



## CONCEPT OF TUNDIKERI IN AYURVEDA WITH MODERN COUNTERPART: A REVIEW

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## ABSTRACT

Tonsillitis is the inflammation of the Palatine tonsils which are two oval-shaped pads of lymphoid tissues situated on the lateral wall of the oropharynx between the anterior and posterior faucial pillars. Palatine tonsils are part of our immune systems. Tonsillitis is one of the most common inflammations of the throat which usually affects persons of the age group between 5 to 50 years. It is found equally in both genders. It may occur as a primary infection or as secondary to a pre-existing upper respiratory tract infection. It may occur as a primary infection or can be secondary to a pre-existing upper respiratory tract infection. There are various causes of Tonsillitis. Although the main cause of Tonsillitis is exposure to cold with bacterial infection, it may also occur due to irritation by gases, etc. In *Ayurveda*, the clinical presentation of *Tundikeri* is similar to Tonsillitis, so both can be taken as the same disease. Here a review study has been given regarding the relevant topic below to enlighten knowledge about the disease *Tundikeri* i. e. Tonsillitis in modern science.

**Keywords:** Tonsillitis, *Tundikeri*, *Mukha Roga*.

## INTRODUCTION

Inflammation of Palatine tonsils is called Tonsillitis. Tonsillitis is characterized by sore throat, dysphagia, halitosis, earache, malaise, loss of appetite, cough, and fever. Acute Tonsillitis often affects school-going children, but also affects adults. It is rare in infants and in persons who are above 50 years of age. Haemolytic streptococcus is the most commonly infecting organism. Other causes of infection may be staphylococci, pneumococci, or *H. influenzae*. Cold food and drink items can worsen the condition and if the disease is not treated at a time, then it may further lead to complications like chronic tonsillitis, peritonsillar abscess, Parapharyngeal abscess, cervical abscess, acute otitis media etc<sup>1</sup>. There are about 74,55,494 cases of Tonsillitis in India per year and about 2,00,000 tonsillectomies done in India per year<sup>2</sup>. In Ayurveda, *Tundikeri* resembles Tonsillitis on the basis of classical symptomatology mentioned in Ayurvedic texts. *Acharya Charaka* has mentioned 4 types of *Mukha Rogas*<sup>3</sup>, *Acharya Sushruta* has mentioned 65 types<sup>4</sup> and *Acharya Vagbhata* has mentioned 75 types of *Mukha Rogas*<sup>5</sup>. *Tundikeri* is one among the *Mukha Rogas* which is caused by vitiation of *Kapha* and *Rakta Doshas*. *Acharya Charaka* has classified the diseases of *Mukha* on the basis of the predominance of *Doshas*<sup>6</sup>. *Acharya Sushruta* has explained *Tundikeri* as a *Talugata Roga*<sup>7</sup> while *Acharya Vagbhata* has explained this as a *Kanthagata Roga*. since it occurs at the *Hanusandhi Ashrita Kanthagata Roga*<sup>8</sup>.

**MATERIAL AND METHODS:** For the present review, a detailed literary study has been compiled from various Ayurvedic Samhitas, modern literature like articles, journals, etc. various texts and information regarding *Tundikeri* and its modern counterpart have been compiled under one review article.

**NIDANA:** There is no specific *Nidana* described for the disease *Tundikeri* in the classics. But there is a reference to the general *Nidana* of *Mukha Rogas*. So the *Samanya Nidana* for *Mukha Rogas* can be said in this context. Since *Tundikeri* is the disease of either

the *Talu* or the *Kantha*, which are the parts of *Mukha*. The causative factors for *Mukha Rogas* are given below:

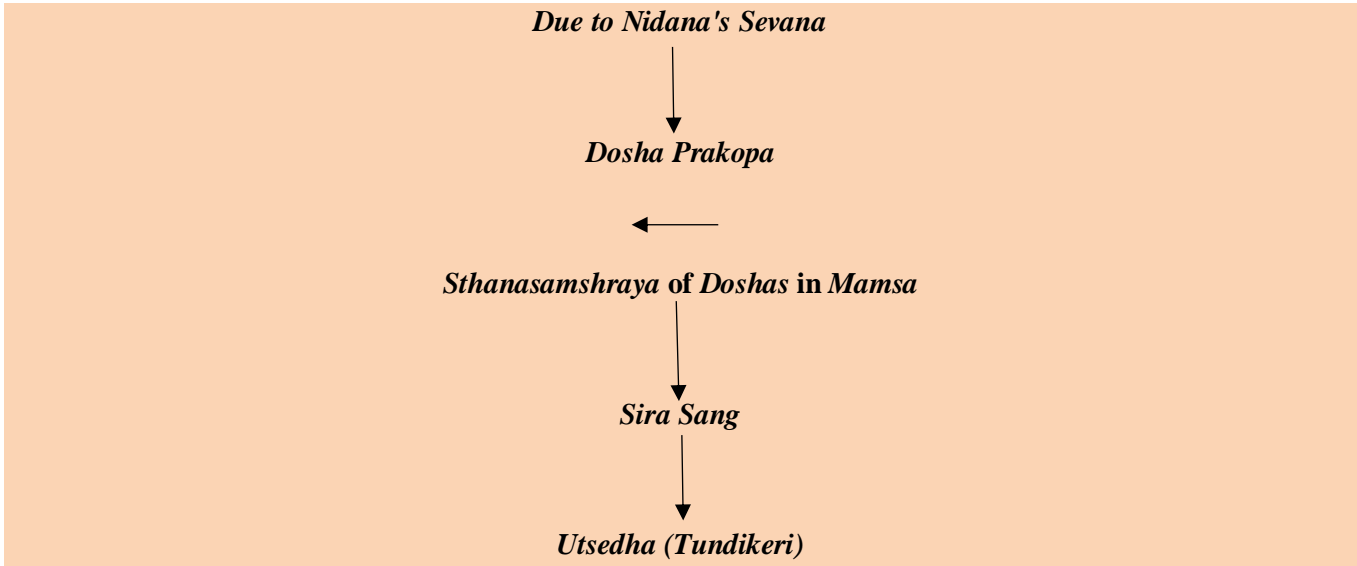
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**Aaharaja Nidana:** Excessive ingestion of *Matsya* (fish), *Mahisha Mamsa* (buffalo's meat), *Varaha Mamsa* (pig's meat), *Amalaka*, *Mulakam* (raw radish), *Masha* (black gram), *Dadhi* (curd), *Kshira* (milk), *Shukta*, *Ikshurasa* (sugarcane juice), and *Phanita*. The majority of these food articles have the dominance of *Madhura Rasa* or *Amla Rasa*. So, these cause the vitiation of *Kapha* and *Pitta* which results in the vitiation of *Rakta* and hence the occurrence of the disease.

**Viharaja Nidana:** Excessive indulgence in *Avak Shayya* (sleeping in a prone position), *Dwishato Dantadhavana* (improper dental hygiene), *Dhuma* (improper *Dhumapana*), *Chhardana* (improper vomiting), *Gandusha* (improper gargling), *Siravyadha* (improper venesection) causes *Prakopa* of *Kaphapradhana Dosha* and it results in the occurrence of many disorders of the mouth (*Mukha Roga*). According to *Acharyas Bhava Mishra, Madhava and Yogaratnakara Karta Samanya Nidana* for *Mukha-Rogas* are excessive intake *Mamsa* of animals who lives in *Anoopa Desha*, *Dugdha* (milk), *Dadhi* (curd), and *Masha* (black gram) leads to vitiation of *Kapha Dosha* which further produces *Mukha Roga* i. e. *Tundikeri*.

**ETIOLOGY:** Bacteria like Hemolytic streptococcus, Staphylococci, Pneumococci, or *H. Influenzae*. Viruses like Adenovirus, Rhinovirus, Influenza A virus, Para influenza virus, Epstein bar virus are some possible pathogens causing Tonsillitis<sup>10</sup>.

**SAMPRAPTI:** There is no specific *Samprapti* mentioned in *Ayurvedic* texts for *Tundikeri* but *Tundikeri* is a disease that is characterized by *Shotha*, so *Samprapti* of *Shotha* can be considered here<sup>11</sup>.



**Tundikeri Samprapti Ghataka:**

*Dosha:* Kapha (According to Acharya Vagbhata)

*Kapha Rakta* (According to Acharya Sushruta)

*Dushya:* Rasa, Rakta, Mamsa

*Srotasa:* Rasavaha, Raktavaha, Mamsavaha

*Agni:* Jatharagni, Dhatvagni Mandya

*Srotodushti:* Sanga

*Roga Marga:* Bahya

*Adhisthana:* Mukha, Hanusandhi

*Vyaktisthana:* Talu or Kantha

**PATHOLOGY:** The process of inflammation originating within the tonsils is accompanied by hyperaemia and oedema with the conversion of lymphoid follicles into small abscesses which discharge into crypts. When tonsils are inflamed as a result of generalised infection of the oropharyngeal mucosa, the condition is termed catarrhal tonsillitis. When the inflammatory exudate collects in the tonsillar crypts, these present as multiple white spots on an inflamed tonsillar surface, giving rise to a clinical picture of follicular tonsillitis. Sometimes exudation from

crypts may coalesce to form a membrane over the surface of the tonsils, giving a clinical picture of membranous tonsillitis. When tonsils are uniformly congested and swollen, it is called acute parenchymatous tonsillitis<sup>12</sup>.

**PURVAROOPA:** Purvaroopa of the *Tundikeri* is not mentioned in *Ayurvedic* classics. The latent symptoms of *Tundikeri* are its *Purvaroopa*. *Tundikeri* is a disease characterized by *Shotha*, so premonitory symptoms of *Shotha* can be considered here. In *Charaka Samhita*, *Lakshanas* of *Shotha* are-

**ROOPA:** According to Acharya Sushruta the disease *Tundikeri* is characterized by *Sthoola Shophya*, *Toda*, *Daha*, and *Prapaka*<sup>14</sup>. Acharya Vagbhata mentioned that *Tundikeri* is the *Kathina Shotha* in the region of *Hanusandhi* which resembles *Karpasa* (cotton) fruit<sup>15</sup>. Acharya Madhava, Bhavprakash, and Yoga Ratnakara have mentioned *Lakshanas* of *Tundikeri* similar to Acharya Sushruta i. e. *Sthoola Shotha*, *Toda*, *Daha* and *Prapaka*.

**Table 01:**

Lakshanas of Tundikeri	Clinical features of Tonsillitis
<i>Sthoola Shotha</i>	Swelling
<i>Toda</i>	Pain in throat
<i>Ragatva</i>	Hyperaemia of faucial pillars, soft palate, and uvula
<i>Prapaka</i>	Suppuration in tonsils

**CLINICAL FEATURES OF TONSILLITIS:** The symptoms vary with the severity of the infection. The predominant symptoms are:

1. Sore throat.
2. Difficulty in swallowing.
3. hyperemia of faucial pillars, soft palate, and uvula.
4. Halitosis.
5. Jugulo-digastric lymph nodes enlargement.
6. Earache (if the Eustachian tube is blocked by enlarged Palatine tonsils).
7. Fever with associated symptoms like Headache, general body aches, malaise due to pyrexia<sup>16</sup>.

**CHIKITSA:**

- *Acharya Sushruta* has mentioned treatment of *Tundikeri* treated as per the line of treatment of the disease *Galashundika*. The treatments advocated by *Acharya Sushruta* are both surgical *Bhedana* (Incision) and *Chhedana* (Excision)<sup>17</sup>.
- *Acharya Vagbhata* has instructed that *Tundikeri* has to be treated on the line of *Shlesmaja Rohini*, which is as follows:
  - *Raktamokshana*
  - *Nasya* with *Tikshna* Drugs
  - *Gandusha* with *Tikshna* Drugs
  - *Kwatha* of Bark (*Twak*) of *Daruharidra*, *Nimba*, *Rasanjana*, *Indrayava* as *Pana*.
  - *Kavala* with *Shukta* and *Gomutra Sadhit Triphala*, *Trikatu*, *Yavakshar*, *Daruhaldi*, *Patha*, *Chitraka* and *Nimba*.
  - *Haritaki Kwatha* with *Madhu* as *Pana*<sup>18</sup>.
- According to *Acharya Charaka- Acharya Charaka* has not mentioned specific *Chikitsa* for *Tundikeri* but he has given *Samanya Chikitsa* of *Mukha Rogas*, which is as follows:

- *Dhumapana*, *Pradhamana*, *Nasya*, *Virecana*, *Vamana*, *Lekhana* is indicated.
- *Sirakarma*, *Sirovirechna*, *Kayavirechna*, and *Kavala* of *Mutra*, *Taila*, *Ghrita*, *Madhu*, and *Ksheer* in *Mukha Rogas*.
- *Mukhadhavana* with *Sheetal Kwatha* of *Triphala*, *Patha*, *Munakka*, *Chameli's* leaves and another *Kashaya*, *Tikta Dravyas* with adding *Madhu*<sup>19</sup>.

**TREATMENT OF TONSILLITIS:** Antibiotics, anti-inflammatory, analgesics are some of the drugs given in modern science for the treatment of Tonsillitis. Conservative treatment consists of attention to general health, diet, treatment of coexistent infection of teeth, nose, and sinuses. The most satisfactory method of treatment of chronically infected tonsils and if tonsils with complications are removal i. e. Tonsillectomy.

**DISCUSSION**

Tonsillitis can lead to obstruction in the throat, pain during deglutition, fever, which may affect an individual's day-to-day work. If it occurs in school-going children, they may miss school and even it may affect young adults so that they cannot perform their occupational work, properly. In modern science, the drugs like anti-inflammatory, NSAIDS, antibiotics, analgesics, etc. can give temporary relief to the patient but cannot check the recurrence of the disease. Repeated administration of antibiotics may lead to GI tract disturbance and suppression the immunity. If the Tonsillitis is associated with recurrent attacks of throat infection, hypertrophy causing upper airway obstruction, peritonsillar abscess, suspicion of malignancy, etc, the patient might have to undergo a Tonsillectomy. Surgical procedure has their complications also. *Ayurveda* is a science of life and longevity that has changed the lives of countless people for literally thousands of years.

## CONCLUSION

The above article shows that the disease *Tundikeri* mentioned in *Ayurvedic* texts has close similarity with Tonsillitis in modern science. *Tundikeri* is described as *Kapha-Raktaja* dominant condition. *Ayurvedic* treatment has a specific utility in the management of *Tundikeri*. Various internal medicines and local procedures like *Pratisarana*, *Kavala*, *Gandusha*, etc. are mentioned in the management of *Mukha Rogas*, which are helpful in relieving the classical symptoms of *Tundikeri*. *Ayurvedic* treatment can also avoid surgery i. e. Tonsillectomy.

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