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Case Study

AYURVEDIC INSIGHT INTO TONSILLITIS *(TUNDIKERI)*

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ABSTRACT

Tunḍikeri is an Ayurvedic condition classified under *Mukha Roga* and is described as a swelling at the base of the *Hanusandhi* (temporomandibular joint), resembling the *Vanakarpaṣa phala* cotton fruit). Based on its signs and symptoms, *Tunḍikeri* corresponds closely to tonsillitis i.e., the inflammation of the tonsils, which are paired, oval lymphoid tissues at the throat's back. Typical features include swollen tonsils, *Galashula* (sore throat), *Jvara* (fever), *Karnashula* (ear pain), *Galoparodha* (difficulty swallowing), and enlarged, tender lymph nodes in the neck region. **Material and Methods**: A 25-year-old male patient presenting with clinical features resembling *Tundikeri* (tonsillitis) was treated using Ayurvedic oral medications along with *Pratisarana* and *Kawal*. The patient's condition was assessed using Brodsky grading and other symptom-specific subjective parameters following a 45-day therapeutic regimen. Follow-up evaluations were conducted both during and after the treatment period to monitor progress and outcomes. **Result:** The subject showed marked improvement as depicted in the photographs taken before and after treatment. **Discussion:** While allopathic medicine may offer symptomatic relief for tonsillitis, it often falls short in ensuring complete recovery and preventing recurrence. In contrast, Ayurveda, as outlined in classical *Samhitas*, provides a comprehensive approach that includes both internal medications and external therapies such as *Pratisarana* and *Kawal*. This article highlights the effectiveness of these Ayurvedic treatment modalities in managing *Tundikeri*, demonstrating their potential for more sustainable and holistic outcomes. **Conclusion:** By adopting the holistic approach with external treatment modality an attempt is made to bring about satisfactory results.

INTRODUCTION

In Ayurveda, the branch of *Shalakya Tantra* specializes in the study and treatment of *Roga* ailments affecting the region above the clavicle, known as the *Urdhva jatru* area. This includes 65 types of *Mukha Rogas* (oral diseases), among which *Tundikeri* (a type of *Talugata Roga)*[1] is mentioned by *Acharya Sushruta*. *Acarya Caraka* classifies *Mukha Roga*[2] into four broad subtypes-*Vataja*, *Pittaja*, *Kaphaja*, and *Sannipatika*. On the other hand, *Acarya Vagbhata* presents a more detailed enumeration, describing a total of 75 individual types of *Mukha Roga*[3].

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Tundikeri, as described by *Vagbhata*, is a disease situated near the *Hanusandhi* (jaw joint) and is characterized by symptoms such as a cotton-like sensation in the throat (*Kantha* as *Karpasphala*), sliminess (*Pichila*), mild pain (*Manda Ruka),* and hard swelling (*Kathina Shopha*)[4].

From an Ayurvedic perspective, tonsillitis can be correlated with *Tundikeri*[5]. Children have a higher prevalence between 4 and 8 years old and young adults between the ages of 15 and 25 are regularly affected by acute tonsillitis but it can affect any age group. About 1.3% of OPD visits are related to tonsillitis, a common condition characterized by inflammation of the tonsils.[6] The palatine or faucial tonsils are in the lateral oropharynx. The palatine tonsils-commonly called "the tonsils"-are situated in the lateral walls of the oropharynx, nestled between the palatoglossal arch at the front and palatopharyngeal arch at the back, also referred to as

the palatine arches or pillars. Composed of lymphatic tissue, they form part of Waldeyer's ring, a circular arrangement of immune tissues that also includes the pharyngeal tonsil (adenoid), tubal tonsils and lingual tonsil[7,8]. They act as a crucial first line of defense by forming an immediate immune barrier against pathogens entering through inhalation or ingestion.[8] Tonsillitis is a frequently occurring condition, accounting for around 1.3% of all outpatient doctor visits[9]. It's mainly caused by viral or bacterial infections and, in straightforward cases, appears as a sore throat.[10] Acute tonsillitis is diagnosed clinically, but distinguishing between bacterial and viral origins can be challenging- and yet it's essential to avoid unnecessary antibiotic use. The patient's medical history and current symptoms are far more important in making the diagnosis of tonsillitis. For most individuals, tonsillitis clears up naturally without medical intervention. Patients rarely need to be hospitalized for acute tonsillitis, hydration and analgesics is the basic line of treatment due to the prevalence of viral etiologies[11]. Since there are no specific antiviral medications available, the Allopathic approach to treating tonsillitis primarily involves management, including the use of antipyretics and analgesics such as corticosteroids, ibuprofen, and paracetamol to reduce fever and pain. When tonsillitis stems from a bacterial infection, antibiotics are typically prescribed. If infections become recurrent or chronic-despite appropriate medical therapy-a surgical removal of the tonsils (tonsillectomy) may be considered as the definitive treatment. Certain absolute contraindications exist for the Tonsillectomy surgery, including active infections or acute exacerbations, age under three years, blood dyscrasias, cervical spine pathology, the use of aspirin or oral contraceptives, endemic polio, and the inability to manage systemic diseases effectively.[12] Medications like nonsteroidal anti-inflammatory drugs (NSAIDs) can offer relief from symptoms[13]. Cold foods, beverages may exacerbate the illness and if tonsillitis is not treated promptly, it may result in more complications such as acute otitis media, peritonsillar abscess, cervical abscess, chronic tonsillitis, and parapharyngeal abscess[14] which are more dreadful. While Allopathy line of treatment just treats symptoms, it does not work completely on tonsillitis pathophysiology and eradicate it from its base and prevent its recurrences, Therefore, it's imperative to find source cure and efficient treatment that improves wellbeing in addition to symptom relief. The rediscovered riches of Ayurvedic heritage offer a means to trace and reconnect with its original wisdom. *Acharya Sushruta* states that *Tundikeri* is classified as *Bhedya Roga* and should be addressed according to the treatment protocol established for the condition known as *Galashundika[15]*. Ayurveda offers a variety of disease-curing therapeutic methods (*Pratisarana*, *Nasya*, *Kawal)* along with oral medicines having *Samprapti Vighatana* properties. This essay aims to describe the clinical picture of *Tundikeri* and Ayurveda role in its treatment.

Case description

A 25-year-old male patient, a Hindu by religion and a professional painter, visited the Shalakya Tantra OPD at the National Institute of Ayurveda, Jaipur, presenting with primary complaints of throat pain and burning sensation, difficulty in swallowing, and foul breath persisting for one week. He had experienced similar symptoms before 6 months and had sought treatment from an allopathic physician, but found the relief inadequate. Due to the recurrence of symptoms, he opted to seek Ayurvedic treatment for better management. The patient had no known history of diabetes, hypertension, tuberculosis, or thyroid disorders. There was no notable family medical history, nor did he have any history of tobacco use, smoking, or alcohol consumption. The patient signed a written informed consent form before treatment began.

Clinical findings

The patient maintains a seated position with a sturdy build and shows no signs of fever. Vital signs are within normal limits, with temperature 100.6°F, pulse rate of 76 beats per minute, a respiratory rate of 16 breaths per minute, and blood pressure measuring 122/76mmHg. On examination of the oral cavity, the following observations were recorded: Tonsillar enlargement *(Kathina Shopha),* assessed using the Brodsky grading system, was Grade 2 on the right side and Grade 1 on the left. The patient's burning throat sensation *(Daha)* and pricking pain *(Toda)* were both assessed as mild, with a grade of 1. Difficulty in swallowing *(Galoparodha)* was graded as 2, along with halitosis *(Mukha Daurgandhya)* and throat congestion *(Ragatwa),* both also receiving a grade of 2 (refer to Table No. 2).

Time line

Table1: Depicts the timeline of events of the case

Days/Date	Treatment
01/11/2024 to 5/11/2024	Initially treated with allopathic medications
09/12/2024	*Kanchnar guggulu* (500mg) was recommended to be taken with lukewarm water twice a day. *Sitopaladi Churna* (3gm), *Mulethi Churna* (1gm), *Lakshmi Vilas Rasa* (500mg) adequately mixed and given with honey twice daily. *Avipatikara Churna* (3gm), *Pitantaka Churna* (1gm), *Kamadugdha Rasa* (500mg) given before food twice daily. *Sphatika Bhasma* (350mg), *Tankana Bhasma* (250mg) with honey for *Pratisarana.* Steam inhalation through mouth and nose with plain water.
23/12/2024	Same treatment was repeated for next 15 days.
06/01/2025	Treatment stopped for 7 days.
13/01/2025	Same treatment was repeated as given on 09/12/2024 for 7 days and later medicine was stopped.

Table 2: Assessment Criteria for the case Symptoms Grading

S.No.	Symptoms	Grading
1.	The Brodsky grading[16] (*Shopha*)	0: Tonsils are within the tonsillar fossa 1: Tonsils occupy <25% of the oropharyngeal width 2: Tonsils occupy <50% but >25% of the oropharyngeal width 3: Tonsils occupy <75% but >25% of the oropharynx 4: Tonsils meet in the midline
2.	*Daha* (Burning sensation in the throat)	0: No burning in throat. 1: Mild bunting after intake of spicy food. 2: Burning sensation after intake of any food. 3: Continuous burning throughout the day.
3.	*Toda* (Pricking pain)	0: No pain 1: Mild tolerable pain. 2: Moderate tolerable pain even during rest. 3: Severe intolerable pain affecting routine work.
4.	*Galoparodha* (Dysphagia)	0: No pain while swallowing. 1: Pain during swallowing of solid food. 2: Pain during swallowing of liquid substances 3: Patient unable to swallow even saliva.
5.	*Mukha Daurgandhya* (Halitosis)	0: No bad odour 1: Slight bad odour 2: Moderate bad odour decreases after mouth wash. 3: Persistent bad odour even after repeated mouth wash.
6.	*Ragatwa* (Congestion)	0: No congestion (normal pink coloured mucosa). 1: Congestion seen over tonsils and uvula. 2: Congestion seen over tonsils, uvula and pharyngeal wall 3: Congestion with haemorrhages.

Therapeutic interventions

As part of the therapeutic approach, following 45 days of treatment regimen was given and a notable improvement in the patient's condition was observed.

- *Kanchnar guggulu* (500mg) was recommended to be taken with lukewarm water twice a day for initial 30 days and last 7 days.
- *Sitopaladi Churna* (3gm), *Mulethi Churna* (1gm), *Lakshmi Vilas Rasa* (500mg) adequately combined and recommended to be taken with honey two times a day for a duration of initial 30 days and last 7 days.
- Take *Avipatikara Churna* (3g), *Pitantaka Churna* (1g), and *Kamadugdha Rasa* (500mg) twice daily before meals with lukewarm water- consistently for the first 30 days, and again during the final 7 days of the treatment course.
- *Sphatika Bhasma* (350mg), *Tankana Bhasma* (250mg) with honey for *Pratisarana* on tonsils for a duration of initial 30 days and last 7 days.
- Normal water steam inhalation through nose and mouth was advised twice daily for 45 days.

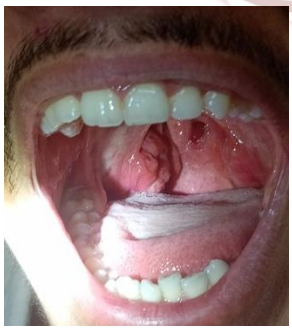
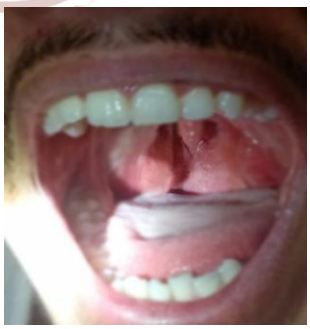
Outcomes

In this study on treating tonsillitis *(Tundikeri)* with Ayurvedic therapy, noticeable improvement was observed within 45 days. By the end of the treatment period:

- The tonsillar enlargement *(Kathina Shopha),* evaluated using the Brodsky grading scale, had completely resolved on the right side and improved to Grade 1 on the left.
- Symptoms such as burning throat *(Daha),* pricking throat pain *(Toda),* difficulty swallowing *(Galoparodha),* and bad breath *(Mukha Daurgandhya)* were completely eliminated.
- Tonsillar congestion *(Ragatwa)* improved significantly.

S.No.	Symptoms	Grade before treatment	Grade after treatment
1.	The Brodsky grading (*Shopha*)	Right Tonsil: 3 Left Tonsil: 2	Right Tonsil: 1 Left Tonsil: 0
2.	*Daha* (Burning sensation in throat)	1	0
3.	*Toda* (Pricking pain)	1	0
4.	*Galoparodha* (Dysphagia)	2	0
5.	*Mukha Daurgandhya* (Halitosis)	2	0
6.	*Ragatwa* (Congestion)	1	0

Before treatment **After treatment**

DISCUSSION

The underlying causes of *Tundikeri* (tonsillitis) primarily involve *Agnimandya* (digestive impairment), along with the vitiation of *Kapha* and *Rakta Doshas* in the *Kantha* (throat) and *Talu* (palate). Additionally, imbalances in *Vata* and *Pitta Doshas* also contribute to the pathogenesis (*Samprapti*) of the condition**.** In accordance with Ayurveda's fundamental treatment principle of *Nidana Parivarjana* (eliminating the causative factors), the patient was first educated on avoiding risk factors and adopting a healthier lifestyle.

The medications used in this study were selected for their potential to correct *Dosha* imbalances, disrupt the disease pathway (*Samprapti Vighatana*), and restore harmony among the *Doshas* and *Dhatus*.

The majority of the ingredients in *Kanchanara Guggulu* possess the following properties*:*

- *Rasa (*taste*): Tikta (*bitter*), Kashaya* (astringent)*, Madhura* (sweet)
- *Virya* (potency)*: Ushna* (hot)
- *Vipaka* (post-digestive effect)*: Katu* (pungent*)*
- *Gunas* (qualities)*: Lagh* (light)*, Ruksha* (dry)*, Ushna* (hot)*, Tikshna* (sharp)
- Properties: *Tridoshahara* (balances all three *Doshas*)*, Shothahara* (anti-inflammatory).

Due to its *Tikta, Kashaya Rasa, Laghu,* and *Ruksha Guna, Kanchanara Guggulu* effectively pacifies the aggravated *Kapha dosha*[17].

Due its *Ushna Virya* and *Laghu*, *Ruksha Guna*, *Kanchanara Guggulu* stimulates the *Agni* (digestive fire). Its *Ushna*, *Tikshna*, *Laghu Guna*, and *Ushna Virya* properties help eliminate Srotorodha (blockages in channels). The *Tikta*, *Kashaya*, and *Madhura Rasa* properties normalize the vitiated *Rakta Dhatu* (blood tissue). *Tundikeri* arises due to the vitiation of *Kapha* and *Rakta*.

Through the aforementioned properties, *Kanchanara Guggulu* reduces the aggravated *Kapha* and *Rakta*, thereby alleviating the signs and symptoms of *Tundikeri* and inflammation of the tonsils.

Sitopaladi Churna was administered due to its known properties as an immune booster, expectorant, pain reliever, cough suppressant, and anti-inflammatory agent[18]. It primarily pacifies *Vata* and *Pitta Doshas*, making it effective in managing the aggravated *Pitta* and the symptoms associated with *Tundikeri*.

Mulethi Churna was chosen for its *Rasayana* (rejuvenative) and *Kanthya* (beneficial to the throat) qualities. It is particularly effective in conditions like *Raktapitta*, *Kasa*, and *Mukhapaka*, and its anti-inflammatory, analgesic, and antimicrobial properties help soothe sore throats, reduce infection, and prevent recurrent microbial attacks on the tonsils.

Lakshmi Vilas Rasa was used mainly for its strong *Kaphaghna* (*Kapha*-pacifying) action. Since *Kapha* is considered a primary factor in most *Mukharogas* (diseases of the mouth and upper respiratory tract), including *Tundikeri*, this formulation plays a crucial role. It is also effective against infections in the *Mukha*, and the presence of *Abhraka Bhasma*in it supports respiratory health (*Pranavaha Srotovikara*) while serving as a rejuvenator (*Rasayana*).

Avipattikar Churna was prescribed for its benefits in managing *Agnimandya*[19] (digestive impairment) and its *Pachana* (digestive) action, which aids in disrupting the *Samprapti* (pathogenesis) of the disease.

Additionally, due to its purgative nature, it plays a role in the *Shodhana* (purification) of vitiated *Pitta Dosha*, making it useful in treating *Tundikeri* (tonsillitis).

Pittantaka Churna contains *Swarna Gairika*, which helps alleviate the burning sensation *(Daha)* in *Tundikeri* due to its *Madhura* and *Kashaya Rasa* and *Sheeta Virya* (cool potency).

Kamadugha Rasa supports wound healing *(Vrana Ropana)* and acts as a fast-acting antacid, preventing gastric reflux that can irritate the tonsils. It also provides essential minerals such as iron, oxygen, sodium, zinc, and aluminium, which contribute to overall health.

Sphatika Bhasma is known for its *Kanthya* (throat-soothing) and *Vrana Ropaka* (wound healing) effects and shows strong action against Gram-negative bacteria. It also combats certain spoilage organisms and foodborne pathogens[20], helping to prevent recurrent infections. It was administered with honey *(Madhu)* due to honey's *Yogavahi* (catalytic) nature, which enhances the efficacy of the medicine. Honey also has antimicrobial *(Vishanwat)* and wound-healing properties, attributed to its *Kashaya Rasa* and *Ruksha Guna*[21].

Honey is also widely used in various studies along with *Tankan* (borax) to address oral health issues such as swelling and burning sensation[22]. Its astringent taste and dry quality promote *Kapha* absorption, thus helping reduce *Shotha*[23] (inflammation).

CONCLUSION

On the basis of signs and symptoms *Tundikeri*, can be correlated with tonsillitis in the modern science commonly seen in children, often adults are also the victims.

The article highlights the importance of Ayurvedic medications in managing symptoms of Tonsillitis-such as Brodsky grading, burning sensation *(Daha),* pricking pain *(Toda),* bad breath *(Mukha Daurgandhya),* difficulty in swallowing *(Galoparodha),* and redness *(Ragatwa).* It also contributes to increasing awareness about the effectiveness of Ayurveda, particularly in cases where conventional treatments may offer limited relief.

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