

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF TUNDIKERI (CHRONIC TONSILLITIS) - A CASE REPORT

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ABSTRACT

Tundikeri is the second most common prevalent disease in children between the age group of 5 to 15 years. It is one among the *Urdhvajatrugataroga*, mentioned in *Talugataroga* as well as *Kanthagataroga*. Tonsillitis is a disorder involving inflammation of the tonsils. It is extremely common in children. The characteristics of the disease are pain in throat and trouble in swallowing. A 11 year old male patient was admitted to the IPD (in patient department) of *Kaumarabhritya*, SDM College of Ayurveda and Hospital, Hassan with complaints of swelling in the throat region associated with pain, difficulty in swallowing and foul smell from the mouth since 4 months. This condition can be understood as *Tundikeri*. After a detailed examination and thorough clinical evaluation, *Deepana pachana*, *Snehapana* & *Shodhana* was initiated. Significant result in objective and subjective parameters after the course of treatment was observed. The patient was discharged with oral medications, mainly *Shothahara* and *Rasayana oushadhi* for a period of 15 days and once again evaluated after that. Overall, a significant improvement in the child's condition was noted.

Keywords: *Tundikeri*, Chronic Tonsillitis, *Shodhana*, *Rasayana*

INTRODUCTION

Tundikeri is a disease that occurs in the *Mukha pradesha*. It is one among the *Urdhvajatrugataroga*. It is also mentioned as one of the *Talugataroga* as well as *Kanthagataroga*¹. The word *Tundikeri* is made up of two words i.e. *Tundi* and *Keri*. *Tundi* means mouth and *Keri* means location. So in total *Tundikeri* refers to the disease that occurs in the region of mouth. It is defined as "*Tundikeri karpasyam vanakarpasiphalam*" which means *Tundikeri* resembles *Vanakarpasika Phalam* (cotton fruit)². As such there is no any mentioning of specific *Nidana* for *Tundikeri*. Instead, the *Nidana* of *Mukha roga* is to be taken into consideration. *Poorvaroop* of *Shotha* need to be considered for *Tundikeri* too. Due to indulgence in the etiological factors, *Kapha dosha* gets vitiated and vitiated *Doshas* circulates in *Siras* and gets localised in the *Mukha*

Pradesha as *Urdhwanga* is the prime seat of *Kapha*. Vitiated *Kapha* and *Rakta dosha* causes a big cystic swelling resembling the fruit of *Vana karpasa*, associated with burning sensation, pricking pain in the throat and with suppurative cyst³. *Tundikeri* is a *Krichrasadhya vyadhi*. One should not neglect the *Kanthagatarogas* as *Kantha* is the pathway of food and air.

Tonsillitis is a disorder involving inflammation of the tonsils. It is extremely common in children. The characteristics of the disease are pain in throat and trouble in swallowing. Clinical features include-Pain in throat, associated with difficulty in swallowing. The pain radiates to ears. The throat is reddened, the tonsils are swollen and may be coated or have white spots on them⁴. Chronic Tonsillitis may be a complication of acute tonsillitis. It can also be

possible as a result of any subclinical infections of tonsils without an acute attack. It mostly affects children, young adults and rarely occurs after 50 years⁵. Chronic tonsillitis is characterized by recurrent or persistent sore throat, swallowing and breathing difficulties, sense of dryness and irritation in the throat, offensive breathing and rarely, there will be dyspnoea, chronic hypoxemia and pulmonary hypertension⁶.

Case History:

A 11 year old male patient was brought to the Out Patient Department of *Kaumarabhritya*, SDM College of Ayurveda and Hospital, Hassan by his parents with complaints of swelling in the throat region associated with pain, difficulty in swallowing and foul smell from the mouth which is occurring recurrently for the past one and half year and aggravated since 4 months.

History of Present illness:

The patient was apparently healthy one and half years back. Then he developed pain in the throat region and swelling, associated with difficulty in swallowing, which aggravates during intake of cold, refrigerated food items and cold drinks etc.

In the beginning they have consulted a hospital in Mysuru, where they have suggested them for surgical management and later given a course of medications, which they have taken, but could not get any satisfactory relief.

As days passed, he had more difficulty in swallowing the food and with pain and foul smell from mouth. The condition got aggravated since last 4 months. Then, the parents have decided to take the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan.

After proper interrogation with the parents and thorough evaluation regarding the condition of the child, he was admitted to the inpatient department of our hospital and planned for *Snehapana* followed by *Virechana*.

Examination:

Local Examination:

INSPECTION:

Oral cavity:

Soft palate	Congestion +
Movement of soft palate	Normal
Uvula	Congestion +
Tonsils	B/L enlarged & Grade V (Kissing tonsils)
Right	Congestion+, Oedema+, Swollen+, Hypertrophied+
Left	Congestion+, Oedema+, Swollen+, Hypertrophied+

Ear:

Right	Normal
Left	Normal

PALPATION:

Jugulo-digastric lymph nodes-not palpable, moderate pain+

Assessment of general condition of child:

Bowel	Regular, 1-2 times/day
Appetite	Reduced
Micturition	Regular, 6-7 times/day
Sleep	Sound
Temperature	98.6 degree farenhiet

Chief complaints:

SL No.	Complaints
1	<i>Kathina shotha</i> (Enlargement of tonsils)
2	<i>Galoparodha</i> (Dysphagia)
3	<i>Ragatwa</i> (Hyperemia)
4	<i>Mukha dourgandhya</i> (Halitosis)

Treatments given:

DAY-1:	<i>Deepana paachana</i> with : <i>Chithrakadi vati</i> (1-1-1) B/F <i>Panchakola phanta</i> (40 ml-40ml-40ml) B/F
DAY-2	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (30ml) <i>Ushna jala pana</i>
DAY-3:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (60ml) <i>Ushna jala pana</i>
Day-4:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (90ml) <i>Ushna Jala pana</i>
Day-5:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (120ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (150ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i> <i>Virechana</i> with <i>Trivrit leha</i> (60gm) & <i>Draksha Rasa</i> (100 ml) Total number of Vegas: 11

Advise at the time of discharge:

SL No.	TREATMENT
1	<i>Samsarjana Krama</i> for 5 days
2	<i>Gandusha</i> with <i>Khadirarishta</i> (Bd)
3	<i>Agasthya Rasayana</i> (1tsp bd) B/F
4	<i>Kanchanara Guggulu</i> 1 Tablet (Bd)
5	Avoid the use of cold, refrigerated food & drinks
6	<i>Ushnajala pana</i>

OUTCOME OF THE TREATMENTS:

Patient and Care taker's Feedback:

1. Enlargement of tonsils has reduced.
2. Pain which was felt in the throat region since many months has reduced.
3. Difficulty in swallowing has reduced.
4. Foul smelling from the mouth has totally reduced.
5. Burning sensation felt in the throat region is not there.
6. Recurrent attacks of associated cold and cough has reduced.
7. Child felt hunger better than before and got a feeling of lightness of body.

Clinician assessed outcomes:

1. Grade V Tonsillitis has reduced to Grade III.
2. Dysphagia has reduced significantly.
3. Halitosis has reduced significantly.
4. Hyperemia has reduced.
5. Appetite has very well improved.
6. Pain in the throat region has reduced.
7. General health has improved and child's immunity got improved.
8. Child did not got any attacks of cold and cough even 15 days after *Shodhana*.

Before treatment:



After *Shodhana*:



After 15 days of internal medication (follow up)



DISCUSSION

The *Lakshanas* present in the patient represent a *Bahudoshavastha*. Because there were *Shleshma* and *pitta samutklesha* in the patient. *Shleshma samutklesha lakshanas* were understood by the presence of *Katina shopha* and *Gala uparodha*. *Pitta samutklesha lakshanas* were understood by the presence of *Dourgandhya* and *Raagatva* indicated *Rakta dushti* also. *Styaana* and *Dourgandhya* represent the *Sama avastha* of *Shleshma* and *Pitta* in the *Mukha pradasha*. *Koshta gata ama* was understood by the presence of reduced appetite and bowel. Hence the condition was diagnosed as *Tundikeri* in the *Sama kapha pitta avastha*.

Since there is *Amatva*, *Paachana* and *Deepana* line of management was adopted initially. It was done with *Chitrakadi vati* and *Panchakola phanta*. *Chitrakadi vati* is both *Deepana* and *Paachana*. *Panchakola phanta* due to its *Ushna guna* and *Virya* reduced the *Ama* in *Koshta*. After *Deepana* and *Paachana*, *Virechana* was preferred as the mode of *Shodhana*. Because *Virechana* is *Pitta* and *Kapha hara* by its *Swabhava*. Moreover it helped in proper *Anulomana*. *Dadimadi ghrta* was selected due to its *Pitta* and *Kaphahara swabhava*. It is also *Mooda vata anulomana* in nature⁷. After attaining *Samyak snigdha lakshana*, *Abhyanga* was done with *Brihat saindhavadi taila* because of its *Ama hara* and *Kapha hara* action. *Virechana* was done with *Trivrit lehyam* and *Draksha kashayam*. *Trivrit lehyam* was selected for the purpose of *Ruksha virechana*⁸ as the condition is *Sama avastha* of *Pitta* and *Kapha*. *Draksha kashaya* was chosen as an *Anupana* and moreover its *Srushta vit* in *Swabhava* and thereby provided *Anulomana*.

Shamana oushadhis were *Agastya rasayana*, *Kanchanara guggulu* and *Khadirarishta*. *Agasthya rasayana* has its reference in *Kasa chikitsa* is having *Kashaya tikta* and *Katu rasa*, thereby by *Kapha hara*. Moreover it also helps in *Vata anulomana*. *Agastya rasayana* has its action over the *Pranavaha srotas*. Tonsils are secondary lymphoid organs and *Rasayana* therapy after proper *Shodhana* helps in *Roga apunarbhavatva* and increase of *Vyadhikshamatva*. *Kanchanara guggulu*, popularly known as *Gandari* is beneficial for *Kapha pradhana kanta gata rogas*. It has *Lekhana Swabhava* thereby helps in reducing the size of tonsils. *Khadirarishta* was selected for *Kavala*. *Kavala* is one among the treatment modalities mentioned for *Mukha roga* and *Khadirarishta* is basically *Kapha hara* by its *Kleda nirharana swabhava* and it is also *Rakta prasadana* thereby helps in reducing the signs and symptoms.

CONCLUSION

In the present case, *Tundikeri* (Chronic Tonsillitis) can be understood as a *Bahudoshavastha*, specifically *Sama kapha pitta avastha*. Taking into consideration about *Ama*, *Paachana* and *Deepana* line of management was adopted. After that, *Virechana* was adopted. Later, for follow up, internal administration of *Rasayana* medications along with the ones which improves *Vyadhikshamatva* (Immunity) in the child's body which helps in preventing the recurrence of the diseases like *Tundikeri*. Overall, in the present case, there was a significant improvement noted in both subjective & objective parameters.

REFERENCES

1. An observational study on the efficacy of Patoladi syrup in the management of Tundikeri (Chronic Tonsillitis)-Jithesh Raj KT
2. Arun Raj GR, Shailaja.U, Rao Prasanna.N, Debnath Parikshit, Chronic tonsillitis in children - An Ayurvedic bird view, International Ayurvedic Medical Journal 2013;1(4).
3. Dingari Lakshmana Chary. The Shalakyia Tantra-Diseases of Eye, Head & E.N.T, Chaukambha Sanskrit Pratishthan Delhi, Reprint Edition: 2011.p.261
4. Dinesh K.S. Kaumarabhritya Updated, Chaukambha Publications, New Delhi, Reprint Edition: 2017.p.309
5. PL Dhingra, Shruti Dhingra. Diseases of Ear, Nose & Throat, Elsevier-A division of Reed Elsevier India Private Limited, Reprint Edition: 2012.p.275
6. Suraj Gupte. The Short Textbook of Pediatrics, Jaypee Brothers Medical Publishers, 12th Edition: 2016.p.431
7. K.R. Srikanthamurthy, Vagbhata's Astanga Hridayam, English Translation, Chowkambha Krishnadas Aacdemy, Varanasi, Reprint Edition:2009, p.447
8. K. R. Srikanthamurthy, Vagbhata's Astanga Hridayam, English Translation, Chowkambha Krishnadas Aacdemy, Varanasi, Reprint Edition:2009, p.539

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