



## AYURVEDIC INSIGHTS IN TONSILLITIS: A CRITICAL REVIEW OF SAMHITAS

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### ABSTRACT

Tonsillitis is a common inflammatory condition of the palatine tonsils often affecting school going children, but may also affect adults. The signs and symptoms of *Tundikeri* are very much resembling with Tonsillitis. Ayurveda provides a comprehensive understanding of this condition based on *Dosha*, *Dushya*, *Strotas* involvement, and *Samprapti*. The present review article aims to critically analyse the etiopathogenesis, clinical features, and management of Tonsillitis as described in major classical ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Hridya* and other relevant literature. Emphasis is laid on *Nidana*, *Poorva roopa*, *Roopa*, *Samprapti*, *Updrava* and *Chikitsa* principles such as *Shodhana*, *Shamana*, *Kshara karma*, *Kavala*, *Gandusha*, and the use of herbal formulations. This review highlights the holistic and preventive approach of Ayurveda in the management of Tonsillitis and provides a classical foundation for future clinical and comparative studies.

**KEYWORDS:** Tonsillitis, *Tundikeri*, *Galshundika*, *Kshara karma*, *Kavala*, *Gandusha*, *Pratisarana*.

### INTRODUCTION

*Tundikeri* the disease selected for present study is explained under *Mukha Rogas*. Brief descriptions are not available in different periods as per the history. Hence an attempt has been made to trace the references regarding *Tundikeri* right from the *Samhita Kala*.

### SAMHITA KALA

#### Brihatrayee period

In *Charaka Samhita* there is no direct reference about *Tundikeri*. *Charak Samhita* mentioned *Galshundika* and *Upajihvika* in *Trishothiya Adhyaya*, under the heading of *Eka Deshiya Shotha*. But it is very difficult to compare *Eka Deshiya Shotha* with *Tundikeri* as only *Shotha* is seen as a symptom of *Tundikeri*.

- *Acharya Sushruta* has described *Tundikeri* under *Talugata Roga*.
- *Acharya Vaghbhatta* has described *Tundikeri* under *Kanthagata Roga*.

#### Laghutrayee period

Very brief descriptions are available in *Laghutrayee*

*Samhitas*. *Madhava Nidana* and *Bhavprakasha* have given similar explanations as that of *Susruta Samhita*, under *Talugata Rogas* but *Acharya Sharangadhara* classified it under *Kanthagata Rogas*.

The explanation about *Tundikeri* is also available in other later texts, including *Vrinda Madhava*, *Vanga Sena*, *Bhaishajya Ratnavali*, *Yoga Ratnakara* who described it under *Talugata Rogas*. Further no edition was done.

*Acharya Sushruta* was the first to describe the disease *Tundikeri*. According to him, it is manifested as a swelling in *Talu* associated with pricking pain, burning sensation and suppuration. *Acharya Vaghbhatta* has mentioned the disease “*Tundikerika*” which occurs in *Hanu Sandhi Pradesha*.

### MATERIAL AND METHODS

This study is based on a literary review of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*.

Other relevant literature including *Madhava Nidana*, *Sharangdhar*, *Bhavaprakash* and published research articles were also reviewed. Information was systematically analyzed to establish a conceptual correlation between Tonsillitis and *Tundikeri*.

### AYURVEDIC UNDERSTANDING OF TONSILLITIS

#### Definition

According to Acharya Sushruta, *Tundikeri* is the disease caused by the vitiation of *Kapha* and *Rakta* characterized by *Shotha* (swelling), *Toda* (pricking type of pain), *Daha* (burning sensation), *Prapaka* (suppuration).

According to Acharya *Vagbhata*, *Tundikeri* has the shape of *Karparsi Phala* and its location is *Hanusandhi Ashrita Kantha* (root of the temporomandibular joint). It is *Pichhila* (slimy) with *Manda Ruka* (mild pain) and has a firm swelling.

The description given by Acharya Sushruta resembles the acute stage of Tonsillitis whereas the definition by

Acharya *Vagbhata* is featuring probably the chronic stage of Tonsillitis.

#### Nidana

Specific *Nidana* of *Tundikeri* is not mentioned in any of the classics. Since *Tundikeri* is the disease of either *Talu* or *Kantha*, which are the parts of *Mukha*. So *Samanya Nidana* of *Mukha Rogas* can be considered in this context. The main *Doshas* involved in causing *Mukharogas* are *Kapha* and *Pitta*. Causative factors for this *Dosha* vitiation are described under general *Mukha Roga Nidana* and those factors can be divided into *Aharaja* and *Viharaja Hetus*.

#### Aharaja Nidana

Acharya Sushruta did not mention *Mukha Roga Nidana*. The *Aharaja Nidana* mentioned in *Ashtanga Sangraha* and *Ashtanga Hridaya* are same and etiological factors said by *Madhav Nidana*, *Vangasena*, *Yoga Ratnakara* are also same. The *Aharaja Nidana* mentioned by different Acharyas are briefly summed up with its *Rasa*, *Guna*, *Veerya*, and *Prabhava*.

**Table No. 1: Aharaja Nidana pattern.**

Sr. No.	Ahara	Rasa	Guna	Veerya	Dosha Dushti
1	<i>Matsya</i>	<i>Madhura</i>	<i>Guru</i>	<i>Ushna</i>	<i>Kapha and Pitta</i>
2	<i>Mahisha Mamsa</i>	<i>Madhura</i>	<i>Guru</i>	<i>Ushna</i>	<i>Kapha, Rakta and Pitta</i>
3	<i>Masha</i>	<i>Madhura</i>	<i>Snigdha and Guru</i>	<i>Ushna</i>	<i>Kapha and Pitta</i>
4	<i>Dadhi</i>	<i>Amla</i>	<i>Snigdha</i>	<i>Ushna</i>	<i>Kapha and Pitta</i>
5	<i>Ksheera</i>	<i>Madhura</i>	<i>Snigdha and Guru</i>	<i>Sheeta</i>	<i>Kapha</i>
6	<i>Ikshu Rasa</i>	<i>Madhura</i>	<i>Snigdha and Guru</i>	<i>Sheeta</i>	<i>Kapha</i>
7	<i>Phanitham</i>	<i>Madhura</i>	<i>Abhishyandi and Guru</i>	-	<i>Tridosha</i>

From this table, we can interpret the food substances mentioned are responsible to vitiate *Kapha* and *Pitta Doshas* predominantly. Though many of these *Dravyas* have *Ushna Veerya*, they are having *Madhura Rasa* and *Snigdha Guna*. As per the principle *Ahara Dravya* acts and influences on the *Doshas* as per the predominant *Rasa* present in it. Therefore, the *Aharas* mentioned above are responsible for vitiating *Kapha Dosha* and hence the occurrence of the disease.

#### Viharaja Nidana

*Viharaj Nidana* mentioned by Acharya *Vagbhata's* are<sup>[1]</sup>- Excessive indulgence in *Avakshayanam* (sleeping in prone position), *Dwishato Dantadhabana* (improper dental hygiene), *Dhuma* (improper *Dhumapana*), *Chhardana* (improper vomiting), *Gandusha Nishedha* (improper gargling), *Siravyadha* (improper venesection) which causes *Prakopa* of *Kapha Pradhana Dosha* and it results in the occurrence of many disorders of the mouth (*Mukha Roga*).

*Avakshayanam /Adhomukha Shayanam* i.e. the person who always sleep in prone position usually become victim of this ailment due to obstruction of the *Strotas*. Consequently there is hindrance to the free flow of

saliva, which leads to *Mala Sanchaya*.

*Dantadhabana* (brushing) and gargling (*Kavala/Gandusha*) are measures to maintain the oral hygiene, they bring *Laghutva* and *Vishadatva* of mouth. Avoidance of these leads to *Mala*

*Sanchaya, Stroto Avarodha*, which causes vitiation of *Kapha*. This *Kapha Dushti* is responsible for the disease *Tundikeri* and other disorders of the mouth (*Mukharogas*).

The above mentioned *Aharaja* and *Viharaja Nidana* create an unhygienic environment in the oral cavity with suppression of saliva and decreased resistance of host which provides favorable condition for multiplication of bacteria which invades the tonsillar lymph nodes and produce the disease *Tundikeri*.

#### Poorvaroopa

As such prodromal symptoms of *Tundikeri* are not explained in any text. Since *Tundikeri* is a disease characterized by *Shotha*, premonitory symptoms of *Shotha* can be considered here.<sup>[2]</sup> i.e. mild burning sensation, *Dirghibhava* of *Siras* with mild swelling

and increase in local temperature with discomfort in *Talu* and *Kantha*.

### **Roopa**

In case of *Roopa* of *Tundikeri* there will be heaviness

**Table No. 2: Lakshana of Tundikeri by both Acharyas.**

By Acharya Sushruta <sup>[3]</sup>	By Acharya Vaghbhatta <sup>[4,5]</sup>
1. <i>Shoola Shopha</i> - (Large swelling)	1. <i>Kathina Shopha</i> - (Hard swelling)
2. <i>Toda</i> - (Pricking pain)	2. <i>Mandaruka</i> - (Mild pain)
3. <i>Daha</i> - (Burning sensation likely in subacute stage)	3. <i>Pichhila</i> ( Slimy swelling)
4. <i>Pakam</i> - (Suppuration) These symptoms are likely to be present in acute infections.	4. <i>Hanusandhi Ashrita Kantha Pradesha Adhisthana</i>

When we consider the comparative analysis of symptoms as per *Sushruta* it almost resembles with that of the signs and symptoms of acute tonsillitis. *Vaghbhatta* has given clear cut location of *Tundikeri* i.e. *Hanusandhi* which can be taken as a faucial area. Signs and symptoms as explained by *Vaghbhatta* more or less resembles with that of sub chronic tonsillitis.

*Acharya Dalhana* in his *Nibandha Samgraha Vyakhya* has explained *Doshaja* involvement of *Tundikeri* and considered similar to that of *Galashundika* i.e. *Kapha* and *Rakta*. In all later texts almost same description is found with minimal changes as per *Acharya Madhava*<sup>[6]</sup>, *Acharya Vangasena*<sup>[7]</sup> uses the word *Shotha* in place of *Shopha*. *Yogaratnakara*<sup>[8]</sup> described two types of pain in *Tundikeri* i.e. *Shoola* and *Toda*.

In *Madhukosh*<sup>[9]</sup> The commentary of *Madhav Nidana*, *Acharya Vijayrakshit* and *Srikanthadatta* also considered the involvement of *Vata* and *Pitta Dosha* due to the presence of symptoms *Toda* and *Daha* in *Tundikeri*.

### **Samprapti**

Specific *Samprapti* of *Tundikeri* is not found in *Brihatprayee*. The *Dosha-Dushya Vivechana* of *Tundikeri* may be understood in the following way.

Because of excessive usage of the *Kapha* - *Pitta Prakopaka Ahara* (as mentioned in Table no.1); *Kapha* and *Pitta Doshas* get aggravated at their respective places, i.e. (*Chaya*). As *Kantha* is the seat for *Kapha*, there is greater chance for the vitiation of *Kapha*.

Further, continuous exposure to the *Nidanas* like intake of *Matsya*, *Ksheera* etc. and keeping the throat unhygienic by avoidance of *Dantadhavana* etc, these accumulated *Doshas* become excessively vitiated which leads to *Agnimandya*, *Kaphadosha Prakopa* and *Rakta Dushti*. Due to this, the *Doshas* flow with *Manda Gati* in *Siras* and reach to *Roga Sthana*. This leads to *Sthana Samshraya* of *Doshas* in *Talu* or *Kantha Pradesha*. There is *Pitta* and *Rakta Margavarodha* in *Talu* or *Kantha* resulting in *Shotha* etc. in that area.

### **Tundikeri Samprapti Ghataka**

- **Dosha:** *Kapha Rakta*

along with swelling, rise in local temperature, vasodilatation with increased burning sensation and fever. These are the *Samanya Lakshanas* of *Shotha*. After that, specific *Lakshanas* of *Tundikeri* are explained by *Acharya Sushruta* and *Vaghbhatta* which are as follows.

- **Dushya:** *Rasa, Rakta, Mamsa*
- **Srotasa:** *Rasavaha, Raktavaha, Mamsavaha*
- **Agni:** *Jatharagni, Dhavagni Mandya*
- **Srotodushti:** *Sanga and Granthi*
- **Roga Marga:** *Bahya*
- **Udbhava Sthana:** *Amashaya*
- **Adhisthana:** *Mukha, Hanusandhi*
- **Vyaktasthana:** *Talu or Kantha*

### **Upadrava**

Complications of *Tundikeri* are not described in any Ayurvedic text.

### **Sadhyा -Asadhyā**

*Acharya Sushruta* has described 19 *Mukharogas* under *Asadhyā* category, and among *Talu Rogas*, only *Talu Arbuda* is *Asadhyā*, all others are *Sadhyā Rogas*.<sup>[10]</sup> According to him *Tundikeri* can be cured surgically. As per text, the disease which are cured surgically fall in the group of those which are *Kashtasadhyā* i.e. difficult to cure.

According to *Acharya Vaghbhatta*, among the 75 *Mukha Rogas*, 23 of them are *Asadhyā* and the rest are *Sadhyā*, and he counted *Tundikeri* as *Sadhyā Rogas*.<sup>[11]</sup>

None of the later *Acharyas* have said *Tundikeri* as *Asadhyā*. Thus *Tundikeri* is a *Sadhyā Roga*, and can be cured either by medicines or by surgical interventions.

### **Chikitsa**

*Vaghbhatta* has mentioned that one should not neglect the diseases of *Kantha* as it is the pathway of food and air. So, it should be treated as an emergency.<sup>[12,13]</sup> Management of *Tundikeri* by different *Acharyas*.

### **According to Acharya Charaka<sup>[14]</sup>**

In *Charaka Samahita* there is no direct reference for *Tundikeri*. In *Samanya Mukha Roga Chikitsa* he suggested *Dhooppana, Pradhmana Nasya, Adho Shudhi, Vamana, Langhana* and *Sukta, Katu, Tikta, Kshoudra, Kasaya* that is *Dosha Shamaka Annapanam*.

### **According to Acharya Sushruta<sup>[15]</sup>**

General line of treatment includes *Snehana, Svedana, Vamana, Virechana, Ghritapana, Dhumapanam*,

*Kavalagraha, Abhyanga, Pratisarana, Pradhamana Nasya* in the context of *Mukharoga Chikitsa*.

- Acharya *Sushruta* has advised surgical treatment for *Tundikeri* and it is based on the line of treatment of *Galashundika* i.e. *Chhedana Karma*. The treatment advocated by him are both i.e. *Bhedana*<sup>[16]</sup> (Incision), *Chhedana*<sup>[17]</sup> (Excision) *Karma*. After surgery he advised *Pratisarana* over involved area.
- In *Nibandha Samgraha* commentary, Acharya *Dalhana* stated that *Visheshah* word stated by Acharya *Sushruta* in *Tundikeri Chikitsa Sutra* is for the discrimination of the surgical treatment of *Tundikeri* i.e. *Bhedana* from the rest of surgically treatable *Talugata Rogas* which can be treated with *Chhedanakarma*.

**According to Acharya *Vaghbata***<sup>[18,19]</sup>

- He said that all *Mukha, Gala, Dantamoola Gata Rogas* are due to vitiation of *Kapha* and *Rakta Dosha*. He advised *Raktamokshana, Kaya Virechana, Shiro Virechana, Vamana, Katu, Tikta Kavala* and *Kapha Rakta Shamaka* procedures for these *Rogas*.
- Acharya *Vaghbata* has adopted the other line of treatment for treating *Tundikeri* i.e. medicinal interventions. He described the treatment of *Tundikeri, Vrinda, Kanthashaluka* and *Gilayu* is similar to the treatment of *Kaphaja Rohini*<sup>[20]</sup> i.e. *Pratisarana* from *Katu Dravyas, Nasya* and *Gandusha*.<sup>[21,22]</sup>
- According to *Ashtang Sangraha*, in all *Kanthagata Rogas*, we can do *Pratisarana* as a local application, *Gandusha, Kavalagraha* of *Katu, Ushna, Tikshna Dravyas* and aggravated *Dosha* should be thrown out of the body regularly by the process of *Raktamokshana*.
- In later periods Acharya *Vangasena, Acharya Chakrapani, Acharya Govind Das Sen, Acharya Yogrnatnaka* have followed the same treatment with some additions. *Govind Das Sen* added *Vachadi Kavala* in *Galashundi Chikitsa*.<sup>[23]</sup>

Hence the management of *Tundikeri* is dealt in three ways.

- Medical
- Para surgical (*Pratisarana, Raktamokshana, Kavala, Gandusha*)
- Surgical management (*Chedana, Bhedana*)

### Medical Management of *Tundikeri*

As such there is no medical formulation directly indicated in *Tundikeri*, the formulations prescribed for the management of *Talugata* and *Kanthagata Rogas* can be considered in the management of *Tundikeri*.

- Acharya *Charaka* in *Trimarmiya Chikitsa Adhyaya* advocated that *Kshar Gutika, Pitaka Churna, Kalaka Churna*, etc. can be used in all types of *Mukharogas*.
- According to *Vaghbata, Pitaka Churna, Kalaka Churna, Haritaki Sewana, Patoladi Kashaya*,

*Dwiksharaadi Rasakriya, Saptachchadadi Kashaya* should be given in *Mukha Rogas*.

- Acharya *Chakrapani Datta* in *Kanthaloga Chikitsa Prakaranam* advised some *Yoga* such as *Pippalyadi Churna, Darvyadi Kashaya, Haritaki Kashaya, Katukadi Kwatha, Pitaka Churna, Yavagrajadi Gutika, Kshar Gutika, Dashmoola Kwatha* etc.
- Acharya *Govind Das* in *Bhaishajya Ratnawali* suggests *Yavaksharadi Vati, Kshiradi Kavala Dharana* in *Mukha Roga Chikitsa*.
- *Yavagrajadi Gutika, Darvyadi Kwatha* in *Kantha Roga Chikitsa* mentioned by *Yoga Ratnakara* in *Mukha Roga Chikitsa Adhyaya*.

### Parasurgical Management

#### *Raktamokshana*

- *Vaghbata* said that the root cause of all types of *Mukha Rogas* are *Kapha* and *Rakta* hence for eliminating the impure blood from the body *Raktamokshana* should be done routinely.<sup>[78]</sup> Acharya *Chakrapani* in *Chakradatta* and *Yoga Ratnakara* also advised *Raktamokshana* along with *Tikshna Nasya* in *Kantha Rogas*<sup>[24,25]</sup>
- The site of *Raktamokshana* stated by Acharya *Govinda Das Sen* is *Upanasika*.

#### *Pratisarana*

- The reference of *Pratisarana Chikitsa* is explained in almost all *Samhitas*. Application of *Churna, Kalka* and *Avaleha* in the diseases of teeth, tongue and oral cavity is called as *Pratisarana*.<sup>[26]</sup> The medicine is taken on the index finger and applied in the oral cavity. Here, “*Gharshana*” word is used which means it should be rubbed and applied vigorously so that it exerts its action locally well.
- *Pratisarana Chikitsa* is a local treatment explained in the common remedies of *Mukha-Roga*. In the management of *Shotha*, it is a very effective treatment. Diseases of the oral cavity cause pain and difficulty in swallowing which in turn reduces the intake of the patient that makes him feel more ill and weak. Local applications of various drugs including *Kshara Dravyas* reduce inflammation and pain and hence may enable the patient to increase the intake.
- In *Pratisarana Chikitsa*, medicines are applied in the oral cavity which is kept moist mainly by the “*Bodhak Kapha*”, due to which the drugs applied are absorbed easily. The drugs when applied locally may be absorbed faster showing a speedy recovery than the systemic treatment in all *Mukha-Rogas*. *Ashtanga Sanghara* advocates application of *Yava Kshara* along with *Trikatu, Daruharidra, Rasouta, Tejabala, Patha, Nimbatwak, Triphala* and *Chitraka* in *Kantha Rogas*. Acharya *Sushruta* contraindicated *Kshara Karma* in *Kanthagata Rogas* except three types of *Rohini*. According to *Ashtang Hridya* treatment of *Tundikeri* is similar to *Kaphaja Rohini*

which has the indication of *Pratisarniya Kshara*. Acharya Vangasen advised the local application of *Vajri (Snuihi) Ksheer* in *Galashundika* and hence the same is also beneficial in *Tundikeri*.

### **Kavala -Gandusha**

In both these *Upakrama*, the medicines are held in the oral cavity for a specific period and later on spit out. The only difference in these two types is the quantity of drug held in the mouth. In *Gandusha* the mouth is filled with medicine so that it can't be moved. (i.e. quantity is more) whereas in *Kavala* the quantity of medicine is less so that it can be rotated in the oral cavity.

These *Upakramas* are useful in the diseases of the neck, *Shiro Roga*, ear diseases and diseases of the oral cavity.

### **Surgical Management<sup>[27, 28]</sup>**

*Shastrakarma* elaborated for *Galashundi* can be adopted in *Tundikeri*. *Dalhana* has classified *Tundikeri* under *Bhedana Sadhya Vyadhi*. All *Shastrakarma* should be performed in three steps.

#### **1. Poorva Karma**

The surgery on *Mukha Rogas* has to be performed by keeping the patient on empty stomach and *Samanya Poorva Karmas* of *Shastra Karma* should be adopted.

#### **2. Pradhana Karma**

##### **Steps**

- *Tundikeri* is gripped properly with *Sandamsha*

**Table No. 3: Pathya-Apathya in Tundikeri.**

<b>Pathya-Apathya</b>	<b>Pathya<sup>[29, 30]</sup></b>	<b>Apathya<sup>[31, 32]</sup></b>
<b>Ahara</b>	<i>Trinadhanya, Yava, Mudga, Kulatha, Jangala Mamsa Rasa, Karvellaka, Patola, Karpurajala, Ushna Jala, Tambula, Khadira, Ghrita and Katu Tikta Dravya.</i>	<i>Amla Rasa Dravyas, Abhishyandi Ahara, Matsya, Dadhi, Kshira, Guda, Masha, Ruksha Kathina Padartha Sevana, Guru Ahara.</i>
<b>Vihara</b>	<i>Swedana, Virechana, Vamana, Gandusha, Pratisarana, Kavala, Raktamokshana, Nasya, Dhumapana, Shashtra and Agnikarama.</i>	<i>Diwaswapna, use of Shitala Jala, Adhomukha Shayana and Snana.</i>

### **CONCLUSION**

*Tundikeri* as described in Ayurveda, closely correlates with the modern clinical entity of Tonsillitis. Ayurvedic interventions such as *Kshara Karma*, *Kavala*, *Gandusha*, *Pratisarana* show potential as complementary management strategies. Integrative research combining ayurvedic principles with modern science may enhance understanding and treatment of Tonsillitis. Furthermore high quality clinical studies are warranted.

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### **Yantra**

- *Chhedana* is done with *Mandalagra Shastra* at appropriate places.
- Two -third portion of *Tundikeri* is excised leaving one- third intact.
- If excision is more patient will die with excessive haemorrhage.
- If excision is less the problem will reoccur.

### **3. Paschata Karma**

*Pratisarana* is done with the mixture of *Saindhava Lavana*, *Madhu* and the powders of *Maricha*, *Ativisha*, *Patha*, *Vacha*, and *Kusta*. *Kavala Graha* with the *Kwatha* prepared from *Vacha*, *Ativisha*, *Rasna* and *Katukarohini*. *Kshara Siddha Mudga Yusha Bhojana* is given to the patient.

Hence medical or surgical intervention along with elimination of causes will be the treatment as a whole.

### **Pathya -Apathya**

As such there is no direct reference for *Apathya* in *Tundikeri*, the *Apathya* dealt in *Mukharoga* should be considered which are told by Acharya Govinda Das Sen in *Bhaishajya Ratnawali* and by *Yoga Ratnakara*.

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