International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A REVIEW OF *TUNDIKERI* WITH SPECIAL REFERENCE TO TONSILLITIS: AN AYURVEDIC AND MODERN PERSPECTIVE

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Abstract:
Tonsillitis is one of the most common inflammatory conditions of the oropharynx, particularly affecting the pediatric population. In modern medicine, its management is primarily symptomatic with antibiotics or surgical (tonsillectomy) for chronic and recurrent cases [3]. Ayurveda, the ancient Indian system of medicine, describes a similar condition under the heading of *Mukha Roga* (diseases of the oral cavity) as **Tundikeri** [8]. This condition, detailed in classical texts like the *Sushruta Samhita*, shows a striking resemblance to tonsillitis in its etiology, pathology, and clinical presentation [1]. This review aims to analyze the classical concept of Tundikeri, critically correlate its *Nidana* (etiology), *Samprapti* (pathogenesis), and *Lakshana* (symptoms) with modern tonsillitis, and explore the comprehensive management protocols described in Ayurveda [5, 8].

Introduction

In modern medicine, **tonsillitis** is defined as the inflammation of the palatine tonsils, which are masses of lymphoid tissue located in the lateral walls of the oropharynx. It is most commonly caused by viral infections, but bacterial infections, particularly Group A Beta-Hemolytic Streptococcus (GABHS), are also significant pathogens. The condition presents with symptoms like sore throat, fever, dysphagia (difficulty swallowing), and cervical lymphadenopathy. While acute cases are managed with analgesics and antibiotics (if bacterial), recurrent or chronic tonsillitis, which can lead to complications like peritonsillar abscess (quinsy) or airway obstruction, is often treated with **tonsillectomy** [3].
In the classical texts of Ayurveda, the branch of *Shalakya Tantra* (Ophthalmology & ENT) details diseases of the *Urdhvajatrugata Roga* (diseases above the clavicle). A condition known as ***Tundikeri*** is described, which, upon analysis, shows a near-identical correlation with tonsillitis [4]. *Acharya Sushruta* classified Tundikeri under *Talugata Roga* (diseases of the palate), while *Acharya Vagbhata* classified it under *Kanthagata Roga* (diseases of the throat) [1, 2]. This review explores this ancient concept in a modern light.

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 conduct a literary review of the concept of Tundikeri from classical Ayurvedic texts [1, 2, 4].
- To establish a clear correlation between the clinical entity of Tundikeri and modern tonsillitis [5].
- To review the spectrum of management principles for Tundikeri, from conservative to surgical [8].

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.).

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 Pichchhila, MandaRuk (Mild pain) and a firm swelling.Acute stage of Tonsillitis can be understand as per Acharya Sushruta while chronic stage of Tonsillitis by Acharya Vagbhata.

Conceptual Review: Tundikeri in Ayurveda

***Nidana* (Etiology)**

Classical texts state that the *Nidana* (causative factors) for *Mukha Rogas* (oral diseases) are responsible for Tundikeri. These are broadly:

- **Aharaja (Dietary Factors):** Excessive consumption of foods that aggravate *Kapha* and *Rakta* (blood). This includes *Matsya* (fish), *Dadhi* (curd/yogurt), and *Anupa Mamsa* (meat of marshy animals) [1, 2].
- **Viharaja (Lifestyle Factors):** *Avak Shayya* (sleeping in a prone position) and *Dantadhavana* (improper oral hygiene) [1].

***Samprapti* (Pathogenesis)**

Due to the *Nidana*, the primary *Doshas* involved are **Kapha** and **Rakta** [1].

1. The vitiated *Kapha* and *Rakta Doshas* travel upwards and lodge in the *Talu* or *Kantha* region [2].
2. These *Doshas* cause a *Sthula Shotha* (large, firm swelling) in the region of the *Hanusandhi* [1].
3. *Acharya Sushruta* describes this swelling as resembling a *Vanakarpasa Phala* (fruit of the wild cotton tree)—a description that aptly matches a swollen, enlarged tonsil [1].

Samprapti ghataka:

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

Purvaroopa:

Purvaroopa 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.

***Lakshana* (Clinical Features)**

The classical symptoms (*Lakshana*) of Tundikeri are:

- ***Shotha*:** A large, firm swelling [1].
- ***Toda:*** Pricking or piercing pain in the throat [2].
- ***Daha:*** Burning sensation (indicative of inflammation and *Rakta* vitiation) [1].
- ***Prapaka*:** Suppuration, indicating the formation of pus [1].
- ***Galoparodha / Gilagraha*:** Difficulty in swallowing (dysphagia) [2].
- ***Jwara:*** Fever, a common systemic sign of infection [2].

Correlation and Discussion: Tundikeri vs. Tonsillitis

The correlation between Tundikeri and tonsillitis is exceptionally strong and can be drawn on multiple levels [4, 5]:

- **Anatomical Correlation:** The description of the swelling at the *Hanusandhi*, resembling a cotton fruit, is a precise anatomical locator for the palatine tonsils [1, 4].
- **Pathological Correlation:** The Ayurvedic pathogenesis of *Kapha-Rakta* vitiation leading to *Shotha* (inflammation) and *Prapaka* (suppuration) is a direct parallel to the modern understanding of inflammation and follicular/suppurative tonsillitis [5].
- **Symptomatic Correlation:** The cardinal symptoms are identical: *Toda/Daha* (Sore Throat), *Galoparodha* (Dysphagia), *Jwara* (Fever), and *Shotha* (Tonsillar enlargement) [2, 5].

Management (Chikitsa) of Tundikeri

Ayurveda provides a comprehensive, multi-modal approach to managing Tundikeri, which is particularly relevant for recurrent cases [8, 9].

Nidana Parivarjana

This is the first and most crucial step: avoidance of the causative factors. This includes advising the patient to stop consuming *Kapha*-aggravating foods and to maintain proper oral hygiene [1].

***Shamana Chikitsa* (Palliative / Medical Management)**

This line of treatment is used in the acute phase (*Ama avastha*) to pacify the *Doshas* [9].

- ***Pratisarana* (Local Application):** This is the application of medicated powders or pastes directly onto the inflamed tonsils.
  - ***Tankana Madhu*:** A paste of *Tankana Bhasma* (Borax) and honey is widely used for its *Lekhana* (scraping) and antiseptic properties [7, 10].
  - **Marichyadi Churna** or **Trikatu Churna** with honey: These pungent herbs help to liquefy and expel the vitiated *Kapha*.
- **Kavala and Gandusha (Gargling / Medicated Mouthwash):**
  - *Triphala Kashaya* (Decoction of Triphala)
  - *Yashtimadhu* (Licorice) decoction
  - Warm water with *Saindhava Lavana* (rock salt) and *Haridra* (Turmeric) [9].
- **Aushadhi (Internal Medications):**
  - **Kanchanara Guggulu:** The drug of choice for any *Granthi* (glandular swelling) or *Shotha* (inflammation) [7].
  - **Haridra Khand:** Used for its anti-allergic and anti-inflammatory properties.
  - **Sitopaladi Churna:** Often given with honey to relieve associated cough and fever [7]
  - ***Kapithashtak Churna***

Shodhana and Para-Surgical Procedures

For more advanced or chronic conditions (*Pachyamana avastha*), purification is advised.

- **Raktamokshana (Bloodletting):** As *Rakta* is a primary *Dosha* involved, *Acharya Sushruta* advised bloodletting, often using *Jalauka* (leeches) [1].
- **Ksharakarma (Alkali Cauterization):** This is a highly effective, minimally invasive procedure used as an alternative to surgery. A *Pratisaraniya Kshara* (alkali paste) is applied directly to the hypertrophied tonsillar tissue, which effectively "cauterizes" and reduces its size [6].

Shastra Karma (Surgical Intervention)

For chronic, fibrotic, or excessively large tonsils (*Jeerna avastha*), *Acharya Sushruta* advised surgery.

- *Sushruta* classified Tundikeri as a *Bhedya Roga* (disease to be incised) if it is suppurative (like a peritonsillar abscess) [1].
- He also described *Chhedana* (excision), which is the classical equivalent of a **tonsillectomy** [1].

CONCLUSION

Tundikeri is a well-defined clinical entity in Ayurveda that strongly correlates with modern tonsillitis [4]. The Ayurvedic understanding of its *Kapha-Rakta* pathogenesis provides a clear rationale for its management [1, 2]. While modern medicine relies on antibiotics and surgical excision, Ayurveda offers a broader spectrum of treatment, including palliative measures (*Shamana*), para-surgical procedures like *Ksharakarma* [6], and purification therapies [8]. This holistic approach may offer a safe and effective solution for managing acute tonsillitis [9] and, most importantly, preventing its recurrence, thereby reducing the high rate of tonsillectomies [5, 7].

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