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Review Article

TUNDIKERI IN AYURVEDA AND ITS MANAGEMENT WITH SPECIAL REFERENCE TO CHRONIC TONSILLITIS: A STRUCTURED REVIEW WITH QUALITATIVE META-ANALYSIS

Naushaba Aijaz[1]*, Shamsa Fiaz[2]
*[1]MS Scholar, [2]Professor and HOD, Department of Shalakya Tantra, NIA DeNOVO, Jaipur, Rajasthan, India.

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ABSTRACT

Tundikeri is a disease described in classical Ayurvedic literature under disorders of the mouth and throat and is managed within the branch of *Shalakya Tantra*. It is characterized by inflammation, swelling, pain, and obstruction in the tonsillar region. The clinical presentation of *Tundikeri* closely resembles chronic tonsillitis described in modern medicine, a recurrent inflammatory condition affecting the palatine tonsils. According to Ayurveda, the condition develops due to the vitiation of *Kapha* and *Rakta Dosha*, leading to persistent enlargement and inflammation of the tonsils. Chronic tonsillitis commonly affects children and young adults and is associated with repeated episodes of sore throat, difficulty in swallowing, halitosis, and other systemic symptoms. This review article aims to explore the classical Ayurvedic concept of *Tundikeri* and correlate it with the modern understanding of chronic tonsillitis through a structured review and qualitative meta-analysis. Classical Ayurvedic texts along with contemporary medical literature were systematically analyzed to evaluate the etiopathogenesis, clinical manifestations, and management approaches of the disease. The qualitative meta-analysis demonstrated considerable similarities between Ayurvedic and modern perspectives, particularly regarding chronic inflammation, immune involvement, and recurrent nature of the disease. Ayurvedic management approaches such as *Nidana Parivarjana* (avoidance of causative factors), *Shodhana* (purification therapy), *Shamana* (pacification therapy), and *Sthanik Chikitsa* (local therapeutic procedures) appear to have significant relevance in the conservative management of chronic tonsillitis and may help in reducing recurrence. This review further discusses the etiological factors, pathogenesis, clinical features, diagnosis, and treatment principles in detail, while highlighting the holistic role of Ayurveda in improving immunity, preventing recurrence, and supporting integrative management strategies for chronic tonsillitis.

INTRODUCTION

Chronic tonsillitis is a commonly occurring inflammatory condition of the palatine tonsils caused by repeated bacterial or viral infections. Standard treatment mainly includes the use of antibiotics and, in recurrent or severe cases, tonsillectomy. Despite these approaches, recurrence of infection, growing antibiotic resistance, and complications associated with surgery continue to pose significant clinical challenges[5,16,17].

In Ayurveda, *Shalakya Tantra* is the specialized branch that deals with diseases affecting structures above the clavicle, including the ear, nose, throat, mouth, and eyes. Classical Ayurvedic texts describe several throat disorders because of their important role in breathing, swallowing, speech, and overall immunity. Among these conditions, *Tundikeri* is described as a disease involving the tonsillar region.

Tundikeri is characterized by swelling, pain, redness, and discomfort in the throat, often leading to difficulty in swallowing and obstruction. These clinical features closely resemble chronic tonsillitis described in modern medicine, where repeated infections result in persistent inflammation of the tonsils. Recurrent

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episodes may eventually lead to enlargement of the tonsils, fibrosis, and crypt formation, contributing to long-term discomfort and morbidity.

The increasing frequency of recurrent infections, rising antibiotic resistance, and dependence on surgical intervention have created interest in exploring alternative and supportive treatment approaches. Ayurveda offers a holistic perspective by focusing not only on local symptoms but also on underlying factors such as *Dosha* imbalance, impaired digestion, and weakened immunity.

Chronic tonsillitis is particularly common among children and young adults, making it one of the frequently encountered upper respiratory conditions in these age groups. In India alone, nearly 200,000 tonsillectomy procedures are performed annually.

It is characterized by sore throat, fever, dysphagia, ear ache, malaise, loss of appetite, cough, halitosis. It can occur as acute or chronic. Refrigerated items, cold beverages, poor hygiene can make tonsillitis even worse, if left untreated it can lead to various complications like Night-time choking episodes, acute otitis media, peritonsillar abscess, parapharyngeal abscess, tonsilloliths, and even complications such as rheumatic fever may be associated with tonsillar disease.

In Ayurvedic literature, this condition can be correlated with *Tundikeri* based on its classical clinical features. Ayurveda is one of the oldest systems of medicine, founded on natural and holistic principles. The use of herbal remedies has been increasing due to their perceived safety, minimal toxicity, and cost-effectiveness.

According to Ayurvedic concepts, *Tundikeri* arises from *Kapha prakopa* (aggravation of *Kapha* dosha) along with *Rakta dushti* (vitiation of blood), primarily affecting the *Talu* (palate) and *Kantha pradesh* (throat region). It is categorized under *Shotha* (inflammatory conditions) and is described as resembling the shape of a cotton fruit (*Karpasi phala*).

The condition is commonly associated with symptoms such as burning sensation (*Daha*), pricking pain (*Toda*), and suppuration (*Paka*).

In Ayurveda, the management of *Tundikeri* mainly involves therapies and herbal formulations possessing properties such as *Lekhan* (scraping and reducing unhealthy tissue growth), *Shothahara* (anti-inflammatory action), *Sandhaniya* (promoting healing), *Ropana* (tissue repair), *Rakta Stambhana* (controlling bleeding), *Vedanasthapana* (pain relief), and *Pitta–Kapha Shamaka* actions, which help in balancing aggravated *Pitta* and *Kapha Doshas*. These therapeutic principles are considered beneficial in reducing inflammation, relieving symptoms, and preventing recurrence.

In children, repeated throat infections may also affect overall immune function. The tonsils serve as an important protective barrier in the oral cavity and act as the first line of defense against invading pathogens. Because of this protective role in preventing the spread of infection through the upper digestive and respiratory tract, the tonsils are often referred to as the "guardians" of these systems.

Introduction of Tonsillitis *(Tundikeri)* in Ayurveda

Ayurveda describes a condition called *Tundikeri*, which is classified under diseases affecting the *Mukha* (oral cavity) and *Kantha Pradesh* (throat region). Classical Ayurvedic texts explain *Tundikeri* as a chronic inflammatory disorder characterized by swelling, pain, redness, and difficulty in swallowing, features that closely resemble chronic tonsillitis described in modern medicine [1,2,3,4,12.13,15]. This review aims to systematically examine these classical descriptions and correlate them with contemporary medical understanding.

Tonsillitis is a frequently occurring inflammatory condition of the tonsils, commonly presenting with sore throat, difficulty in swallowing, fever, and swelling of the tonsillar region. In Ayurveda, similar symptoms and disease manifestations are described under *Tundikeri*, which is included among *Mukha Roga* (diseases of the oral cavity).

According to Ayurvedic literature, *Tundikeri* develops primarily due to the aggravation of *Kapha* and *Rakta Dosha*, while *Pitta Dosha* plays a significant role during acute inflammatory stages. Several causative factors have been described, including improper dietary habits such as excessive consumption of *Guru* (heavy), *Sheeta* (cold), *Snigdha* (oily), and *Abhishyandi* (mucus-forming) foods. In addition, poor oral hygiene, suppression of natural urges, and recurrent throat infections are also considered important contributing factors in the development of the disease.

Tundikeri is characterized by *Shotha* (swelling) at the root of the tongue or throat region, associated with *Ruja* (pain), *Daha* (burning sensation), *Jwara* (fever), *Galashoola* (throat pain), and *Kashta nigrahana* (difficulty in swallowing). Clinically, this condition closely resembles tonsillitis described in modern medicine.

Classical Ayurvedic Reference

Acharya Sushruta describes *Tundikeri* as follows:

श्लोक (Sushruta Samhita, Nidana Sthana 16– Mukharoga Nidana)

कफरक्तप्रकोपात् तु जिह्वामूले समुद्भवा |

तुण्डिकेरीजत सा ज्ञेया श्वयथुः स रुिुः स्मृतुः ||

Meaning: *Tundikeri* is a swelling arising at the root of the tongue due to the vitiation of *Kapha* and *Rakta*, and it is associated with pain. Further, Acharya Vagbhata also mentions *Tundikeri* under *Mukharoga* श्लोक (Ashtanga Hridaya, Uttara Sthana)

कफरक्तसमुत्थानुः श्वयथुर्जिह्वामूले।

तुण्डिकेरीजत जवज्ञेया स रुग्दाहसंयुता॥

Meaning: The swelling occurring at the root of the tongue due to *Kapha* and *Rakta* vitiation, associated with pain and burning sensation, is known as *Tundikeri*.

Ayurvedic Perspective of Management

Ayurveda emphasizes *Dosha Shamana, Rakta Shodhana,* and local treatments such as *Gandusha, Kavala, Pratisarana,* along with internal medications and *Pathya-apathya* (dietary regulation) to manage *Tundikeri* effectively and prevent recurrence.

AIM AND OBJECTIVES

Aim

To review *Tundikeri* in Ayurveda with special reference to chronic tonsillitis using a structured review and qualitative meta-analysis.

Objectives

- To compile classical Ayurvedic references on *Tundikeri*.
- To correlate Ayurvedic and modern descriptions of chronic tonsillitis.
- To perform a qualitative meta-analysis of available evidence.
- To assess Ayurvedic management strategies.

MATERIALS AND METHODS

Qualitative meta-analysis

The present study is a structured narrative review with qualitative meta-analysis. Classical Ayurvedic references were collected from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, Yogaratnakara, and related commentaries[1-4,6-14]. Modern literature related to chronic tonsillitis was obtained from standard ENT textbooks and contemporary medical references[5,16,17]. Relevant literature was screened based on relevance to etiology, pathogenesis, clinical features, and management. Extracted data were thematically synthesized using qualitative meta-analysis.

PRISMA-Style Flow of Literature Selection Records identified through databases: n=96 additional classical references: n=28 records after duplicates removed: n=102 records screened: n=74

Full-text articles assessed: n=41

References included in qualitative synthesis: n=27

Classical Ayurvedic texts including *Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya* along with their commentaries were reviewed. Modern medical textbooks and peer-reviewed research articles related to chronic tonsillitis were also consulted. Data were collected from academic libraries and online databases. Information was systematically compiled and analyzed to establish correlation between Ayurvedic concepts of *Tundikeri* and the modern pathological understanding of chronic tonsillitis.

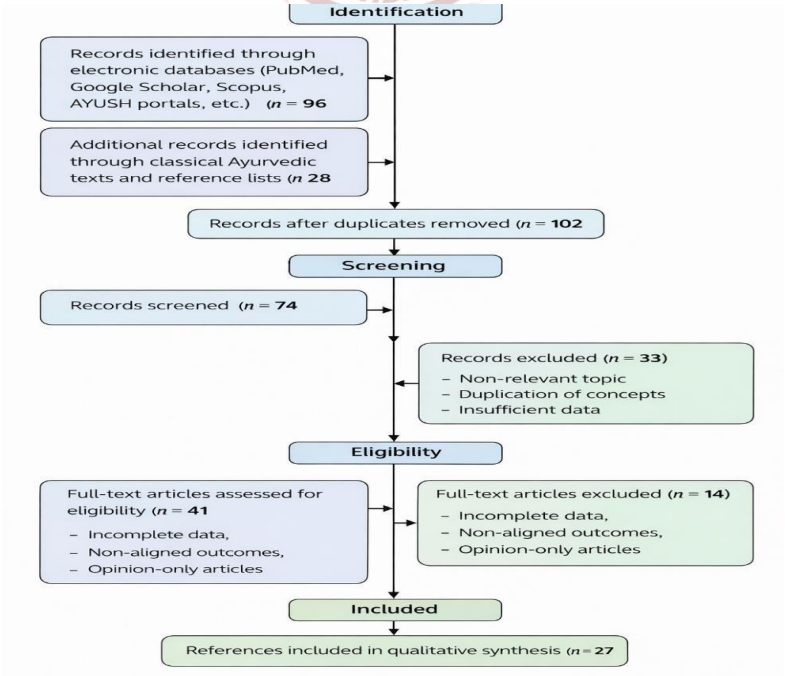

Figure 2: PRISMA-style flow diagram depicting the literature search and selection process for studies included in the qualitative synthesis of *Tundikeri* (Chronic Tonsillitis)

RESULTS AND DISCUSSION

Concept of *Tundikeri* in Ayurveda

Tundikeri is described as a *Kapha and Rakta* predominant disorder occurring in the tonsillar region. *Acharya Sushruta* describes it as a localized swelling resembling the shape of a fruit, causing obstruction and discomfort in the throat. The chronic nature of the disease is attributed to persistent *Dosha* vitiation and inadequate resolution of inflammation.[1,2,3,4,6,7,12]

Etiology

Ayurvedic etiological factors include excessive intake of cold, heavy, sweet, and oily foods, poor oral hygiene, recurrent respiratory infections, suppression of natural urges, and weak digestive fire leading to *Kapha* accumulation. Modern medicine identifies repeated bacterial or viral infections, immune dysfunction, and biofilm formation as causative factors.

Pathogenesis

According to Ayurveda, vitiated *Kapha and Rakta dosha* localize in the tonsillar region, producing swelling, inflammation, and obstruction. Chronic *Dosha* accumulation leads to hypertrophy and fibrosis. In modern pathology, recurrent infections result in lymphoid hyperplasia, crypt formation, and chronic inflammatory changes.

Table 1: *Samprapti* of *Tundikeri*

Stage	Description
Dosha vitiation	*Kapha* and *Rakta* aggravation
Sthana samshraya	Tonsillar region
Vyakti	Swelling and pain
Bheda	Chronic enlargement

Excessive consumption of *Madhura* (sweet), *Amla* (sour), and *Lavana* (salty) foods, along with *Abhishyandi ahara* (heavy, clogging diet), poor oral hygiene, and habitual sleeping in the prone position can lead to aggravation of *Kapha dosha*. This imbalance may also contribute to *Agnimandya* (reduced digestive fire) and *Rakta dushti* (vitiation of blood). As a result, the vitiated *Doshas* tend to localize *(Sthana Samshraya)* in the *Talu sthana* (palatal region), ultimately leading to the development of *Tundikeri*.

Samprapti ghataka

1. *Dushya* (affected tissues): *Rasa* (plasma/lymph), *Rakta* (blood), and *Mamsa* (muscle tissue)
2. *Srotasa* (involved channels): *Rasavaha, Raktavaha*, and *Mamsavaha* srotas
3. *Srotodushti* (type of vitiation): *Sanga* (obstruction within the channels)
4. *Agni* (digestive/metabolic state): *Koshthagni Mandya* (reduced digestive fire)
5. *Roga Marga* (pathway of disease): *Bahya* (external pathway)
6. *Sthana* (site of manifestation): *Mukha* (oral cavity) and *Hanusandhi* (jaw region)
7. *Purvaroopa* (prodromal features): Although not specifically described in classical texts, being a type of *Shotha* (inflammation), early signs may include mild pain and a slight burning sensation
8. *Roopa* (clinical features): *Tundikeri* is described by Acharya Sushruta as presenting with *Shopha* (swelling), *Toda* (pricking pain), *Daha* (burning sensation), and *Prapaka* (suppuration). Acharya Vagbhata further characterizes it by features such as resemblance to *Karpasi phala* (cotton fruit), *Pichhila* (slimy coating), *Mandaruk*, and *Shopha* (inflammation).

Samprapti (Pathogenesis)

Vitiation of *Kapha* and *Rakta* leads to localized inflammation in the throat, resulting in chronic swelling and recurrent symptoms. Chronicity is attributed to persistent *Doshic* imbalance and repeated aggravation[1,4,7,9]. *Samprapti* (pathogenesis) of *Tundiker* is illustrated in Figure 1.

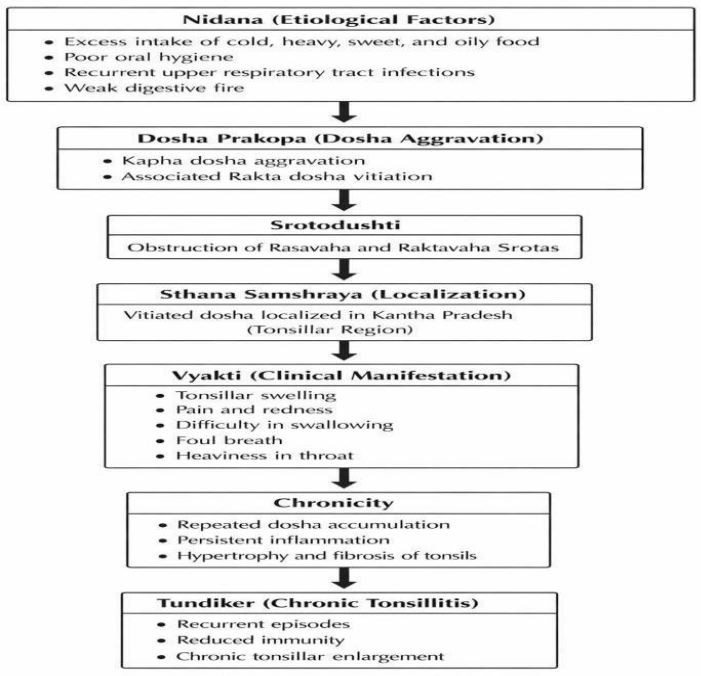

Figure 1: Ayurvedic pathogenesis of *Tundikeri*

Lakshana (Clinical Features)

Common clinical features include tonsillar enlargement, throat pain, difficulty in swallowing, foul breath, fever during acute episodes, cervical lymphadenopathy, and heaviness in throat. These features are comparable in both Ayurvedic and modern descriptions[2,3,6,12].

Table 2: Comparison of *Tundikeri* and Chronic Tonsillitis

Aspect	*Tundikeri* (Ayurveda)	Chronic Tonsillitis (Modern)
Etiology	*Kapha* and *Rakta* vitiation	Recurrent infections
Pathogenesis	*Dosha* accumulation and inflammation	Lymphoid hyperplasia
Symptoms	Swelling, pain, dysphagia	Sore throat, halitosis
Management	*Dosha* pacification and local therapy	Antibiotics and surgery

Chronic Tonsillitis Diagnosis: Modern Perspective

Diagnosis of *Tundikeri* is primarily clinical, based on inspection and assessment of dosha involvement. Modern diagnostic tools such as throat examination, laboratory investigations, and imaging support diagnosis when required. Modern medicine describes chronic tonsillitis as persistent inflammation of the tonsils due to recurrent infections, leading to lymphoid hyperplasia, fibrosis, halitosis, and cervical lymphadenopathy[5,16,17].

Qualitative Meta-analysis of Available Evidence

The qualitative meta-analysis demonstrated a strong convergence between Ayurvedic and modern descriptions. Both systems recognize chronic inflammation, immune involvement, and recurrence as central features. Ayurvedic emphasis on systemic correction and local therapy aligns with modern conservative management principles, reserving surgery for refractory cases (Ref. 5, 16, 17).

Management

Ayurvedic management focuses on pacification of *Kapha and Rakta dosha*, use of anti-inflammatory and antimicrobial herbal formulations, medicated gargles, local applications, dietary regulation, and lifestyle modification. Modern management includes antibiotics, Ayurveda is a science of life which provides not only curative but also preventive principles for healthy life. Ayurvedic treatment aims at eliminating impurities, reducing symptoms, boosting immunity, reducing stress and increasing harmony in life[9,10,11,12].

***Sadhyasadhyata* (Prognosis)**

According to Acharya Sushruta, among the diseases of the *Talu* (palate), only *Talu Arbuda* is considered *Asadhya* (incurable), while the remaining conditions are regarded as *Sadhya* (curable). Similarly, Acharya Vagbhata has classified *Tundikeri* under *Sadhya rogas*. Later Ayurvedic scholars have also not described *Tundikeri* as incurable. Therefore, it is generally accepted that *Tundikeri* is a curable condition.

Ayurvedic Management

Ayurveda emphasizes both preventive and therapeutic approaches to maintain overall health. Its management strategies aim to eliminate causative factors, relieve symptoms, enhance immunity, reduce stress, and promote balance in the body.

***Nidana Parivarjan* (Avoidance of Causative Factors)**

Nidana Parivarjan refers to avoiding the etiological factors responsible for the disease and is considered the primary step in treatment. In conditions like tonsillitis, which are associated with *Kapha prakopa*, *Agnimandya*, and *Rakta dushti*, it is important to avoid foods and lifestyle habits that aggravate Kapha and impair digestion. Proper dietary and behavioral modifications play a crucial role in management.

Treatment Modalities in Ayurveda

Ayurveda describes various therapeutic approaches for disease management, including:

- *Antah Parimarjan Chikitsa*– Internal purification and medication
- *Bahi Parimarjan Chikitsa*– External therapies
- *Shastra Pranidhan Chikitsa*– Surgical or para-surgical interventions

In addition, *Sanshodhan karma* (bio-purification therapies) have been detailed by classical Acharyas as part of comprehensive management strategies for such conditions.

Table 3. *Sanshodhan karma* referenced by various *Acharyas*

S. No.	*Acharyas*	*Shodhan karma*
1.	*Charaka*	*Dhumpana, Pradhaman nasya, Virechana, Vaman, Langhan*
2.	*Sushruta*	*Dumpana, Gandusha, Kawala, Pratisarana*
3.	*Vagabhatta*	*Raktamokshana, Nasya, Gandusha*
4.	*Yogratnakara*	*Raktamokshan.*

Sanshaman

In view of the above discussion, drugs possessing properties such as *Lekhan* (scraping), *Shothahar* (anti-inflammatory), *Sandhaniya* (healing), *Ropan* (tissue repair), *Rakta stambhan* (hemostatic), *Vedna sthapan* (analgesic), and *Pitta–Kapha shamak* (balancing *Pitta* and *Kapha*) are considered suitable for the management of tonsillitis.

Details of *Sanshaman Aushadhi Yoga* (palliative therapeutic formulations) are provided in Table 4.

Table 4: *Sanshaman Aushadhi Yoga* (Palliative Ayurvedic Formulations)

S. No.	***Kalpana*** **(Formulation Type)**	***Sanshaman Aushadhi Yoga (Examples)***
1	*Churna* (powder)	*Pippalyadi Churna, Tejovatyadi Churna, Kalak Churna, Peetaka Churna, Mridwikadi Churna*
2	*Vati* (tablets/pills)	*Yavagrajadi Vatika, Kshar Gudika, Shiva Gutika, Kshar Gutika, Panchkola Gutika, Kanchanar Guggulu, Yavaksharadi Vati*
3	*Kwatha* (decoction)	*Darvyadi Kashaya, Katukadi Kashaya, Dashmoola Kwatha, Patoladi Kwatha, Panchavalkala Kashaya;* along with drugs such as *Daruharidra, Nimba, Rasanjana, Indrayava with Madhu*
4	*Bhasma* (calx/herbo-mineral preparations)	*Tankana Bhasma, Sphatika Bhasma*
5	*Rasa* (herbo-mineral formulations)	*Kumar Bharana Rasa, Amalapittantak Rasa, Mahalakshmivilasa Rasa, Praval Panchamrita Rasa*
6	*Ekal Dravya* (single drugs)	*Daruharidra, Haritaki, Nimba, Mustaka, Ativisha, Patha, Kutaki, Vacha, Kanchanara, Shunthi*

Bahi parimarjan chikitsa

Bahi parimarjan chikitsa incorporates- *Kawala, Gandusha, Pratisarana* and so on. The *Bahi parimarjan Chikitsa Karma* and *Aushadh Yoga* are referenced in Table 5.

Table 5: *Bahi Parimarjan Chikitsa Yoga* (External Therapeutic Measures)

S.No.	***Chikitsa Karma*** **(Therapy)**	***Aushadh Yoga*** **(Formulations/Drugs)**
1	*Kawala* (gargling/holding medicated liquids)	*Tankana Bhasma, Haridra Kashaya, Vacha, Ativisha, Patha, Rasna, Kutki, Nimba Kashaya*
2	*Gandusha* (oil pulling/retention therapy)	*Triphala, Trikatu, Yavakshara, Daruharidra, Chitraka, Rasanjana, Nimba, Saptachadadi Gandusha Kashaya*
3	*Pratisarana* (local application)	*Maricha, Ativisha, Patha, Vacha, Kushtha, Aralu, Saindhava Lavana with Madhu; Tankana with Madhu; Sphatika with Madhu; Apamarga Kshara with Tankana Kshara; Peetaka Churna with Pravala Bhasma*

Shastra Pranidhan Chikitsa **(Surgical Management)**

Acharya Sushruta has described the management of *Tundikeri* along the same therapeutic principles as those used for *Galashundika*. The procedures recommended include *Bhedana* (incision) and *Chhedana* (excision), which are considered when conservative measures are insufficient.

Pathya–Apathya **(Dietary and Lifestyle Guidelines)**

Proper diet plays a vital role in both prevention and management of disease. It is often emphasized that when the body is nourished with appropriate and wholesome food, the need for medication may be minimized. Acharya Kashyapa highlighted the therapeutic importance of diet by referring to *Aahar* (food) as *"Mahabhaishajya"* (the greatest medicine). This reflects the significant role of diet in maintaining health and supporting recovery.

Thus, adopting Ayurvedic dietary and lifestyle practices offers a broad scope not only for treating diseases but also for their prevention and promotion of overall well-being.

According to Yogaratnakara, specific *Pathya* (wholesome) and *Apathya* (unwholesome) regimens are described for *Mukha rogas* (oral diseases), which are applicable in conditions like *Tundikeri.*

Pathya

Ahara:Trinadhanya, Yava, Mudga, Kulattha, Jangala Mamsa Rasa, Karvellaka, Patola, Karpurajala, Ushna Jala, Tambula, Khadira, Ghrita and *Katu Tikta Dravya.*

Vihara: Swedana, Virecana, Vamana, Gandusha, Pratisarana, Kawala, Raktamokshana, Nasya, Dhumapana, Shashtra and *Agnikarama.*

Apathya

Ahara: Amla Rasa Dravyas, Abhishyandi Ahara, Matsya, Dadhi, Kshira, Guda, Masha, Ruksha Kathina Padartha and *Guru Ahara.*

Vihara: Diwaswapna, use of *Shitala Jala, Adhomukha Shayana* and *Snana.*

Applications in Pharmacognosy

Medicinal plants and formulations traditionally used in *Tundikeri* possess anti-inflammatory, antimicrobial, and immunomodulatory properties, supporting their pharmacognostic relevance[10,12].

DISCUSSION

The structured review and qualitative meta-analysis confirm that *Tundikeri* closely correlates with chronic tonsillitis. Ayurvedic management provides a holistic, conservative approach aimed at correcting underlying pathology rather than only symptomatic relief, potentially reducing the need for surgical intervention[5,16,17].

Recurrent episodes of infections such as tonsillitis can adversely affect a child's normal growth and development and may lead to various health complications. Surgical removal of the tonsils (tonsillectomy) directly alters the protective mechanisms of the respiratory and gastrointestinal tracts. The tonsils act as important defensive structures of the oral cavity, functioning as the first line of immune response. Moreover, antibiotic therapy may not always prevent recurrence or progression to chronic disease.

Ayurveda, a science of life and daily living practiced for centuries, emphasizes both prevention and holistic management of disease. In the context of *Tundikeri roga*, Ayurvedic management- including *Sanshodhan* (purification therapies), *Sanshaman* (palliative treatment), and *Shastra chikitsa* (surgical intervention)- can play a significant role in alleviating classical symptoms and improving overall health outcomes.

CONCLUSION

Tundikeri can be restored by appropriate treatment followed by solid eating regimen and keeping up with oral cleanliness, diminishing the odds of tonsillectomies. Tonsillitis has unfriendly impact on development and advancement of the youngster. Treatment standards in Ayurvedic writings can be changed over to standard standards for the better comprehension of tonsillitis. Above article shows distinctive treatment modalities from Ayurvedic messages which can be utilized to treat tonsillitis. Need of great importance is to foster a comprehensive way to deal with address the issue of tonsillitis and its treatment according to Ayurveda to stay away from future wellbeing risks and for a solid way of life.

Tundikeri represents a clinically relevant Ayurvedic correlate of chronic tonsillitis. The qualitative meta-analysis supports the applicability of Ayurvedic principles in managing chronic inflammatory tonsillar conditions. Integrative approaches may enhance patient outcomes and reduce recurrence.[14,15,17]

The three therapeutic approaches offer management in a natural and holistic manner with minimal adverse effects. As emphasized in Ayurveda, such interventions are traditionally believed to provide added health benefits rather than undesirable side effects.

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***Address for correspondence**
Dr. Naushaba Aijaz
MS Scholar,
Department of Shalakya Tantra,
NIA DeNOVO, Jaipur Rajasthan.
Email: naushaba.nia@gmail.com