

A CASE STUDY ON TUNDIKERI

Dr. Rahul^{*1}, Dr. Divya Deepak Sharma², Dr. Rupali³, Dr. Ankush Kumar⁴ and Dr. Nitika Sharma⁵¹Associate Professor, Department of Shalakya Tantra, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.²Associate Professor, Department of Shalya Tantra, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.³Assistant Professor Department of Rog Nidana, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.⁴Assistant Professor Department of Balroga, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.⁵P.G Scholar Department of Swathavritta, DSR Rajasthan Ayurveda University, Jodhpur, Rajasthan.***Corresponding Author: Dr. Rahul**

Associate Professor, Department of Shalakya Tantra, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.

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ABSTRACT

Tundikeri is the second most normal common infection in youngsters between the age gatherings of 5 to 15 years. It is one among the Urdhvajatrugataroga, referenced in Talugataroga just as Kanthagataroga. Tonsillitis is an issue involving aggravation of the tonsils. It is amazingly normal in youngsters. The attributes of the illness are torment in throat and inconvenience in gulping. A 11 year old male patient was conceded to the IPD (in persistent division) of Kaumarabhritya, with protests of expanding in the throat area related with torment, trouble in gulping and foul smell from the mouth since 4 months. This condition can be perceived as Tundikeri. After a point by point assessment and exhaustive clinical assessment, Deepana pachana, Snehapana and Shodhana was started. Critical outcome in unbiased and abstract boundaries after the course of treatment was noticed. The patient was released with oral prescriptions, basically Shothahara and Rasayana oushadhi for a time of 15 days and indeed assessed after that. Generally speaking, a critical improvement in the youngster's condition was noted.

KEYWORDS: Tundikeri, Tonsillitis, Shodhana, Rasayana, Ayurveda.**INTRODUCTION**

In our old style texts Tundikeri has been depicted under the mukharogas (infections of oral depression). Acharya Charaka has characterized the infection of mukha (oral cavity) on the premise of prevalence of doshas.^[1] Acharya Sushruta has portrayed it under Talugataroga^[2] and Acharya Vagbhatta has held it under kanthagatoga.^[3] Tundikeri can be corresponded with tonsillitis as both the phrasings have comparable elements like Pain and Burning sensation in throat (Ruk, Daha), Prapaka (suppurative aggravation), Shopha (Enlarged tonsils) etc.^[4,5,6] Tonsillitis is normally experienced now daily because of dietary propensities for taking hot food, cold refreshments and cold environment. Kids are especially inclined as the resistance status is low in them. Tonsillitis not just handicapped people kids from larger part of their charming and learning second yet in addition causes them to feel uncomfortable, anxious and even confined to bed, if confusion happens. Anti-microbials are the backbone in the treatment of tonsillitis to the extent the allopathic arrangement of medication concerned. They can give impermanent help to the patient yet can't check the reoccurrence of infection. Rehashed organization of

anti-toxins might prompt numerous undesirable impacts in the patients. In our old style texts there are such countless arrangements instructed to treat the patients regarding tonsillitis.

CASE REPORT

A long term male kid came to us with boss protests of - Kasa (Cough), Jwara (Fever), Kanthavedana (Pain in throat), Kanthadaha (Burning sensation in throat), Aruchi (Loss of craving). Patient had above grievances since 3 days. On assessment Shofa (Bi-horizontal expanded tonsils because of irritation) was available. He had a background marked by repetitive tonsillitis since most recent 1 year.

H/O Present Illness

The patient was apparently healthy one and half years back. Then he developed pain in the throat region and swelling, associated with difficulty in swallowing, which aggravates during intake of cold, refrigerated food items and cold drinks etc. As indicated by kid's mom, her kid had a past filled with intermittent tonsillitis for most recent 1-2 year. He was taking medication for that

however did not get long-lasting fix. The youngster was ordinary 3 days back. Then, at that point, he had been experiencing Kasa (Cough), Jwara (Fever), Kanthavedana (Pain in throat), Kanthadaha (Burning sensation in throat) Aruchi (Loss of craving). He was taking paracetamol & nimesulide for fever. His mom took him to IPD for treatment.

Ashtavidha pariksha

- a) Nadi (Pulse rate)- 98/min
- b) Mala (Stool)- Prakrit
- c) Mutra (Urine)- Prakrit
- d) Jihwa (Tongue)- Saam
- e) Shabda (Speech)- Swarbheda
- f) Sparsha (Skin)- Ushna

Local Examination

INSPECTION

Oral cavity

Soft palate	Congestion +
Movement of soft palate	Normal
Uvula	Congestion +
Tonsils	B/L enlarged & Grade V (Kissing tonsils)
Right	Congestion+, Slightly Oedema+, Swollen+, Hypertrophied+
Left	Congestion+, Slight Oedema+, Swollen+, Hypertrophied+

Ear

Right	Normal
Left	Normal

PALPATION

Jugulo-digastric lymph nodes-not palpable, moderate pain+

Assessment of general condition of child

Bowel	Regular, 2 times/day
Appetite	Reduced
Micturition	Regular, 6-8 times/day
Sleep	Sound
Temperature	98.7 degree farenhiet

Chief complaints

SL No.	Complaints
1	<i>Kathina shotha</i>
2	<i>Galoparodha</i>
3	<i>Ragatwa</i>
4	<i>Mukha dourgandhya</i>

Treatment given

DAY-1:	<i>Deepana paachana</i> with : <i>Chithrakadi churna</i> (1-1-1) B/F <i>Panchakola phanta</i> (40 ml-40ml-40ml) B/F
DAY-2	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (30ml) <i>Ushna jala pana</i>
DAY-3:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (60ml) <i>Ushna jala pana</i>
Day-4:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (90ml) <i>Ushna Jala pana</i>
Day-5:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (120ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (150ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i> <i>Virechana</i> with <i>Trivrit leha</i> (60gm) & <i>Draksha Rasa</i> (100 ml) Total number of Vegas: 11

Advice at the time of discharge:

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SL No.	TREATMENT
1	<i>Samsarjana Krama</i> for 5 days
2	<i>Gandusha</i> with <i>Khadirarishta</i> (Bd)
3	<i>Agasthya Rasayana</i> (1tsp bd) B/F
4	<i>Kanchanara Guggulu</i> 1 Tablet (Bd)
5	Avoid the use of cold, refrigerated food & drinks
6	<i>Ushnajala pana</i>

DISCUSSION

The Lakshanas present in the patient address a Bahu-dosha avastha. Since there were Shleshma and pitta samutklesha in the patient. Shleshma samutklesha laksha-nas were perceived by the presence of Katina shoppha and Gala uparodha. Pitta samutklesha lakshanas were perceived by the presence of Dourgandhya and Raa-gatva showed Rakta dushti moreover. Styana and Dour-gandhya address the Sama avastha of Shleshma and Pitta in the Mukha pradesha. Koshta gata ama was under-remained by the presence of diminished craving and inside. Subsequently the condition was analyzed as Tundikeri in the Sama kapha pitta avastha. Since there is Amatva, Paachana and Deepana line of the executives was embraced at first. It was finished with Chi-trakadi churna and Panchakola phanta. Chitrakadi churna is both Deepana and Paachana. Panchakola phanta because of its Ushna guna and Virya decreased the Ama in Koshta. After Deepana and Paachana, Virechana was liked as the method of Shodhana. Since Virechana is Pitta and Kapha hara by its Swabhava. Also it helped in legitimate Anulomana. Dadimadi ghrita was chosen because of its Pitta and Kaphahara swabhava. It is additionally Mooda vata anulomana in nature⁷ In the wake of accomplishing Samyak snigdha lakshana, Abhyanga was finished with Brihat saindhavadi taila due to its Ama hara and Kapha hara activity. Virechana was finished with Trivrit lehyam and Draksha ka-shayam. Trivrit lehyam was chosen with the end goal of Ruksha virechana as the condition is Sama avastha of Pitta and Kapha. Draksha kashaya was picked as an Anu-pana and besides its Srushta vit in Swabhava and in this manner gave Anulomana.^[7]

Shamana oushadhis were Agastya rasayana, Kanchanara guggulu and Khadirarishta. Agasthya rasayana has its reference in Kasa chikitsa is having Kashaya tikta and Katu rasa, consequently by Kapha hara. In addition it additionally helps in Vata anulomana. Agastya rasayana has its activity over the Pranavaha srotas. Tonsils are optional lymphoid organs and Rasayana treatment after legitimate Shodhana helps in Roga apunarbhavatva and increment of Vyadhiksha-matva. Kanchanara guggulu, prominently known as Gandari is valuable for Kapha pradhana kanta gata rogas. It has Lekhana Swabhava along these lines helps in lessening the size of tonsils. Khadirarishta was chosen for Kavala. Kavala is one among the treatment modalities referenced for Mukha roga and Khadirarishta is fundamentally Kapha hara by its Kleda nirharana swabhava and it is additionally Rakta prasadana consequently helps in decreasing the signs and manifestations.

CONCLUSION

The cardinal elements of Tundikeri portrayed in our old style texts are like that of tonsillitis in contemporary science. It is a clinical condition which is exceptionally normal in the present pediatric practice. The ideal treatment is generally fundamental to keep away from medical procedure. The medications utilized for this situation study have shown huge outcomes (complete

reduction of the indications happened following 15 days of treatment for example the patient got 100% alleviation in manifestations). The adequacy of Ayurvedic treatment has demonstrated that, acceptable outcome might be found in these cases.

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