Ayurveda and Strep Throat

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ETIOLOGY

The same Ayurvedic classifications for diseases of the throat are listed in two of the classical Ayurvedic texts, Charak and Vagbata, as well as in Sarngadhara-Samhita, a medieval text which often reflects earlier works. Twelve to eighteen in number, these diseases appear to indude conditions such as goiter, laryngitis, tumors, diphtheria, tonsillitis, and various forms of "sore throat."3,4 For those forms of kantha rog which appear to be due to tumors, the appearance of the growth is sometimes described by relating its physical appearance to that of various Indian fruits, and surgery is recommended as treatment.

Unfortunately, the descriptions of the remaining categories are so brief that they are in many cases difficult to relate in any definitive way to allopathic diagmoses. Murthy, for example, sometimes interprets the same terms (e.g., valaya as sore throat" vs. valaya as a "tumor causing difficulty in swallowing") differently in different texts (4: 294; 3: III: 546). To complicate matters, Sushruta pronounces many of them to be incurable 1: II: 474). Descriptions of another category, Talu-rog, diseases affecting the soft palate, are equally elusive. It is thus dif-Scult to pinpoint any of these diseases as definitively matching the allopathic dagnosis of strep throat.

However, it is useful to note that many of these categories of throat disease were

to be treated locally by two main nonsurgical methods: 1) herbal decoctions used as gargles and 2) the application of herbal pastes (mediated by ghee or liquids depending on the dosha) to the painful area in order to relieve pain and promote healing. According to Vagbat, several of these types of painful throat ailments could be treated by similar herbal formulas. Of those herbs and herbal combinations frequently mentioned in various texts, current commonly available ones include neem, vacha, musta, haritaki, guduchi, trifala, chitrak, berberis, barley alkali, dashmula, and mahapanchmula.

However, the symptoms of strep throat, which include inflamed and painful sore throat, usually accompanied by high fever, headache, and often low appetite, nausea, or vomiting, indicate systemic involvement and are similar to the Ayurvedic descriptions of pitta jwar (pitta fever). Its occasional red tongue and pinkish or yellowish skin tone are also indicative of pitta. The dryness of the condition (nasal mucous, if present at all, is usually scanty and clear) and the associated burning sensations are as well often indicative of pitta and vata acting together. In the case of strep throat, however, the circulating heat rises to the upper gastrointestinal tract and the head. If not corrected, the disease can pass from its manifested stage (strep throat) to its bheda, or chronic, phase (scarlatina).

MODERN PRACTICE

Modern practitioners of Ayurveda generally acknowledge the necessity for using herbs with antibacterial properties when treating strep throat. Frawley (2: 166) recommends nila, kutaka, yellow dock, and goldenseal. For me, neem has seemed the ideal choice, because of its anti-pitta and antiinflammatory properties. The traditional admonishment of Avurveda that many herbs of similar action are to be combined in a formula because of their synergistic effects takes on new meaning in a modern context where pathogenic organisms are routinely discussed and identified. Addition of more than one antibacterial herb not only increases the probability of a successful formula in terms of sensitivity of the pathogen, but it also decreases the probability that the organism will be able to evolve a resistance to the formula.

In treating strep throat, therefore, I usually combine neem with other antibacterials such as mahasudarshan, turmeric, sandalwood, and berberis. These herbs are not only anti-pitta, and thus appropriate to the primary dosha of the fever, but they are also classed as purifiers of the rakta (non-serum fractions of the blood), which are viewed in Ayurveda as necessary to treatment of pitta fevers at some point during their course (3: II: 181). However, most of these bitter herbs, in addition to being cooling, are also drying, and since the secondary

dosha of strep throat is vata, this effect should be balanced in the formula by the addition of sweet moistening agents which will soothe the mucosal membranes, such as licorice root, bala, or bamboo manna. A small amount of chitrak is often useful where chills are present, and amla, a mild anti-pitta laxative and rejuvenative, can be added as needed.

Licorice root, jasmine, fennel, and coriander are useful for pitta-type nausea or bilious vomiting, and where these symptoms are present in the initial, or acute, phases of strep throat, they should be given only as teas (first boiled and then cooled to body or room temperature) until the digestive capacity begins to reassert itself somewhat, after which thicker soups and the above-mentioned formulas can be started. (According to the Ayurvedic protocols for the treatment of fevers, herbal medicines for the symptoms of the fever are not to be given before the aama, or digestive disturbance, is at least partially resolved; to do so risks worsening the patient's illness and prolonging time for recovery.) In cases of chronic strep, where the patient is first brought to the Ayurvedic practitioner after the strep infection is several weeks old, small amounts of pippali in the formula, or given as pippali milk, can be of help in completely restoring the digestive fire to its seat.

Throughout the illness, gargles can be given as needed to reduce the inflammation and pain from the sore throat. A number of these recipes are given in Ayurvedic texts; for simplicity of preparation by busy parents and because of easy availability of ingredients, I prefer l cu. lightly salted water into which baking soda (1/2 tsp.), aloe vera juice (2 tsp.), turmeric powder (1/2 tsp.) and licorice root powder (½ tsp.) can be mixed. The baking soda can cause initial stinging, followed by a soothing effect; and care must be taken not to spill the solution on one's clothing, since turmeric stains. Warm ghee with a few drops of ylang ylang essential oil can also be topically applied to the most painful areas of the throat. Pomegranate juice is said to be especially effective for sore throats.

CASE STUDY

My first strep throat patient was "Cindy" an 11-year-old girl of pitta-vata constitution with a history of chronic allergic rhinitis. Her mother brought her for Ayurvedic treatment after three tenday rounds of various antibiotics had failed to resolve recurrent strep throat. In each case, most symptoms had been alleviated in the initial days of treatment; recurrence of strep upon return of symptoms was confirmed by throat cultures. Cindy complained of a severe sore throat and headache in the eyes and temples, which were worse at night, high fever and chills, nausea, low appetite, and a "fuzzy feeling" in the head which had made it hard for her to concentrate even on the days during which she had been well enough to attend school. Her stools were normal. Her pulse was pitta with some vata: pounding, hot, and very fast even

I agreed to treat her on the condition that she would take the herbal formula 1/4 tsp. every 2 hours for the first week and 4 times per day for two succeeding weeks. Her mother packaged the herbs in veggie caps, and Cindy, who was quite intelligent as well as highly motivated, set her watch to beep every two hours during the day so that she would remember to take them. She was asked to gargle with warm, lightly-salted water containing powdered turmeric and baking soda, to apply cool rose water to her temples, and to put drops of a well-strained water decoction of licorice and fennel in her eyes. We settled on a diet which would emphasize liquid things: vegetable and grain soups, salads, sweet fruit juices, and rice milk and occasional eggs, since she appeared to be sensitive to milk products. We discussed the importance of avoiding iced drinks, soda pop, and pungent and acidic foods.

After one week, Cindy reported that her stomach felt good, that she was now hungry and eating well, the sore throat was almost gone, and the headache was now intermittent rather than continual. Though her skin still felt warm to the touch, she reported an absence of fever and chills. Her pulse still showed some elevation of pitta, but was of a normal rate with no signs of vata provocation. She continued the same formula, but I suggested that it would be appropriate to introduce ghee into her diet, and take a little with her herbs when convenient.

When I saw Cindy and her mother again two weeks later, they reported that all symptoms had been gone for a week, Cindy's head was no longer "fuzzy," and she felt very good. The strep did not recur afterwards. She was given a formula to rejuvenate and support her immune system and clear her allergies, which I regarded as a probable predisposing factor in her contraction of strep. The formula used to treat her strep throat was as follows (numbers represent parts): licorice root: 8; mahasudarshan: 5; neem: 4; bala: 4; sandalwood: 4; turmeric: 4; jasmine: 3; slippery elm: 2; bamboo manna: 2; red clover: 2; barberry: 2; anise: 2; brahmi: 2; chitrak: 1; pippali: 1; cardamom: 1; amla: 1.

NOTE

"Ten Roots" is a powder decoction of patala, agnimantha, syonajka, bilva, gambarai, kantakari, brhati, salaparni, prsniparni, and gokshura.

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