

A Case Study on *Tundikeri* w.s.r to Tonsillitis

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DOI: 10.29322/IJSRP.9.01.2019.p85113

<http://dx.doi.org/10.29322/IJSRP.9.01.2019.p85113>

Abstract

Tundikeri is one of the common prevalent diseases in paediatric age group. It is defined as a swelling at the base of *Hanusandhi* (temporo-mandibular joint) resembling one *Vanakarpasa phala* (cotton fruit). *Tundikeri* can be correlated with tonsillitis as both the terminologies have similar features like Pain and Burning sensation in throat (*Ruk, Daha*), suppurative inflammation (*Prapaka*), Enlarged tonsils (*Shopha*) etc. We are discussing here a case report of a 7 year old male child having history of *Tundikeri* (tonsillitis) for last 1 year. He came to us with complaint of *Kasa* (Cough), *Jwara* (Fever), *Kanthavedana* (Pain in throat) *Kanthadaha* (Burning sensation in throat) *Aruchi* (Loss of appetite) since last 3 days. Generally he got relief from modern medicines, but this time symptoms reoccur after one month. He was treated with *Ayurvedic* medicines which gave effective results from the third day of treatment.

Key words: *Tundikeri*, Tonsillitis, case report, *Ayurveda*

Introduction

In our classical texts *Tundikeri* has been described under the *mukharogas* (diseases of oral cavity). *Acharya Charaka* has classified the disease of *mukha* (oral cavity) on the basis of predominance of *doshas*.¹ *Acharya Sushruta* has described it under *Talugataroga*² and *Acharya Vagbhatta* has kept it under *kanthagatropa*.³ *Tundikeri* can be correlated with tonsillitis as both the terminologies have similar features like Pain and Burning sensation in throat (*Ruk, Daha*), *Prapaka* (suppurative inflammation), *Shopha* (Enlarged tonsils) etc^{4,5,6}.

Tonsillitis is commonly encountered now a day due to dietary habits of taking spicy food, cold beverages and cold climate. Children are particularly prone as the immunity status is low in them. Tonsillitis not only cripples children from majority of their enjoyable and learning moment but also makes them to feel uneasy, restless and even bed ridden, if complication occurs. Antibiotics are the main stay in the treatment of tonsillitis as far as the allopathic system of medicine concerned. They can give temporary relief to the patient but can't check the reoccurrence of disease. Repeated administration of antibiotics may lead to many unwanted effects in the patients. In our classical texts there are so many preparations advised to treat the patients of tonsillitis.

Case report

A 7 year male child came to us with chief complaints of - *Kasa* (Cough), *Jwara* (Fever), *Kanthavedana* (Pain in throat), *Kanthadaha* (Burning sensation in throat), *Aruchi* (Loss of appetite). Patient had above complaints since 3 days. On examination *Shofa* (Bi-lateral enlarged tonsils due to inflammation) was present. He had a history of recurrent tonsillitis since last 1 year.

H/O Present Illness

According to child's mother, her child had a history of recurrent tonsillitis for last 1 year. He was taking medicine for that, but did not get permanent cure. The child was normal 3 days back. Then he had been suffering from *Kasa* (Cough), *Jwara* (Fever), *Kanthavedana* (Pain in throat), *Kanthadaha* (Burning sensation in throat) *Aruchi* (Loss of appetite). He was taking paracetamol for fever. His mother took him to this hospital for treatment.

Ashtavidha pariksha

- Nadi* (Pulse rate)-100/min
- Mala* (Stool)-*Prakrit*
- Mutra* (Urine)- *Prakrit*
- Jihwa* (Tongue)-*Saam*
- Shabda* (Speech)-Hoarseness (*Swarbheda*)
- Sparsha* (Skin)-*Ushna*

- g) *Drika*(Eyes)-*Ashrupurnata*
- h) *Akruti-Krishna*

Material and methods

Method

Centre of Study: R.G.G.P.G. Ayu. College and Hospital, Paprola, Kangra, H.P.

Table 1: Showing assessment criteria

Disease	Severity	Grade
<i>Jwara</i> (fever)	Normal body temperature	-
	Up to 100 ⁰ F	+
	Up to 100-103 ⁰ F	++
	>105 ⁰ F	+++
<i>Kasa</i> (cough)	Nil	-
	Less frequently	+
	Occasionally	++
	Present all time	+++
<i>Kantha Shopha</i> (enlarged tonsils)	Located within tonsilar fossa	-
	Tonsilar hypertrophy till the brim of tonsilar fossa	+
	Tonsilar hypertrophy extend beyond the pillars but do not touching each other	++
	Tonsils in contact with each other	+++
<i>Kanthavedna</i> (pain in throat)	No pain	-
	Mild pain	+
	Moderate pain	++
	Severe pain	+++
<i>Kanthadaha</i> (burning sensation in throat)	Nil	-
	Mild	+
	Moderate	++
	Severe	+++
<i>Aruchi</i> (loss of appetite)	Normal desire for food	-
	Eating timely without much desire	+
	Desire for food only after long intervals	++
	No desire for food at all	+++

Material

Table 2: Showing Internal Medicines used in Case Study along with dose, duration and *anupana* (vehicle)

Sr.No.	Name of Drug	Dose	Duration	<i>Anupana</i> (vehicle)
1	<i>Sitopaladi churna</i> <i>Godanti bhasm</i> <i>Tankan bhasm</i> <i>Shankh bhasm</i>	1 gm 250 mg 250 mg 125 mg	thrice a day for 1 week	<i>Madhu</i> (Honey)
2	<i>Sanjeevani vati</i>	250 mg	twice a day for 3 days	<i>Koshnajala</i> (Luke warm water)
3	Syrup Imudab#	5 ml	thrice a day for 1 week then twice a day for next 2 weeks	-
4	Syrup Jufex forte##	5 ml	thrice a day for 1 week	<i>Koshnajala</i>
5	Syrup Adliv###	5 ml	twice a day for 3 weeks	
6	<i>Agastyaharitaki avleha</i>	5 gm	twice a day for last 2 weeks	<i>Koshnajala</i>

#Syrup Imudab
Manufacturer : Dabur
##Syrup Jufex forte
Manufacturer : Aimil Pharmaceuticals India Ltd.
###Syrup Adliv (200 ml)
Manufacturer : Albert David

Pathya

- a) Luke warm water.
- b) *Khichadi*(kedgerree)
- c) *Daliya* (porridge)
- d) Soup etc.

Table 3: Showing Mode of Action of the Formulations

Name of Drug	Mode of Action
<i>Sitopaladi churna</i>	Mucolytic, Expectorant
<i>Godanti bhasm</i>	Analgesic, Antipyretic
<i>Tankan bhasm</i>	Expectorant
<i>Shankh bhasm</i>	Carminative
<i>Sanjeevani vati</i>	Analgesic, Anti inflammatory
Syrup Imudab	Immunity enhancer
Syrup Jufex forte	Expectorant, Mucolytic
<i>Agastyaharitaki avleha</i>	Anti-allergic, Immunomodulator
Syrup Adliv	Hepato protective, Appetizer

Observation and results

Regression of Patient symptoms was observed from the third day of treatment and complete remission of the condition was observed by 15th day of treatment. During the treatment no minor or major complications was observed in the patient.

Table 4: Showing regression of symptoms during treatment.

Sr.No.	Symptoms	0 th day	3 rd day	7 th day	10 th day	15 th day	21 st day
1	<i>Kasa</i> (cough)	++	++	+	-	-	-
2	<i>Jwara</i> (fever)	++	+	-	-	-	-
3	<i>Kanthavedna</i> (pain in throat)	+++	++	+	-	-	-
4	<i>Kanthadaha</i> (burning sensation in throat)	+++	++	+	-	-	-
5	<i>Aruchi</i> (loss of appetite)	++	++	++	+	-	-
6	<i>Kantha Shopha</i> (enlarged tonsils)	++	++	+	+	+	-

Discussion

There is natural dominancy of *kapha dosha* in childhood⁷ and *tundikeri* which is a *kapha pradhan* disease is more prone in children. Low immunity in children is also a factor for higher incidence of *tundikeri* in this age group. The *nidana* (aetiological factors) for this disease is not clearly mentioned in our classics, but items like chocolate, chips, icecreams, cold drinks, fast and junk foods may vitiate the *dosha* in current scenario. Poor oral hygiene is also a factor for secondary infection in this context. Due to *nidana sevana* (*sheeta, abhishyandi, ruksha, teekshna* food items) there is vitiation of *dosha*, which in turn causes impairment of digestive power (*agni vikriti & aama utpatti*) and *srotorodha* (obstruction of channels) in *kantha* and *talv* and thus swelling of the tonsils occur.

Figure 1. Samprapti

(Pathogenesis) of *tundikeri*



Table 5: Sampraptighataks of Tundikeri

<i>Dosha</i>	<i>Kapha</i> (according to <i>Acharya Vagbhata</i>) <i>Kapha Rakta</i> (according to <i>Acharya Sushruta</i>)
<i>Dushya</i>	<i>Rasa, rakta, mamsa</i>
<i>Srotas</i>	<i>Rasabaha. Raktabaha, Mamsabaha</i>
<i>Agni</i>	<i>Jatharagni mandya</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Roga marga</i>	<i>Abhayntara</i>
<i>Udbhavasthana</i>	<i>Amashaya</i>
<i>Adhithana</i>	<i>Talu & Kantha</i>

Conclusion

The cardinal features of *Tundikeri* described in our classical texts are similar to that of tonsillitis in contemporary science. It is a clinical condition which is very common in today's paediatric practice. The timely treatment is most essential to avoid surgery. The medicines used in this case study have shown significant results (complete remission of the symptoms occurred after 15 days of treatment i.e. the patient obtained 100% relief in symptoms). The effectiveness of *Ayurvedic* treatment has proved that, satisfactory result may be found in these cases.

ACKNOWLEDGEMENT : Author is highly grateful to Prof. Rakesh Sharma, HOD, Deptt. of Kaumarbhritya, R.G. G.P.G. Ayu. College, Paprola for his continuous support and encouragement towards successful completion of the study.

SOURCE OF SUPPORT Nil

CONFLICT OF INTEREST None declared

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