

A CONCEPTUAL REVIEW ON TUNDIKERI(TONSILLITIS)

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ABSTRACT

Human being is the victim of different diseases and the nature has given him the power to protect from diseases. It is extremely common in children between the age group of 5 to 15 years. Tonsillitis is a most common illness in school going children resulting from Pharyngitis. About 30 million children develop Tonsillitis with frequent exposure to bacterial and viral infections. This leads to throat obstruction as well as airways which may pose problems in deglutition later. The Tonsils are part of the immune system, which helps the body to fight infections in children. The tonsil tissues can become diseased with recurrently infected and they lose their effectiveness in helping the immune system. Any infection in a growing child usually hampers the immune system and also the systematic development of a child.

KeyWords: *Tundikeri*, Tonsillitis, Infection, *Vyadhikshamatva*

INTRODUCTION: *Tundikeri* is a one type of *Shotha* looks like *Karpasi Phala*. It's symptoms are likely to be same as *Daha*, *Toda* and *Paka*. Any type of infection in childhood may affects the immunity of particular child. Human is the victim of different diseases and the nature has given him the potency to protect from the same. If any infection is occur in the oral cavity, the tonsils plays an important role in defence system of the body. So they are called as the 'Police man' of GI tract.

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Almost 30 million children develop Tonsillitis with frequent exposure to bacterial and viral infections². Chronic tonsillitis may occur as a complication of acute tonsillitis.

Antibiotics and surgical removal are only option in modern medical science for tonsillitis. Ayurveda has a different medication for the management of *Tundikeri* like *Kanchnar Guggulu*,

Inflammatory condition of the tonsils is called Tonsillitis. It is a most common diseased condition in school going age group.

Tonsillitis is of two types acute and chronic. In acute; Sore throat, dysphagia, malaise, fever and earache are noted. The jugulodigastric lymph nodes are enlarged in this condition. Commonest cause is viral manifestation including rhinovirus, adenovirus, influenza, coronavirus etc.

Haridra Khanda and *Madhu-Tankan Pratisarana* etc.

Need for Review: Commonest type of tonsillitis in children is recurrent and having so many harmful effects on the child development. The tonsils are the immune system's first line of defence against microorganisms like bacteria and viruses. Due to repeated tonsillitis; the tonsil gland gets inflamed recurrently. This causes throat obstruction and airways too,

so swallowing difficulty is assumed by patient.

AIMS AND OBJECTIVES:

- To elaborate the concepts of *Tundikeri* (Tonsillitis).
- To evaluate the archives of *Tundikeri* (Tonsillitis) in classical text of Ayurveda.

MATERIAL & METHODOLOGY:

- Different Ayurvedic and Modern texts, journals, research papers were referred for this review Article.

Concept of *Tundikeri*: *Tundi*- this word is derived from the root “*Tung*” which means “Beak” and then it was suffixed from “*Ana*” which gives rise to the current word “*Tundi*”. The meaning of *Tundi* being Beak, *Bimbi*, Cotton herb, umbilical swelling.

Meaning: *Tundikeri* means *VanaKarpasPhala* (*Gossypium herbacium* Linn.).³

This *Shotha*, looks like cotton fruit.

Definition:⁴*Tundikeri* is caused by the vitiation of *Kapha* and *Rakta* and characterized by *Shotha* (swelling), *Toda* (pricking type of pain), *Daha* (burning sensation), *Prapaka* (Suppuration) As per *Acharya Sushruta*. *Tundikeri* is *Karpashiphala* like shape and location is *Hanusandhi Ashrita Kantha* as per *Acharya Vagbhata*. It is *Pichhhila*, *MandaRuk* (Mild pain) and a firm swelling.⁵ Acute stage of Tonsillitis can be understand as per *Acharya Sushruta* while chronic stage of Tonsillitis by *Acharya Vagbhata*.

***Nidana*:** No any specific *Nidanas* are given for *Tundikeri* in Ayurveda texts but an one reference of the *Samanya Nidana* of *Mukha Rogas*. The causes for *Mukha Rogas* are given below:

A. *Aharaja Nidana*: Over intake of *Matsya*, *Mahisha Mamsa*, *Varaha Mamsa*,

Ama Mulaka, *Masha*, *Dadhi*, *Kshira*, *Shukta*, *Ikshurasa* and *Phanita*.⁶ Most of these food having predominancy of *Madhura* or *Amla Rasa*. That’s why aggravation of *Kapha* and *Pitta* which further vitiation of *Rakta* and resulting this disease.

B. *Viharaja nidana*: Over and improper uses of *AvakShayya*, *DwishatoDantadhavana*, *Dhuma*, *Chhardana* and *Gandusha* causes vitiation of *Kapha Dosha* and resulting many more *MukhaRoga*.⁷

***Samprapti*:** Due to over intake of *Madhura*, *Amla*, *Lavana Rasa*, *AbhishyandiAhara*; Improper oral hygiene and over sleeping in prone posture leads to *Kapha Prakopa*, *Agnimandya* and *Rakta Dushti*. May cause to *Sthana Samshraya* of *Doshas* in *Talu Sthana*. Resulting the disease *Tundikeri*.

***Samprapti ghataka*:**

- ***Dosha*:** *Kapha* (As per *Acharya Vagbhata*) *KaphaRakta* (As per *Acharya Sushruta*)
- ***Dushya*:** *Rasa*, *Rakta* and *Mamsa*
- ***Srotasa*:** *Rasavaha*, *Raktavaha* and *Mamsavaha*
- ***Srotodushti*:** *Sanga*
- ***Agni*:** *Koshthagni Mandya*
- ***RogaMarga*:** *Bahya*
- ***Sthana*:** *Mukha*, *Hanusandhi*

***Purvaroopo*:** *Purvaroopo* is not exactly mentioned in Ayurveda texts. It is a disease as a *Shotha*, so preliminary features of *Shotha* may be understand as mild pain and mild burning sensation.

***Roopa*:** *Tundikeri* is characterized by *Shopho*, *Toda*, *Daha*, *Prapaka* as per *Acharya Sushruta*.⁸ *Karpasiphala*, *Pichhila*, *Mandaruk*, *Shopho* which as per *Acharya Vagbhata*.⁹

Sadhyasadyata: All *Talu Rogas* are *Sadhya* except *TaluArbuda* as per *Acharya Sushruta*. Also *Acharya Vagbhata* has accepted this concept. So this is a *Sadhyaroga*.

❖ **Samanya Chikitsa for MukhaRoga:**

▪ *Vamana, Kaya* and *Shiro virechana, Katu-Tikta Kavala Dharana* and *Raktavisravana Karma* are advised as per *Acharya Vagbhata*.

▪ *Snehana, Swedana, Vamana, Virecana, Ghritapana, Dhumapana, Kavala* and *Pratisarana* are advised as per *Acharya Sushruta* in *Mukharoga Chikitsa*.

❖ **Vishesha Chikitsa for Tundikeri:**

▪ *Tundikeri* should be treated as same treatment of *Galashundika* as per *Acharya Sushruta*.¹⁰ *Bhedana* (Incision) and *Chedana* (Excision) are also indicated as per *Acharya Sushruta*.¹¹

Thus the *Chikitsa* of *Tundikeri* can be done in two ways:

(1) *Ashastrakrita* (Non surgical) - *Kavala, Gandusha, Pratisarana* etc.

(2) *Shastrakrita* (Surgical) - *Chedana, Bhedana, Raktamokshana*.

Discussion:

Tonsillitis is commonest recurrent upper respiratory tract infections. If the patient represent a *Bahu Dosha Sihiti* then *Kapha* and *Pitta* are aggravated. *Ama* which is situated in *Koshta*; can be understand as low appetite. So *Deepana* and *Pachana* should be started initially by using any *Choorna* and *Vati*. *Shaman Aushadhis* are also benefited to the patient of *Tundikeri*. Children feel discomfort due to recurrent status of the disease. The Tonsils are act as defence system of the body, which helps the body to fight infections. Tonsils fail to regain its normal size and shape due to recurrent attacks and may lead to complications like recurrent URTI,

Swallowing difficulty, hampered growth, snoring etc.¹²

In Modern science, the main stream of treatment is antibiotics, NSAIDs and steroids. Often severe Tonsillitis is instructed for Tonsillectomy.

In *Ayurveda*, Tonsillitis can be considered as *Tundikeri* based on the similar features. It is one among the *Mukharogas*, mentioned in *Talugata* as well as in *Kanthagata Roga*. Different internal medicines and procedures are indicated in the treatment of *Mukharogas* i.e, *Snehana, Swedana, Nasya, Raktamoksana, Pratisarana, Kavala, Dhumpana* that's why the study is an effort to achieve the treatment for Tonsillitis from the ancient classics.

Recurrent tonsillitis influences the systematic development of a young adult. Tonsillectomy may create systemic complications and reduces the action of defence mechanism. Tonsils are considered as sentinels of the oral cavity. Mode of action of any Ayurvedic drug is based on *Samprapti Vighatana* of the particular disease. *Samprapti Vighatana* is said to be the only line of treatment. We should think *Samprapti Ghataka* and dissolving the sequence of the *Samprapti* of that particular disease for understanding the mode of action of the drugs.

Jatharagnimandhya Janita Vikara and occurs mostly in *Rutu Sandhikala* (inter seasonal duration). At that time *Agnimandhya* take places and *Aam* formation occurs. *Tundikeri* occurs by *Kapha* and *Rakta Dushti* which further results to *Srotorodha* and *Shotha* occurs.¹³

CONCLUSION: *Tundikeri* described in *Ayurveda* texts can be considered as Tonsillitis on the basis of same clinical features. Tonsillitis is a most common sickness in school going age group. It is

taken as a *Sama Kapha Pitta Avastha* so *Deepana* and *Pachana* are indicated in initial stage of the disease. Any infection in a growing child generally affects the immunity and also the systematic development of a child. By using *Rasayana* medications we can improve the *Vyadhikshamatva* of a child. *Tundikeri* is mentioned as *Kapha-Raktaja Roga* and classified as a *Bhedyaroga*.

REFERENCES:

1 Brook, I., (2005), The role of anaerobic bacteria in Tonsillitis, International journal of paediatric otorhinolaryngology 69(1); 1-9
2 Pediatric medicine-tonsillitis-children [homepage on internet]. Available from: [http://www.gponline.com/clinicalarticle/1024856/Pediatric medicine-tonsillitis-children](http://www.gponline.com/clinicalarticle/1024856/Pediatric%20medicine-tonsillitis-children). Surfing on 23 march, 2013
3 Sushruta, Sushruta Samhita, Nidana-16/42. Commentary by Dalhana. Edited by Vd. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharti Prakashana, 2012. P.No.387
4 Sushruta, Sushruta Samhita Nidana-16/42. Commentary by Dalhana. Edited by Vd. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharti Prakashana, 2012. P.No.387
5 Vagbhata, Astanga Hridayam, Uttarantra 21/47. Commentated by Arundatta & Hemadri. Reprint 9th ed. Varanasi : Chaukhamba Orientalia, 2005. P.No.1030
6 Vagbhata, Astanga Hridayam, Uttarantra 21/1, 2. Commentated by Arundatta & Hemadri. Reprint 9th ed. Varanasi : Chaukhamba Orientalia, 2005. P.No. 1022
7 Vagbhata, Astanga Hridayam, Uttarantra 21/1-3. Commentated by Arundatta & Hemadri. Reprint 9th ed. Varanasi: Chaukhamba Orientalia, 2005. P.No.1022

8 Sushruta, Sushruta Samhita, Nidana-16/42. Commentary by Dalhana. Edited by Vd. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharti Prakashana, 2012. P.No.387

9 Vagbhata, Astanga Hridayam, Uttarantra 21/47. Commentated by Arundatta & Hemadri. Reprint 9th ed. Varanasi : Chaukhamba Orientalia, 2005. P.No.1030

10 Sushruta, Sushruta Samhita, Chikitsasthan 23/5. Commentary by Dalhana. Edited by Vd. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharti Prakashana, 2012. P.No.129

11 Sushruta, Sushruta Samhita, Chikitsasthan 23/5. Commentary by Dalhana. Edited by Vd. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharti Prakashana, 2012. P.No.129

12 Dhingra P L, Dhingra Shruti, Diseases of Ear, Nose and Throat, 5th edition, Gurgaon; Elsevier; 2012 P.No. 273-275

13 Shweta Mata et al "A Review Study On Tundikeri With Special Reference To Tonsillitis" 7(Suppl 3), Jul - Aug 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5822979/>

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