

INTEGRATIVE AYURVEDIC MANAGEMENT OF CERVICAL LYMPHADENITIS (APACHI): A CASE STUDY

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ABSTRACT

Introduction: Apachi is a condition mainly described by Acharya Sushruta. It is characterised by firm cystic swelling and commonly correlates with Cervical Lymphadenitis. Acharya Charaka used the term Gandamala rather than Apachi. It is primarily associated with kapha and vata or pitta dosha, mamsa and meda dhatu involvement. To break the disease manifestation, some classical Ayurvedic medicines are used, their safety and efficacy are evaluated as well as an alternative.

Case Presentation: A male patient of about 6 years old presented with a glandular swelling associated with fever and mild pain over the right retromandibular fossa for one week. The condition is clinically represented as that of Cervical Lymphadenitis, commonly correlated with 'Apachi' as per Ayurvedic literature. **Intervention:** After proper diagnostic assessments, the patient was given Vidangadi lauha tablet (250

mg BDAC triturated with honey) for 14 days, Gandhaka Rasayan tablet (125 mg BDAC triturated with honey) for 14 days along with Shirishadi Kwath (2 tsf or 10 ml on an empty stomach, BDAC mixed with lukewarm water) for 14 days with specific pathyapathya. Dasanga Lepa was applied once daily to the affected site, or as directed, for a week.

Outcome: The patient got significant symptomatic improvements throughout the treatment period. The patient was assessed and the swelling reduced to normal in 10 days. Body temperature came down to normal within the first week and the pain subsided in 4 days.

Conclusion: The treatment modality confirms the better efficacy of the drugs used in this condition. Here, the doshik involvement like kapha pradhana tridosha stage, played a major role in the manifestation of disease and its management through simple Ayurvedic medicines, leads to evidence based validation of the study. More these types of clinical studies are needed to focus on Ayurvedic principles with treatment for the betterment of future.

KEYWORDS: Apachi, Gandamala, Lymphadenitis.

INTRODUCTION

The term ‘Apachi’ denotes the pathological condition where a deep-seated glandular swelling continues to grow slowly.^[1] The condition primarily occurs in the upper portion of the body like Hanvasthi, Kaksha, Akshaka etc.^[2] This condition can be easily assessed through the concept of Panchanidan (Five core diagnostic tools in the Ayurvedic system).^[3] The general etiological factors like vegavidharana, vatasevana, viruddha-guru-sita ahara sevana, Divanidra etc. Vitiated kapha and vata doshas are vitiated; subsequently vitiates mamsa and meda dhatu. Cervical Lymphadenitis is very common in children and adolescents. Incidence of Lymphadenitis varies from 38- 45%, and about 90 % of children aged 4-8 years old suffered from it. 6 It represents a swelling, which may be painful or painless, with mild fever and itching. Its manifestation can be infective and recurrent in nature. There are different types of modern diagnostic tools available, but some of the cases remain unexplained and present a challenge to tackle. It is an approach to manage these types of cases through Ayurvedic principles, correct application of herbal medications for an easier, safer and efficacious protocol with evidence-based case representation.

CASE REPORT

Patient Information and Clinical History

August 12th, 2025 (1 week before hospital visit)

Onset of symptoms like headache, malaise, aversion to food, heaviness of the body, fever (99.2° F) with little pain at the site of the swelling.

August 18th, 2025 (On the day of Hospital visitation)

- **Event:** Patient presents to the Panchakarma Outpatient Department (OPD) at the Institute of Post Graduate Ayurvedic Education & Research (IPGAER), Kolkata.

- **Patient Profile:** 6-year-old boy, a student from a middle socio-economic background, presented with firm swelling (approx. 1.6 cm in diameter) over the right retromandibular fossa with mild fever and pain.
- **Physical Examination:** Normal, weight - 24 kg, height – 116.4 cm, dark complexion, presenting with dull facies.
- **Medical History Confirmed:** Continues to suffer from recurrent cough and cold for the last 2 years.
- **Family History:** Mother had a history of chronic sinusitis.
- **Addiction:** No such

Baseline Findings

Personal Information

Appetite – Reduced, Bladder – Normal (10-12 times/day), Bowel – Mild Constipation, Sleep – Less / disturbed.

General examination

Icterus – Absent, Pallor – Absent, Oedema – Present, Cyanosis – Absent, Clubbing – Absent, Blood pressure – 96/70 mm of Hg, Respiratory rate – 26/min, Pulse rate – 88/min, Temperature – 99.7° F, Height – 116.4 cm, Weight – 24 kg.

Systemic Examination

Respiratory System – Air Entry Bilaterally Equal.

Cardiovascular System – (S1 & S2 – Normal)

Central Nervous System – Active, Conscious with sound Co-ordination.

Local Examination

Table 1: Astavidha Pareeksha.

Location – Retromandibular fossa	Margin – Rounded	Pain – Present (++)	Discharge – Nil
Swelling – Present (+++)	Other Lymph Nodes – Non-Palpable	Redness – Absent	Surface – Firm, Smooth (++)
Size – Approx 1.6 cm in diameter	Tenderness – Present (++)	Temperature – Raised (99.7° F)	Colour – Normal

Table 2: Samprapti Ghataka.

Nadi – 88 bpm	Shabda – Swabhabik
Mutra – Swabhabik	Sparsha – Usma
Mala – Alpa Bibandha	Drik – Swabhabik
Jihva – Suska	Akriti – Swabhabik

Table 3: Laboratory Investigations (20.08.2025).

Dosha involved – Kapha pradhana tridosha	Adhithana – Urdhvajatru
Dushya – Rasa, Mamsa, Meda	Srotovaigunya – Sanga
Srotas – Rasabaha, Mamsabaha	Rogamarga – Bahya

Table 4: Diagnosis Cervical Lymphadenitis, which may be correlated with Apachi.

Hb % - 12.5 gm/dL	Lymphocytes – 18.4 %
RBC – $4.95 \times 10^6 / \mu\text{L}$	Monocytes – 6.8 %
WBC – $8.53 \times 10^3 / \mu\text{L}$	ESR – 29 / 1 st hr
Neutrophils – 67.7 %	CRP – 6 mg/L

Diagnostic assessment

The diagnosis was based on the complaints of the patient, history, physical findings, assessment, and laboratory investigations. The child had a firm, rounded swelling measuring approximately 1.6 cm in diameter in the right retromandibular region. The swelling was associated with mild pain and tenderness and was associated with a low grade fever. The skin of the affected part was normal, without redness or discharge and no other palpable lymph nodes were detected. The history was also notable for recurrent episodes of cough and cold over the previous two years.

The Ayurvedic assessment was undertaken alongside the clinical examination. The findings suggested Kapha pradhana Tridosha (body humours) involvement, with above the clavicle (Urdhvajatru) considered the primary site. Tissue fluid (Rasa), Muscle (Mamsa), and Adipose tissues (Meda) were responsible as the involved Dushya, while Sanga was considered the predominant form of Srotovaigunya involving the Rasavaha and Mamsavaha Srotas. These findings were considered relevant to the clinical presentation of Apachi.

Laboratory investigations performed on 20 August 2025 showed haemoglobin of 12.5 g/dL, RBC count of $4.95 \times 10^6 / \mu\text{L}$, total leukocyte count of $8.53 \times 10^3 / \mu\text{L}$, neutrophils 67.7%, lymphocytes 18.4%, monocytes 6.8%, ESR 29 mm in the first hour, and CRP 6 mg/L. Taken together, the clinical findings, laboratory parameters, and Ayurvedic assessment supported the diagnosis of cervical lymphadenitis, clinically correlated with Apachi.

Therapeutic Intervention

Sl. No.	Medications	Dose/Use	Duration
1.	Tab. Vidangadi Lauha ^[4]	1 Pill (250 mg each) BDAC triturated with Honey	14 Days
2.	Tab. Gandhaka	1 Pill (125 mg each) BDAC triturated with Honey	14 Days

	Rasayan ^[5]		
3.	Syp. Shirishadi Kwath ^[6]	2 tsf (approx. 10 ml) BD on an empty stomach mixed with lukewarm water (Q.S.)	14 Days
4.	Dasanga Lepa ^[7]	Local Application	7 Days

Table 5: Pathyapathya.^[2]

Aaharaja Pathya	Viharaja Pathya
Shali Shasthika, PuranaYava, Patola, Nimba, Mudga, Haridra, Maricha	Visrama, Udvartana, Suchita
Aaharaja Apathya	Viharaja Apathya
Madhura-Seeta ahara, Dadhi	Vegavidharana, Dibaswapna

Table 6: Observation and Result.

L	Before Treatment (18.08.2025)	After Treatment (04.09.2025)
Size	Approx. 1.6 cm diameter	Nil
Swelling	+++	Nil
Pain	++	Nil
Tenderness	++	Nil
Temperature	Raised (99.7° F)	Normal (98.2° F)
Colour	Normal	Normal

Table 7.**Fig. No. 1.****DISCUSSION**

Apachi is an acute condition in children caused by kapha and vata doshas. Classical Ayurvedic medicines under proper Pathyapathyas showed marked improvement through their active pharmacological activities. The complete management was carried out following Ayurvedic principles. The compound herbo-mineral drugs like Vidangadi lauha showed

properties like Krimighna (Anthelmintic) (probable ingredients i.e. Vidanga and Lauha Bhasma worked against micro-organisms involved), Kapha-medohara (for lekhana karma), also increased Jatharagni (for ama pachana) etc.; Gandhaka Rasayan possesses Krimighna (Antimicrobial) (suddha gandhaka acted against pathogens), Shothahara (Anti-inflammatory) (helped in Reduction of active soft tissue swelling), also had Deepan-Pachan (Carminative) and Rasayana (Rejuvenative) activities. Shirishadi Kwath used as Kandughna drug (Anti-allergic) (Shirisha itself stabilized mast cells, prevented them from granulating and releasing histamine, showed a good response against the patient's recurrent allergic reactions), Nagarmotha (Metabolizer) helped in increasing digestive fire for proper metabolism, Kantikari and Vasa had properties to boost immunity. Dasanga lepa was used as local application (As directed), which acted (probably) as Shothahara (Anti-inflammatory) by Yashtimadhu and Haridra, Raktashodhana (blood purifier) by Daruharidra and Kushtha, Krimighna (Anti-microbial) by Shirisha and Haridra, Vranashodhaka (Wound purifying) by Kustha and Rakta Chandana, Vedanasthapana (Pain reliever) by Jatamanshi, Tagara and Sugandha Bala. Lukewarm water was used as a medium to apply the lepa, which had usma guna, leading to Kapha-vata and Amahara action. The compositions used in this study showed outstanding results without complications. It will definitely be regarded as a successful interventional study in future, where Ayurveda offered a holistic plant-based approach towards finding the explanation of both acute and chronic conditions with recurrence of the disease by integrating Pathyapathyas (Dietary and lifestyle habits) with doshik involvements in manifestation.

CONCLUSION

Here, the Ayurvedic drugs showed good effectiveness in treating Apachi (Cervical Lymphadenitis). In this study, the case centric discussion highlighted the role of Ayurvedic classical fundamentals to acknowledge the condition properly. This approach accelerates more clinical trials, not only in Apachi but also in different life-threatening conditions. Moreover, ensuring better outcomes for patients with complexities. The swelling, fever with mild feeling of pain reduced significantly. It is proven that an alternative, effective but safe medicine can be used in larger groups too for betterment. More that type of research is warranted to validate the principles as well as the impact or applicability of herbo mineral medicines in children and adolescents for both acute and chronic conditions.

Patient's Perspective

The child's parents were concerned about the swelling in the neck, which was accompanied by mild pain and fever. They were particularly concerned because of his previous episodes of recurrent cough and cold. During treatment, they noticed gradual improvement in his symptoms, with the pain and fever settling first, followed by complete resolution of the swelling.

INFORMED CONSENT

Informed consent was obtained from the patient.

REFERENCES

1. Kadav A, Asutkar S, Yadav Y. Evaluating Panchvalkala ointment's healing properties in suppurated cervical lymphadenitis: a case report. *Int. Res. J. Multidiscip Scope.*, 2024; 5(4): 1345-1351. doi:10.47857/irjms.2024.v05i04.01060.
2. Mohan S, Krishnan RR. A review on Apachi—A beclouded concept in Ayurveda. *Journal of Emerging Technologies and Innovative Research (JETIR).*, 2020; 7(8): 1310.
3. Agnivesa, Charaka Samhita, revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya; Chaukhamba Sanskrit Sansthan, Varanasi, reprint 2014; Chikitsasthana 12/80; page 489.
4. Shastri A., editor. Bhaishajya ratnavali, Pramehachikitsa, verse 191. first ed. Chaukhamba prakashan; Varanasi: 2019; 737.
5. Mundugaru R, Ballal SR, Bhat S, Basavaiah R. Chronic toxicity studies of gandhaka rasayana - A herbo-mineral preparation used in Ayurvedic practice. *J Ayurveda Integr. Med.*, 2021 Oct-Dec; 12(4): 673-681. doi: 10.1016/j.jaim.2021.05.011. Epub 2021 Nov 1. PMID: 34736857; PMCID: PMC8642667.
6. Kajaria D, Tripathi J, Tiwari S. Anti-asthmatic effect of Shirishadi compound through nasal spray actuation. *Ayu.*, 2014 Jul-Sep; 35(3): 261-9. doi: 10.4103/0974-8520.153738. PMID: 26664235; PMCID: PMC4649564.
7. Meena, N., Vashishtha, V., & Singh, V. (2023). Review on Dashanga Lepa- An anti-inflammatory formulation. *Journal of Ayurveda and Holistic Medicine (JAHM)*, 11(9). <https://doi.org/10.70066/jahm.v11i9.1058>