CLINICAL STUDY OF YAVAKSHARADI VATI AND PANCHVALKAL KWATH IN THE MANAGEMENT OF TUNDIKERI W.S.R. TO TONSILLITIS

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ABSTRACT
Tundikeri, the disease of talu or kanth, one of the ayatanas of mukha. Tundikeri can be correlated with tonsillitis as both the terminologies have similar features. Although no specific preparation for tundikeri is given and surgical treatment is described for the disease, but many formulations for mukh rogas are effective in tundikeri. This research trial is to know the efficacy of yavakasharadi vati and panchvalkal kwath in tonsil healing. Yavakasharadi vati 500 mg tid with honey and Panchvalkal kwath 50 ml BD for gargles has been selected. These drugs mentioned in Chakradutta, Bhaisajyaratnawali. Clinical study was done in single group with 20 patients for 15 days. Result was 20 % markedly improved and 80 % moderately improved. No untoward effect of drug was seen during the study period.

Keywords: Tundikeri, yavakasharadi vati, panchvalkal kwath

INTRODUCTION
“Ayurveda”, the science of life, is the oldest system of medicine which is sustaining till today in our Indian culture. Though some scholars recommend Ayurveda as an Upaveda of either Rigveda or Atharvaveda¹, but truly speaking, it is an independent science running parallel to the stream culture, that is why Maharishi Kashyap has rightly mentioned Ayurveda as the ‘Fifth Veda’ superior to all the other Vedas². Tundikeri is commonly encountered now-a-day due to the dietary habits of taking spicy food cold beverages and cold climate.³ Lower socio-economic group people are particularly prone as the immunity status is low in them.⁴ These factors coupled together result in recur-
rent episodes of disease. *Tundikeri* not only cripples children from majority of their enjoyable and learning movement but also makes adults to feel uneasy, restless and even bedridden, if complication occurs.\(^5\)

In modern science, the disease *Tundikeri* can be correlated with tonsillitis as both the terminologies have similar features.\(^6\)\(^7\)\(^8\)

Antibiotics are the mainstay in treatment of tonsillitis as far as the allopathic system of medicine is concerned. They can give temporary relief to the patient but cannot check the recurrence of the disease. Repeated administration of antibiotics may lead to many side effects in the patients. If there are indications that the patient might have to undergo tonsillectomy also with the antecedent rise of post operative bleeding and being first barrier to pathogens and site of antibody production, then their removal put a straightforward attack on our respiratory and gastrointestinal tracks and further more surgical procedure has its own complication also.

In Ayurveda, *Tundikeri* has been described under the *Mukha roga*.\(^9\) Acharya Charaka has classified the disease of *Mukha* on the basis of predominance of *Doshas*.\(^10\) Acharya Sushruta has enumerated it under *Talu gat roga*\(^11\) and Acharya Vagbhutta has kept it under *Kantha gat roga*.\(^12\)

Acharya Charaka has mentioned medicinal treatment of *Mukha roga*.\(^13\) Acharya Sushruta has put forward the *chikitsa* of this particular disease as per the lines of the disease ‘*Gala shundika*’ followed by local application of drugs having properties of *Lekhana*, *Shothahara*, *Sandhaniya*, *Ropana*, *Rakta stambana* and *Vedana Sthapana*.\(^14\) He has also enumerated *Tundikeri* under classification of *Bhedyaroga* in Sutra sthana.\(^15\)

Similarly, references are available regarding this disease in a more elaborated manner in *Ashtanga Hridaya*; particularly its site of origin and another is of the opinion that the disease *Tundikeri* occurs at the site of *Hanusandhishtrit Kantha Pradesha*.\(^16\) Acharya Vagbhutta has also quoted the medical management for treating this disease.\(^17\) All other Acharyas have written the same line of treatment. So, except surgery no specific formulation of drug has been mentioned. Many formulation or drugs have been written for *Mukha roga* in the various texts books.

But as yet no such standard line of management could be made which can lessen the agony felt by the patients of *Tundikeri*. Currently in the modern era, new avenues are being explored for treating the disease, yet the disease has not been dominated. Taking the above mentioned facts in mind and to bring about patient from uneasiness, frustration, pain and productive for the society, a sincere effort has been made in the present study entitled “Clinical study of Yavaksharadi vati and Panchvalkal Kwath in the Management of Tundikeri w.s.r. to “Tonsillitis”.

To find out the best available in Ayurvedic texts, the critical review of Ayurvedic literature was done and among many formulations, two formulations were selected. One of them was *Yavaksharadi vati* (B.R. Mu. 61/68; C.D) and the other one *Panchvalkal Kwath* (B.R. Mu. 61/78; C.D.), which had been made in the form of the (Yavakut). These formulations have been mentioned in almost all the Ayurvedic texts. So, to know the effectiveness of these drugs over *Tundikeri*, these two yoga had been selected for the present trial. Drugs in the formulation have properties like *Raktshodhana*, *Vednahara*, *Ojkara*, *Vishhara*, *Rakta stambana* and *Vedana Sthapana*.\(^18\)\(^19\)
Jvarhara, Sothahara, Lekhana etc. with the dosha karma of Pitta kaphahara which could be very beneficial in the Kapha rakta dominating disease.

Aims and Objective -
- To try to find the co-relation of Tundikeri with Tonsillitis.
- To study the efficacy of combination of Yavaksharadi vati and Panchvalkal kwath in context of Tundikeri (tonsillitis).
- To avoid its complication sequel and study of side effect/ toxicity of the drug, if any.

Selection of Disease -
Following criteria’s were taken into mind while selecting the disease.
1. Availability of patients in good number.
2. Recurrence of the disease is very often and no antibiotics are available which totally root out the disease. Surgery is also life threatening, more so refusal from the patient’s side for it.

Materials and Methods -
Plan of study
To meet the objective of present research work, the study was planned under two heading as.

Clinical study
Clinical study has been carried out in single trial group TG-I. Twenty patients were registered from E.N.T, O.P.D., R.G.G.P.G.A. Hospital and all have completed the trial. Complete description regarding the details of each research case was recorded in the proforma.

Criteria of selection of Patient-
Patients above age group of 5 years suffering from features described in Tundikeri disease, in Ayurvedic texts and in Tonsillitis in modern texts, were selected for the trial without any complications irrespective of sex, caste etc.

Exclusion Criteria -
- Patient with complication of Tonsillitis like peritonsillar abscess and parapharyngeal abscess etc.
- Malignancy, syphilis or TB presenting as tonsillar disease, diabetes mellitus or hypertension.
- Presence of other somatic or mental disorders requiring treatment.
- Immuno-compromised patients.
- Patients not willing to be registered for the trial.

Method of study
Single Trial Group -
In this group, Yavaksharadi vati orally and Panchvalkal kwath for kawal were taken and 20 patients were treated with these drugs.

Mode of Administration and Dose of Trial Drugs
Single Trial Group –
Yavaksharadi vati orally 500mg tid with honey and panchvalkal kwath for kawal 50 ml bid.

Duration of time -15 days.
Follow up - After completion of trial every week for 4 weeks.

Criteria of Assessment of Results
1. Subjective
2. Objective

Subjective:
Grading and scoring system was adopted for assessing each sign and symptom before the commencement of trial and after completion of trial. The overall score of each sign and symptom was recorded as:-
Absence of sign or symptom - 0
Presence of a sign or symptom in mild degree - 1
Presence of a sign or symptom in moderate degree - 2
Presence of a sign or symptom in severe degree - 3

In the present research work following sign/symptoms were recorded and scoring was done as given below in the table:

**Table 1: Grading**

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enlarged tonsil</strong></td>
<td>Tonsils are located within the tonsillar fossa</td>
<td>Tonsils hypertrophy till the brim of the tonsillar fossa</td>
<td>Tonsil hypertrophy extends beyond the pillars but not touching each other</td>
<td>Tonsils are in contact with each other (kissing tonsils)</td>
</tr>
<tr>
<td><strong>Sore throat</strong></td>
<td>No pain in throat</td>
<td>Pain not continuous</td>
<td>Continuous but not incapacitating normal routine activity.</td>
<td>Continuous and incapacitating normal routine activity.</td>
</tr>
<tr>
<td><strong>Odynophagia</strong></td>
<td>No pain during deglutition</td>
<td>Not continuous pain during deglutition</td>
<td>Continuous pain during deglutition</td>
<td>Not able to deglutition</td>
</tr>
<tr>
<td><strong>Dysphagia</strong></td>
<td>Able to eat regular diet</td>
<td>Able to eat solid diet</td>
<td>Able to eat liquid diet</td>
<td>Not able to eat &amp; drink</td>
</tr>
<tr>
<td><strong>Congestion over tonsil and pillar</strong></td>
<td>No congestion</td>
<td>Thread like enlarged vein</td>
<td>Thorough of congestion over tonsils</td>
<td>Thorough of congestion over tonsil and pillars</td>
</tr>
<tr>
<td><strong>Congestion over uvula and soft palate</strong></td>
<td>No congestion</td>
<td>Thread like enlarged vein</td>
<td>Thorough of congestion over uvula only</td>
<td>Thorough of congestion over uvula and soft palate</td>
</tr>
<tr>
<td><strong>Earache</strong></td>
<td>No earache</td>
<td>Not continuous</td>
<td>Continuous but not incapacitating normal routine activity.</td>
<td>Continuous and incapacitating normal routine activity.</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>Absent</td>
<td>Less oftenly</td>
<td>Present occasionally like during eating or Speaking</td>
<td>Usually all time</td>
</tr>
<tr>
<td><strong>Fever</strong></td>
<td>Absent</td>
<td>99-100°F</td>
<td>101-102°F</td>
<td>103- 104°F</td>
</tr>
<tr>
<td><strong>Debris over Crypts</strong></td>
<td>0</td>
<td>1 – 10</td>
<td>11 – 20</td>
<td>21 – 30</td>
</tr>
<tr>
<td><strong>Jugulodigastric lymphadenopathy</strong></td>
<td>No palpation of lymph nodes</td>
<td>Deep palpation of lymph nodes</td>
<td>Superficial palpation of lymph nodes</td>
<td>Visible lymph nodes</td>
</tr>
<tr>
<td><strong>Halitosis</strong></td>
<td>Absent</td>
<td>Halitosis from 1-5 cm</td>
<td>Halitosis from 5-50 cm</td>
<td>Halitosis form 50-75 cm</td>
</tr>
<tr>
<td><strong>Change in voice</strong></td>
<td>No change</td>
<td>Patient himself know change the voice</td>
<td>Patient and other person know change the voice</td>
<td>No phonation</td>
</tr>
</tbody>
</table>

**Statistical Analysis**

The information gathered regarding demographic data was given in percentage. The scoring of criteria of assessment was analysed statistically of B.T. (Before Treatment), A.T.(After Treatment), X (BT-AT), S.D. (Standard Deviation) SD= $\sum (x - x)^2$ and S.E.(Standard Error) SD. Paired ‘t’ test was carried out at level of p<0.05 and p<0.001.
Overall results were adjudged in terms of percentage relief obtained in signs/symptoms. 

**Cured**  -100% relief  
**Markedly improved**  ->75% relief  
**Moderately Improved**  ->50% < 75% relief  
**Improved**  ->25% < 50% relief  
**Unimproved**  <-25% relief  

**Objective Criteria** -  
**a)** Haematological Examination  
- Hb%  
- T.L.C.  
- D.L.C.  

**Effect of therapy in single group** –  
The efficacy of the therapy i.e. *Yavaksharadi vati* and *panchvalkal kwath* in single group with 20 patients was adjusted on varied parameters and results was derived after execution of statistical methodology. The effect of therapy on criteria assessed has been presented here as under:

**Table 2: Effect of therapy in single group**

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>N</th>
<th>Mean X (d)</th>
<th>SD±</th>
<th>SE±</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged tonsil</td>
<td>20</td>
<td>2.15</td>
<td>1.15</td>
<td>0.51</td>
<td>0.11</td>
<td>4.36</td>
</tr>
<tr>
<td>Sore throat</td>
<td>20</td>
<td>2.05</td>
<td>0.30</td>
<td>0.55</td>
<td>0.12</td>
<td>14.22</td>
</tr>
<tr>
<td>Odynophagia</td>
<td>16</td>
<td>1.81</td>
<td>0.25</td>
<td>0.51</td>
<td>0.12</td>
<td>12.19</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>10</td>
<td>1.30</td>
<td>0.20</td>
<td>0.73</td>
<td>0.23</td>
<td>4.71</td>
</tr>
<tr>
<td>Congestion over tonsils and pillars</td>
<td>20</td>
<td>2.60</td>
<td>0.25</td>
<td>0.48</td>
<td>0.10</td>
<td>21.47</td>
</tr>
<tr>
<td>Congestion over uvula and soft palate</td>
<td>8</td>
<td>1.62</td>
<td>0.37</td>
<td>0.46</td>
<td>0.16</td>
<td>7.63</td>
</tr>
<tr>
<td>Earache</td>
<td>6</td>
<td>1.50</td>
<td>0.33</td>
<td>0.98</td>
<td>0.40</td>
<td>2.90</td>
</tr>
<tr>
<td>Cough</td>
<td>4</td>
<td>1.50</td>
<td>0.25</td>
<td>0.95</td>
<td>0.47</td>
<td>2.61</td>
</tr>
<tr>
<td>Fever</td>
<td>8</td>
<td>1.625</td>
<td>0.25</td>
<td>0.51</td>
<td>0.18</td>
<td>7.50</td>
</tr>
<tr>
<td>Debris over tonsils crypts</td>
<td>6</td>
<td>1.16</td>
<td>0.66</td>
<td>0.54</td>
<td>0.22</td>
<td>2.23</td>
</tr>
<tr>
<td>Jugulodigastric lymphadenopathy</td>
<td>15</td>
<td>1.73</td>
<td>1.53</td>
<td>0.41</td>
<td>0.10</td>
<td>1.87</td>
</tr>
<tr>
<td>Halitosis</td>
<td>5</td>
<td>1.60</td>
<td>0.20</td>
<td>0.54</td>
<td>0.24</td>
<td>5.71</td>
</tr>
<tr>
<td>Change in voice</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
1. **Tonsil enlargement** -  
The initial mean score of enlarged tonsil in 20 patients was 2.15 which was reduced to 1.15 after the treatment. The percentage of relief was 46.51% which is significant statistically at the level of p <0.001 (t= 4.366).

2. **Sore throat** -  
The initial mean score of sore throat in 20 patients was 2.05 which was reduced to 0.3 after the treatment. The percentage of relief was 85.36% which is significant statistically at the level of p<0.001 (t =14.22).

3. **Odynophagia** -  
The initial mean score in 16 patients was 1.81 before the treatment which was reduced to 0.25 after the treatment. The percentage of relief was 86.16% which is significant statistically at the level of p <0.001 (t= 12.199).

4. **Dysphagia** -  
The mean score in 10 patients was 1.3 before the treatment which was reduced to 0.2 after the treatment. The percentage of relief was 84.61% which is significant statistically at the level of p < 0.05 (t = 4.71).

5. **Congestion in tonsils and pillars** -  
The mean score in 20 patients was 2.6 before the treatment which was reduced to 0.25 after the treatment. The percentage of relief was 90.38% which is significant statistically at the level of p<0.001 (t = 21.47).

6. **Congestion in uvula and soft palates** -  
The mean score in 8 patients was 1.62 before treatment which was reduced to 0.371 after the treatment. The percentage of relief was 77.16% which is significant statistically at the level of p<0.001(t= 7.638).

7. **Earache** -  
The mean score in 6 patients was 1.5 before the treatment which was reduced to 0.33 after the treatment with percentage relief of 78%. This is significant statistically at the level of p <0.05 (t=2.907).

8. **Cough** -  
The mean score in 4 patients was 1.5 before the treatment which was reduced to 0.25 after the treatment. The percentage of relief was 83.33% which is non significant statistically at the level of p>0.05 (t = 2.61)

9. **Fever** -  
The means score in 8 patients was 1.625 before treatment which was reduced to 0.25 after the treatment. The percentage of relief was 84.30% which is significant statistically at the level of p<0.001 (t=7.50).

10. **Debris over tonsils crypts** -
The mean score in 6 patients was 1.16 before treatment which was reduced to 0.66 after the treatment. The percentage of relief was 43.10% which is non significant statistically at the level of $p > 0.05$ ($t = 2.23$).

**11. Jugulodigastric lymphadenopathy -**
The mean score in 15 patients was 1.73 before the treatment which was reduced to 1.53 after the treatment with 11.53 % relief which is non significant statistically at the level of $p > 0.05$ ($t = 1.87$).

**12. Halitosis -**
The mean score in 5 patients was 1.6 before the treatment which was reduced to 0.2 after the treatment. The percentage relief was 87.5% which is significant statistically at the level of $p < 0.05$ ($t = 5.71$).

Change of voice was taken in the criteria of assessment, but was not found in any of the patient.

### Table 3- Effect of combination therapy of Yavaksharadi vati and panchvalkal kwath on haematological finding in single group.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean score</th>
<th>% age improvement</th>
<th>SD ±</th>
<th>SE±</th>
<th>'t'</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb%</td>
<td>20</td>
<td>11.0</td>
<td>11.42</td>
<td>0.42</td>
<td>3.81</td>
<td>0.39</td>
<td>4.83</td>
</tr>
<tr>
<td>TLC</td>
<td>20</td>
<td>8045</td>
<td>7985</td>
<td>60</td>
<td>0.74</td>
<td>14.29</td>
<td>31.95</td>
</tr>
<tr>
<td>ESR</td>
<td>20</td>
<td>15.1</td>
<td>8.8</td>
<td>6.3</td>
<td>41.72</td>
<td>1.87</td>
<td>0.42</td>
</tr>
</tbody>
</table>

In singe group, combined therapy i.e. Yavaksharadi vati orally and Panchvalkal kwath for Kawal non significant effect statistically on TLC at the level of $p > 0.05$ ($t = 1.87$) and percentage improvement of 0.74% with significant effect on Hb% and on ESR statistically there is 3.81% improvement in Hb% and 41.72% improvement in ESR.

### Table 4: Overall effect in 20 patients under trial

<table>
<thead>
<tr>
<th>Assessment</th>
<th>No. of patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Markedly improved</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Moderately improved</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>Improved</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unimproved</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Complete cure was not found in this trial group.

**Single trial group –**
4 patients were markedly improved and 16 patients were moderately improved.
In total, out of 20 patients 20% were markedly improved and 80% were moderate improved.

**Probable mode of action -**

The disease Tundikeri (Tonsillitis) as described in Ayurvedic text is kapha and raka predominant in which there is presence of oedema, enlargement of tonsil, pricking pain, burning sensation and suppuration. Therefore the present study, trial drugs viz. Yavak-
Yavaksharadi vati (B.R. Mu. 61/68; C.D.) and Panchvalkal kwath (B.R. Mu. 61/78; C.D.) were selected with their valid classical reference. Ingredients of Yavaksharadi vati and Panchvalkal Kwath possess properties and pharmacological activities supportive for preventive and curative treatment of Tundikeri disease. These drugs also possess activities for relief and alleviation of sign and symptoms related to this disease. They are having *kapha raktahara dosh karma*. Yavaksharadi vati is having 43.76% of *kaphahara* and 25% of *pitahara dravyas* where as *panchvalkal kwath* is containing 50% of *kaphahara* and 50% of *pitahara dravyas*.

Major ingredient of Yavaksharadi vati i.e. *Daruhaldi* used in crude form and *Rasanjan*, extract form *Daruhaldi*; having properties like astringent, antibacterial, antipyretic and antiseptic. Alkaloid berberin obtained from *Daruhaldi* possesses antibacterial and anti-inflammatory activities.

Similar manner Yavakshar possesses antipyretic, wound purifying and healing properties; *Pippali* with its main component piperine alkaloaid possesses antimicrobial, antipyretic and immunomodulatory activities; *Patha* possesses astringent, antipyretic and anti-inflammatory properties.

Panchvalkal Kwath drugs proven to have properties like astringent, antiseptic, anti-inflammatory, immunomodulatory, antioxidant, antibacterial, antimicrobial and wound purifying and healing by clinical studies mentioned in classical literature.

Pathogenesis of Tonsillitis mainly involves immune system of body. So to overcome this; drugs acts through their immunomodulatory, anti-inflammatory and astringent properties.

In classical terms, it can be interpreted that *Katu, Tikta, Kashaya rasa, Laghu, Ruksa, Teekshna guna, Ushna veerya, Katu vipaak and Kaphapittaghna* properties of drugs are responsible to break the *samprapti* of Tundikeri disease.

According to different Ayurvedic texts these drugs are also having properties mentioned against each other which may play a role to break the *samprapti* of disease Tundikeri.

**Yavakshara** is Vishghna, Shothahara, Vedanahara, Aampachana, Shodhana, Kasaghna, Rasayana. **Patha** is Jvaraghna, Vedanahara, Shodhana. **Daruhaldi** is Vishghna, Shothahara, Vedanahara, Shodana, Kasaghna, Dahaghna, Rakta prasadana. **Rasayana** is Vishghna, Shodhana, Kasaghna, Dahaghna, Rakta prasadana, Rasayana. **Tejbal** is Jvarghna, Vedanahara, Aampachana, Kasaghna. **Pippali** is Jvarghna, Vedanahara, Aampachana, Kasaghna, Rasayana. **Madhu** is Vishghna, Shodhana, Kasaghna. **Vata** is Vishgana, Shodhana, Vedanahara, Shodhana, Dahaghna, Rakta prasadana, Rasayana. **Udumbara** is Shothahara, Vedanahara, Shodhana, Dahaghna, Rakta prasadana. **Ashwatha** is Vishghna, Shothahara, Vedanahara, Shodhana, Kasaghna, Dahaghna, Rakta prasadana. **Parisha** is Vishghna, Shothahara, Vedanahara, Shodhana, Dahaghna, Rakta prasadana. **Plaksa** is Vishghna, Shothahara, Vedanahara, Shodhana, Dahaghna, Rakta prasadana.
DISCUSSION

Try to find the co-relation of Tundikeri with Tonsillitis

Causative factors responsible for Tundikeri disease-
Excessive intake of fish, pig, buffalo’s meat, more consumption of urad, curd. Milk. Shukta, ikshuras, and phanita. These nidanas along with factors like sleeping in prone position, improper dental hygiene, improper dhumpana, vaman, siravyadha causes the disease Tundikeri.

There is no specific nidana mentioned for the disease Tundikeri in either of the Samhitas. However, there are references of the factors responsible for the causative of disease in Mukha as a whole.

In tonsillitis disease the causative factors responsible i.e. upper respiratory tract infection, chronic sinusitis, lower body resistance, exposure of contagious infection, poor orodental hygiene, embedded foreign body. Intake of cold drinks or cold climate. Hence the causative factors of Tundikeri and Tonsillitis nearly same.

Signs and symptoms -
Acharya Sushruta stated that shopha, shula, toda, daha and prapaka and collectively seen in Tundikeri. These signs and symptoms are co-related with acute tonsillitis i.e. shopha sthola - enlarged tonsil, Daha – burning sensation, prapaka – suppuration.

Acharya Sushruta has described two hanusan-dhi (Su. Sh. 5/30) and location of Tundikeri according to Acharya Vagbhatta hanusandhyasrta so these are in two numbers. According to modern text the palate tonsils are two masses of lymphoid tissue situated in the lateral wall of the oral part of the pharynx.

According to Acharya Vagbhatta kantha shopha of Karpasiphala i.e. enlarged tonsil, pichchil type discharge i.e. discharge from crypts or debris over tonsil, manda rukha i.e. sore throat and kathin shopha i.e. congestion our tonsil. So these signs and symptoms can be co-related with Tundikeri to Tonsillitis.

From above discussion we can conclude that in Ayurveda the signs and symptoms of Tundikeri in a very brief manner as Tonsillitis.

Treatment -
In the disease if not controlled by shaman chikitsa, shastra chikitsa like Galashundi has to prefer (chedan).

According to modern if tonsillitis is not responding to medical treatment then indication of tonsillectomy.

Complication of Tundikeri after chedan similar to tonsillectomy i.e. haemorrhage, death. Sadhya Asadhyata of Tundikeri to Tonsillitis similar that disease is sadhya (curable).

CONCLUSION:-
The disease Tundikeri can be correlated with the Tonsillitis as the causative factor, signs and symptoms and treatment wise.
The results of trial drugs was encouraging and can be recommended for standard protocol for treatment of Tundikeri after extensive study.

During the clinical trial any type of minor or major complications was not observed in patients.

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