoms was noted. Prognosis was assessed based on symptom reduction, image analysis and Brodsky scale grading method as mentioned in Figure 1. The treatment timeline is presented in Table 2 and the clinical progression is illustrated in Figures 2 and 3.

BRODSKY SCALE GRADING TOOL

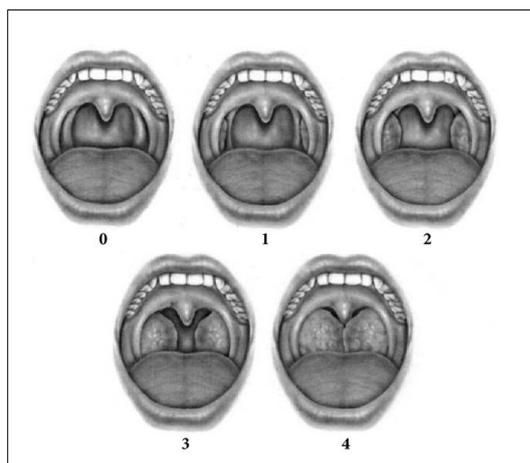
The Brodsky grading scale is utilized in cases of tonsillitis to provide an objective assessment of tonsillar hypertrophy in relation to the oropharyngeal airway. It enables to determine the degree of obstruction, which is critical for evaluating symptom severity and guiding appropriate management strategies, including medical therapy, surgical intervention or ongoing monitoring. Its reproducibility and reliability across different observers make it a standardized tool in both pediatric and adult practice.

Table 1: Siddha Therapeutic Intervention

Internal Medicines	Dose and Adjuvant
Thalishathi chooranam	1gm, morning and night with honey after food.
External Medicines	
Thiripala chooranam + Induppu(Sodium chloride impure)	5 grams of each mixed with warm water then gargle morning and night

Table 2: Timeline of Case

Date/ Day	Symptoms	Medicines
15/10/2023 Day 1	Irritating, tickling sensation in throat and odynophagia with hard whitish, horny plug projection mass embedded in the right palatine tonsil associated with enlargement of both tonsils and inflammation bilaterally present.	Thalisathi chooranam 1gm twice a day after food with honey as internal medicine. Externally Thiripala chooranam + Induppu (Sodium chloride impure) each were taken equal ratio mixed with warm water and advised the patient to gargle twice a day morning and night
17 / 10 / 2023 - 19/10/2023 Day 3 - Day 5	Irritating, tickling sensation in throat and odynophagia slightly reduced.	Same Medicines
20 / 10 / 2023 - 28/10/2023 Day 6 - Day 14	Hard whitish, horny plug projection mass embedded in the right palatine present. Tonsillitis, irritating, tickling sensation in throat and odynophagia reduced.	Same Medicines
29/10/2023 Day 15	Tonsillitis reduced completely, Hard whitish, horny plug projection mass embedded in the right palatine came out completely as single lith and not seen.	Same Medicines



- 0. grade 0 indicated the previous tonsillectomy;
- 1. grade 1 indicated that the tonsils were hidden in the pillars occupied <25% of the pharyngeal space;
- 2. grade 2 indicated that the tonsils were beyond the anterior pillar and between 25 and 50% of the pharyngeal space;
- 3. grade 3 indicated that the tonsils were beyond the pillars but not to the middle and occupied >50% and up to 75% of the pharyngeal space;
- 4. grade 4 indicated that the tonsils occupied >75% of the pharyngeal space (Figure 1)[6]

Figure 1- Brodsky scale



Figure 2: Presence of Tonsillolith on 1st day before treatment



Figure 3: Absence of Tonsillolith on 15th day after treatment

RESULT:

Tonsillar size was assessed using the Brodsky grading scale [figure 1]^[6] through comparison of pre- and post-treatment clinical photographs. According to the scale, tonsils are classified based on the proportion of the oropharyngeal airway occupied. In the present case, the pre-treatment figure 2 demonstrated Brodsky Grade 2 tonsillar hypertrophy, occupying half of the oropharyngeal space. Indian traditional medicinal systems are among the oldest forms of healthcare in human history and continue to play a vital role in addressing global health needs ^[7]. Siddha medicine, one of the ancient traditional systems predominantly practiced in Southern India, has provided effective formulations for a wide range of ailments for centuries and continues to benefit patients today ^[8]. Tonsilloliths are composed primarily of calcium salts such as hydroxyapatite or calcium carbonate apatite, along with oxalates, magnesium salts, and ammonium radicals ^[9]. Although the exact pathogenesis remains unclear, several hypotheses have been proposed.

It is suggested that recurrent tonsillitis leads to fibrosis of the tonsillar crypt ducts, causing debris retention. Accumulated epithelial debris creates an

hypertrophy, occupying half of the oropharyngeal space. The post-treatment figure 3 showed a significant reduction to Brodsky Grade 1, indicating minimal tonsillar prominence with adequate oropharyngeal airway clearance.

DISCUSSION:

ideal environment for microbial growth, including bacteria such as *Actinomyces* ^[10] and fungi like *Leptothrix buccalis* ^[11]. Clinically, tonsilloliths may be asymptomatic or present with symptoms such as halitosis, foreign body sensation in the throat, odynophagia, or dysphagia ^[12]. They exhibit variable shapes, including round, oval, cylindrical, pyramidal, or plurilobular forms ^[13].

The present case demonstrates the Siddha approach in managing tonsillolith using herbal formulations and gargling procedures. According to Siddha classical texts, Thalishathi Chooranam is indicated for cough, fever, and respiratory conditions. It has been reported to possess anti-inflammatory, immunomodulatory, antipyretic and antimicrobial activities ^[14]. Thiripala Chooranam also exhibits anti-

inflammatory, immunomodulatory, antibacterial and antimicrobial properties [15]. Induppu (Sodium chloride impure) also exhibit anti-oxidant activity [16], since oxidative stress is linked with inflammation, this may indirectly contribute to anti-inflammatory effect. These pharmacological activities substantiate their therapeutic potential in mitigating tonsillolith, supporting the observed clinical efficacy in this case.

CONCLUSION:

In the present case, Siddha internal and external medicines demonstrated a remarkable outcome in correcting the underlying pathophysiology and effectively managing tonsillolith. The treatment protocol, adopted in accordance with Siddha principles, produced a significant clinical response within a short duration. The patient has been followed up periodically for over 6 months with no evidence of recurrence. This case highlights the potential of Siddha management in ensuring rapid and sustained recovery in patients with tonsillolith.

Patient Perspective:

The patient, in her local Tamil language, expressed that at the time of presentation she had been experiencing throat irritation, a tickling sensation, and odynophagia. Following Siddha treatment, she reported complete relief from these symptoms and conveyed great satisfaction with the outcome of the therapy.

Informed Consent:

Consent of the patient was obtained for the publication of the photographs and the case report.

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