

Ayurvedic Management of *Tundikeri* (Acute Tonsillitis)- A Case Report

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ABSTRACT:

Tundikeri is one of the disease entity mentioned under *Mukharoga*. In Ayurvedic classics *Tundikeri* is mentioned as a swelling at the base of *Hanusandhi* (Temporo-mandibular joint) resembling with *Vanakarpasa phala* (Cotton fruit). On the basis of sign and symptoms, *Tundikeri* can be correlated with Tonsillitis. Tonsillitis is inflammation of the tonsils, two oval-shaped pads of tissue at the back of the throat - one tonsil on each side. Signs and symptoms of tonsillitis include swollen tonsils, sore throat, fever, earache, difficulty swallowing and tender lymph nodes on the sides of the neck. A case report of 19 years old male with complaint of sore throat, difficulty in swallowing and fever since 15 days has been presented here. The patient was febrile with body temperature of 100^oF. Pulse was 82 beats/min. Blood pressure was 130/80 mmHg. *Kalaka Churna* honey orally, *Marichyadi churna* with honey for *Pratisarana* and *Samshamani Vati* with leukwarm water was given to the patient as therapeutic intervention. After one month of therapeutic intervention a significant result was observed in the condition of patient.

KEYWORDS: *Hanusandhi*, *Mukharoga*, Tonsillitis, *Tundikeri*, *Vanakarpasa phala*.

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INTRODUCTION:

Tundikeri refers to the disease that occurs in the region of mouth. It is defined as “*Tundikeri karpasyam vanakarpasiphalam*” which means *Tundikeri* resembles cotton fruit.^[1] According to *Acharya Susruta* *Tundikeri* is a *Talugata roga* ^[2] while according to *Acharya Vagbhata* *Tundikeri* comes under *Kanthagata roga*. ^[3] The palatine tonsils are paired structures

consisting of lymphoid tissue. They are located in the tonsillar fossa between the anterior and posterior tonsillar pillars formed by palatoglossus and palatopharyngeus muscles respectively. Along with the adenoids, the lingual tonsils, the tubal tonsils and the diffuse aggregates of pharyngeal submucosal lymphoid tissue, they make up Waldeyer’s ring. The tonsils are composed of lymphoid tissue. Both T- and B-lymphocytes

are present though B-lymphocytes predominate.^[4]

Acute tonsil inflammation may be localized episode, in association with an upper respiratory illness or as a part of generalized systemic infection. The causative organism usually is GABHS (Group A beta-hemolytic streptococci), although a range of other organisms including viruses and anaerobes may be implicated. Acute tonsillitis is diagnosed mainly on the basis of clinical assessment. There is a short history of sore throat with fever and pain on swallowing. Examination generally reveals erythema of the tonsils and posterior pharyngeal wall, with obvious exudates on the tonsils occasionally. This is usually associated with tender jugulodiaphragmatic lymph node enlargement.^[5] *Tundikeri* happens because of *Kapha prakopa* and *Rakta dushti*,^[6] Medications having *Lekhan* (Scraping), *Shothahar* (Anti-inflammatory), *Sandhaniya* (Tissue binding), *Ropan* (Healing), *Rakta stambhan* (Haemostasis), *Vedna sthapan* and *Pitta Kapha shamak* properties should be ideal for the treatment of Tonsillitis.

CASE STUDY:

A 19 years old patient visited Shalakyta Tantra (ENT) outpatient department with chief

complaint of sore throat, difficulty in swallowing and fever since 15 days. He had history of recurrent tonsillitis since 7 years. The patient had a consultation of allopathic doctor; however, the relief was unsatisfactory. Thus he opted for *Ayurveda* for possible management. The patient was febrile with body temperature of 100^oF. Pulse was 82 beats/min. Blood pressure was 130/80 mmHg. No abnormality was noticed in the functioning of the respiratory, circulatory, and digestive systems. To assess the effect of therapy, an in-house scoring criteria was developed [Table 1, 2,3,4,5]^[7]. On oral cavity examination *Gala Prapaka* Grade III and Tonsillar hypertrophy Grade II was observed. On the basis of subjective criteria *Gala Toda* was Grade II and *Gala Daha* was grade II.

THERAPEUTIC INTERVENTIONS:

Kalaka Churna 3gm with honey orally three times daily for one month^[8], *Marichyadi churna* with honey for *Pratisarana* three times daily for one month^[9], and *Samshamani Vati* 500mg with leukwarm water orally twice daily for 15 days was given to the patient^[10]. [Table 6]

Table- 1: *Gala Prapaka*: (Redness of mucous membrane)

Sign and Symptoms	Score
No change in colour	0
Redness present only over peritonsillar surface	1
Redness present completely over oropharynx	2
Redness present completely over oropharynx including tonsils	3

Table-2: Tonsillar hypertrophy Grading scale:

Tonsils fit within tonsillar fossa	Grade – 0
Tonsils <25% of space between pillars	Grade – 1
Tonsils <50% of space between pillars	Grade – 2
Tonsils <75% of space between pillars	Grade – 3
Tonsils >75% of space between pillars	Grade – 4

Table -3: Jvara: (Fever)

Temperature	Score
98.5 ⁰ F	0
98.5 ⁰ F-100 ⁰ F	1
100 ⁰ F-102 ⁰ F	2
>102 ⁰ F	3

Table- 4: Gala Toda: (Pain in throat)

Sign and Symptoms	Score
No pain in throat	0
Mild pain in throat	1
Moderate pain in throat	2
Severe pain in throat	3

Table- 5: Gala Daha: (Sore Throat)

Sign and Symptoms	Score
No burning sensation in throat	0
Mild burning sensation in throat	1
Moderate burning sensation in throat	2
Severe burning sensation in throat	3

Table- 6: Timeline and Therapeutic intervention

Duration	Event
At the age of 13 years	Diagnosed as tonsillitis and managed with allopathic medications.
At the age of 13-19 years	Every year 2 to 3 episodes of tonsillitis, patient take allopathic medications.
02/03/2023	Patient visited Shalakyta tanta OPD, and diagnosed as <i>Tundikeri</i> , and the therapeutic intervention is as- 1. <i>Kalaka Churna</i> 3gm with honey orally three times daily. 2. <i>Marichyadi churna</i> with honey for <i>Pratisarana</i> three times daily. 3. <i>Samshamani Vati</i> 500 mg with leukwarm water orally twice daily.
16/03/2023	1. <i>Kalaka Churna</i> 3gm with honey orally three times daily. 2. <i>Marichyadi churna</i> with honey for <i>Pratisarana</i> three times daily.
01/04/2023	Complete relief, medications were stopped.

**Fig-1: Status of tonsils before treatment****Fig-2: Status of tonsils after treatment****DISCUSSION:**

In our classical texts *Tundikeri* has been described under the *Mukharoga* (diseases of oral cavity). Tonsillitis is the inflammation of the tonsils, two oval shaped pads at the back of the throat. *Tundikeri* can be correlated with tonsillitis as both the terminologies have similar features like Pain and Burning sensation in throat (*Ruka, Daha*), *Prapka* (suppurative inflammation), *Shopha* (Enlarged tonsils) etc.^[11-13] Though the disease is *Kapha* and *Rakta* predominant, so treatment was adopted accordingly.

Probable mode of action of *Kalaka Churna*

Katu, Tikta, Kashaya Rasa and *Ushna Virya* of yoga work as *Deepana-pachana* and decreases aggravated *Kapha*. *Shamana* of *Pitta* and *Rakta* causes by *Sheeta Guna* and *Tikta, Madhura Rasa* of the Yoga. *Kalaka Churna* also has *Shoshana* (emaciation) property which dries up the *Kleda* and *Kapha* and its *Lekhana* (scrapping) property cleans the channels and thus relieves *Srotorodha*.^[14]

Probable mode of action of *Marichyadi Churna*

Ingredients of *Marichyadi Churna* alleviate *Kapha* through *Katu, Tikta, Kashaya Rasa* and *Ushna Virya*, and decreases aggravated *Pitta* and *Rakta* by *Madhura* and *Tikta Rasa*.^[15]

Probable mode of action of *Samshamani Vati*

The main content of *Samshamani Vati* is *Guduchi* (*Tinospora cordifolia* [Wild.] Miers.). In *Sushruta Samhita*, *Guduchi* is traditionally claimed for the treatment *Mahajwara* (Fever). It is known to possess properties like antipyretic, immunomodulatory, antioxidant, anti-inflammatory, anti-allergic, antiviral and hyperglycaemic.^[16]

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. *Kalaka Churna, Marichyadi churna Pratisarana* and *Samshamani Vati* have significant result in management of *Tundikeri* (Acute tonsillitis).

Consent of patient:

Consent from the patient was taken before starting the treatment protocol as well as prior to publication of case detail and picture.

Limitation of study:

This is a single case study. Hence number of cases needs to be subjected to study for validation.

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