



## Case Report

## Ayurvedic Diagnostic Perspective in Recurrent Cervical Lymphadenopathy (Apachi): A Case-Based Discussion

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### Abstract

Recurrent cervical lymphadenopathy in pediatric and adolescent patients often presents a diagnostic challenge, particularly when repeated modern investigations fail to identify a clear underlying cause of the condition. In Ayurvedic literature, glandular swellings in the cervical region are described under the condition Apachi which is predominantly associated with Kapha and Vata dosha involvement and affects the Rasavaha and Mamsavaha srotas.

This article describes a de-identified case of an adolescent patient with recurrent cervical lymphadenopathy [2] and a long-standing history of allergic rhinitis. Over several years, the patient underwent multiple evaluations, including fine-needle aspiration cytology, excision biopsy with immunohistochemistry, and PET-CT imaging. However, no evidence of malignancy or systemic pathologies was observed. From an Ayurvedic perspective, diagnostic assessment revealed several contributing factors such as habitual suppression of sneezing (Kshavathu Vega Dharana), incompatible dietary practices (Viruddha Ahara), irregular eating habits, and chronic Kapha-Vata vitiation leading to Ama formation. The condition is further explored through the concept of Kaphaja Krimi, providing an additional dimension to its pathogenesis.

This case-based discussion highlights the relevance of Ayurvedic diagnostic principles, particularly Nidana Panchaka, in understanding recurrent and unexplained cervical lymphadenopathy and emphasises the importance of holistic evaluation in integrative clinical practices.

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**KEYWORDS:** Apachi, cervical lymphadenopathy, Kapha-Vata, Krimi Vichara, Kaphaja Krimi.

## INTRODUCTION

According to *Acharya Sushruta*, *Apachi* results from the increase of *meda* with *kapha*, leading to slow-growing, immobile swellings at sites like the jaw, neck, axilla, and shoulder<sup>6</sup>. *Acharya Dalhana* describes it as having gradual growth<sup>7</sup>, while *Acharya Gayadasa* states that it shows recurrent increase and decrease and is distinct from *Granthi*.<sup>8</sup> Cervical lymphadenopathy is a common clinical finding in children and adolescents. In most cases, it is reactive or infectious in nature and resolves with appropriate treatment. However, recurrent or persistent lymph node enlargement often raises clinical concerns and necessitates a detailed evaluation to rule out malignancy, autoimmune disorders, or systemic illnesses<sup>9</sup>. Despite advances in diagnostic imaging and histopathological techniques, some cases remain unexplained and are managed conservatively.

Ayurveda provides a comprehensive approach to understanding such conditions through the concepts of *Dosha*, *Dushya*, *Srotas*, and *Nidana Panchaka*. Classical Ayurvedic texts describe *Apachi* primarily resulting from the vitiation of *Kapha* and *Vata doshas*. This article aims to present an Ayurvedic diagnostic interpretation of recurrent cervical lymphadenopathy through a case-based discussion that correlates modern diagnostic findings with classical Ayurvedic concepts.

### Case Summary (De-identified)

A 14-year-old adolescent girl presented with a history of recurrent cervical lymph node swellings for approximately four years. The swellings were intermittent, painless, and localized to the cervical region of the neck. During the most recent assessment conducted in July 2025, bilateral pre-cervical lymph nodes measuring approximately 1.2 cm in diameter were observed. The lymph nodes were mobile, non-tender, and showed no associated skin change.

The patient had a history of allergic rhinitis since early childhood, characterized by recurrent sneezing and nasal discharge. There was a clear history of habitual suppression of sneezing and nasal discharge, suggestive of *Vega Dharana*.<sup>4</sup> Her menstrual history revealed irregular cycles. No constitutional symptoms, such as fever, weight loss, or night sweats, were reported.

The dietary history revealed irregular meal patterns with frequent intake of incompatible food combinations (*Viruddha Ahara*<sup>5</sup>), such as the consumption of fruits with milk and beetroot juice along with tea. The daily intake of bananas, cucumbers, and milk was also reported. The patient followed a habit of frequent small meals (*Samashana*<sup>10</sup>), often in the form of fruit salad. Lifestyle assessment revealed daily long-distance cycling of approximately 4-4.5 km each way to school and classes, indicating *Ati-Vyayama practice*.

### Modern Diagnostic Challenges

The patient underwent extensive investigations for multiple episodes. Haematological parameters, including the complete blood count and erythrocyte sedimentation rate, were within normal limits. Serological tests for antinuclear antibodies, immunoglobulin profile, HIV, and HBsAg were negative.

Fine-needle aspiration cytology of the lymph node suggested reactive changes. An excisional biopsy revealed diffuse paracortical hyperplasia. Immunohistochemistry confirmed a reactive lymphoid process without evidence of malignancy. PET-CT imaging revealed FDG uptake restricted to the cervical lymph nodes, with no involvement of the liver, spleen, bone marrow, or other organs. Despite a comprehensive evaluation, no definitive etiological diagnosis was established, and the condition was managed with a conservative “wait-and-watch” approach.

### Ayurvedic Diagnostic Framework

#### Ayurvedic Diagnosis

Based on the clinical presentation and identified etiological factors, the condition was interpreted as *Apachi*<sup>1</sup>, a *Kapha-Vata* predominant affecting the *Galapradesha* region.

#### Nidana (Etiological Factors)

1. *Vega Dharana*<sup>4</sup> (suppression of sneezing and nasal discharge)
2. *Dushta Pratishtyaya* (chronic allergic rhinitis)
3. *Viruddha Ahara*<sup>5</sup> (fruits with milk, beetroot juice with tea)
4. *Samashana*<sup>10</sup> (frequent small meals)
5. *Guru and Sheeta Ahara* (banana, cucumber, milk)
6. *Ati-Vyayama* (excessive cycling)
7. *Ama-Kapha* promoting *Ahara* leading to *Krimi utpatti*

#### Samprapti Ghataka

1. **Dosha:** *Kapha-Vata*
2. **Dushya:** *Rasa, Rakta, Mamsa*
3. **Srotas:** *Rasavaha, Mamsavaha, Urdhwajatrugata*
4. **Adhithana:** *Greeva* (neck)
5. **Udbhava Sthana:** *Amasaya*
6. **Roga Marga:** *Bahya*

## DISCUSSION

In classical Ayurvedic texts, *Apachi* is described as a glandular swelling occurring in the cervical region due to the predominant involvement of *Kapha* and *Vata* doshas. Chronic allergic rhinitis contributes to sustained *Kapha* vitiation in the *Urdhwajatrugata Srotas*. Habitual suppression of natural urges (*Vega Dharana*<sup>4</sup>) further aggravates *Vata*, leading to improper movement and localization of the *doshas*.

Dietary factors such as *Viruddha Ahara*, *Samashana*, and regular consumption of *Guru-Sheeta Ahara* result in *Agni Mandya* and subsequent *Ama* formation. When *Ama* associates with *Kapha* and *Vata*, it leads to obstruction of the *Rasavaha* and *Mamsavaha srotas*<sup>11</sup>, manifesting as recurrent and persistent cervical lymph node enlargement. Excessive physical exertion (*Ati-Vyayama*) during adolescence further aggravates *Vata*, which may also explain the irregular menstrual cycles and the chronic and recurrent nature of the condition. In addition to *Kapha-Vata* predominance and *Ama* involvement, the

condition may also be interpreted from the standpoint of *Krimi Vichara*, with reference to *Kaphaja Krimi* [12]. *Charaka Samhita* describes that *Krimi* predominantly originate in the *Amashaya* due to improper dietary practices such as *Viruddha Ahara*, intake of contaminated or improperly processed food, and habitual consumption of *Kapha*-provoking diet. These factors result in *Agnimandya* and subsequent *Ama formation*, thereby creating a conducive internal environment for *Krimi utpatti*.

Once formed, *Krimi* may proliferate and spread through the *Rasavaha* and *Mamsavaha srotas*, leading to *srotorodha* and localized pathological changes. In the present context, long-standing *Kapha dushti* secondary to *Dushta Pratishyaya*, combined with *Ama*-producing dietary habits, could have facilitated the development of *Kaphaja Krimi*, which may contribute to local swellings through localized inflammatory responses.

Furthermore, the recurrent and fluctuating nature of lymph node enlargement (*vridhhi-hrasa*) may be correlated with variable *Krimi* activity influenced by the functional status of *Agni* and the presence of *Ama*. Hence, *Apachi* in this case may be understood not merely as a *Kapha-Vataja* but also as a manifestation of *Ama-Kapha mediated Krimi* involvement, offering a plausible explanation for its chronicity and recurrence.

From a modern medical perspective, repeated findings of reactive hyperplasia with the absence of systemic involvement support a benign reactive process. Ayurveda offers a holistic explanation for both recurrence and chronicity by integrating dietary habits, lifestyle factors, and dosha imbalance, even in the absence of a clearly identifiable pathology in modern investigations.

## CONCLUSION

This case-based discussion highlights the significance of Ayurvedic diagnostic principles in understanding recurrent cervical lymphadenopathy of unknown etiology. The application of *Nidana Panchaka* and *Dosha-Dushya* analysis allows the condition to be interpreted as *Apachi*, providing meaningful clinical insights beyond the limitations of conventional diagnostics. Incorporation of concepts such as *Krimi Vichara* further enhances the understanding of disease chronicity and recurrence. Such integrative diagnostic approaches may strengthen clinical reasoning and support individualized management strategies.

## Ethical Statement

This article presents a de-identified, case-based academic discussion prepared exclusively for educational purposes. No patient-identifiable information was disclosed; therefore, formal informed consent was not required.

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