



A SUCCESSFUL MANAGEMENT OF TUNDIKERI (CHRONIC AND HYPERTROPHIC TONSILS) BY KSHARAKARMA- A CASE STUDY.

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ABSTRACT:

Tundikeri is the most common *Kantagata roga*. It affects due to vitiation of *Kapha*, *Rakta* and involves *Mamsa dusti* at *Hanusandi* which resembles like *Karpas* (Cotton seed). In classics it is *Shastra sadhya*. Tonsillitis is an inflammation of faucial tonsils caused by viral or bacterial. Acute tonsillitis is managed by antimicrobial medicines. Chronic and hypertrophic tonsils causes Sore throat, difficulty in swallowing food, Fever, Myalgia and Cervical & Jugulodiagastic lymphadynopathy. In this case report a 19 years old female patient presented with gradual onset of throat pain difficulty in swallowing food and associated with rt ear discharge and reduced hearing. She was anemic and on haematinics. Because of anemia she was not taken for the surgery so consulted to Shalakya OPD and treated with *Ksharakarma*, Oral Medicines and *Gandusha*. After follow up grade 3 hypertrophy is reduced to grade 1 and symptomatic relief was present.

Keyword- Tundikeri, Ksharakarma, Tonsilar hypertrophy

INTRODUCTION

Tundikeri is one such disease where Acharya Sushruta explained it under *Talugata roga* and Astanga sangraha-kara described under *Kantaroga*. When common causative factors^[1] are analyzed it shows that derangement of *Kapha*, So *Urdwajatru roga* manifests due to vitiation of *Kapha dosha*. *Tundikeri* is also manifest due to vitiation of *Kapha* and *Rakta*. Clinical feature of *Tundikeri* as per Acharya Sushruta is *Shopha* (Edema), *Sthula* (Bulky), *Daha* (Burning sensation), *Prapaki* (Inflamed).^[2]

After analyzing the description it can be taken as inflamed or acute tonsillitis. As per Acharya Vagbhata the swelling resembling like cotton seed (*Karpas Phala*) situated at Temporo-mandibular joint (*Hanu sandhi*).^[3] Which has mild pain with slimy in nature these correlate merely with Tonsillar hypertrophy or Chronic tonsillitis.

Tonsillitis is often the result of viral or bacterial infection. Symptoms of Acute tonsils are Fever, Tonsil exudates, Sore throat, tender cervical lymphadenopathy along with odynophagia and dysphasia secondary to tonsilar edema. It is managed by antimicrobial treatment and chronic tonsillitis with complications is well managed by Tonsillectomy.

There are some absolute contra- indications even for the surgery those are active infection or acute exacerbation, age below 3years, blood dyscrasias, cervical spine pathology, the patient is on aspirin, oral contraceptive etc, endemic polio, failure to control systemic diseases.^[5] If the patient is having severe tonsillar hypertrophy which is affecting respiration, mental dullness, snoring, and dysphagia because of contraindications we can't neglect and in such cases, the *Kshara Karma* works better way to rid of hypertrophied tonsils.

The treatment of *Tundikeri* is *Shashtra sadhya vyadi*^[4] along with this *Kavala*, *Gandusha*, *Pratisarana*, *Nasya* and *Raktamokshana* are explained in classics.

Case Report

Basic Information

Name-XYZ

Age/Gender- 19yrs/ Female

Occupation- Student

Socio-economic Status- Middle

Chief Complaints-

Gradual onset of mild throat pain, difficulty in swallowing food and snoring since 3years

Associated Complaints

Right ear recurrent discharge with pain and generalized weakness since 1year

History of Present Illness-

The patient was apparently healthy before 3yrs gradually she developed throat pain along with difficulty in swallowing food and snoring while sleeping. The Patient consulted the local doctor and was on antimicrobial drugs. After taking medicines pain subsides for time being and after some days same complaints aggravated and also started pain right ear with discharge and gradually reduced hearing in the right ear. Again patient consulted an ENT surgeon and was advised for Tonsillectomy and Tympanoplasty surgery but due to Anemia they rejected this case for surgery. On 6.5.2023 came to Shalakya OPD and was hospitalized for further management.

Past History-

No/Ho/ DM, Asthma, Tuberculosis

K/C/O Anemia

Drug History or Medical History- Patient is on Oral Haematinics

Gynecological and Obstetrics History-

M.H –Regular 3-4/28

Systemic Examination-

CNS-Conscious and Oriented

CVS- S1 and S2+ No Murmur

RS – AEEBS

Local Examination (Oral examination)

Soft palate- Normal

Uulva-normal size with no congestion

Faucial Tonsils- Bilateral Grade 3Hypertrophy

Posterior pharynx - Normal, No post nasal drip.

Table No 1: Grading of the tonsillar hypertrophy ^[6]

| | |
|---------|---|
| Grade 1 | Tonsils are congested but are located within the tonsillar fossa |
| Grade 2 | Tonsils hypertrophy is till the brim of the tonsillar fossa |
| Grade 3 | Tonsillar hypertrophy extends beyond the pillars but does not touch each other. |
| Grade 4 | The tonsils are in contact with each other (kissing tonsils) |

Table No 2: Ear examination

| | Rt Ear | Lt Ear |
|-------------------|-------------------------|----------------------------------|
| EAC | Mucopurulent Discharge+ | WNL |
| Tympanic Membrane | Central Perforation+ | Intact with Normal cone of light |
| Rinne's test | BC>AC | AC>BC |
| Weber Test | Lateralizes | - |

Table No 3: Hematological examination

| | |
|------------------------------|---|
| Hb | 4.7 gms% |
| RBC | 3.01millions/uL |
| PCV | 17.9% |
| MCV | 59.5fL |
| MCH | 15.6Pg |
| MCHC | 26.3g/dL |
| RDW CV | 17.3% |
| Platelet Count | 4,39,000/cumm |
| Peripheral Smear Examination | Hypochromia+, Microcytosis+, Anisocytosis+. |

Table No 4: Treatment Given

| Date | Treatment Given | Improvement |
|-----------|--|--|
| 6.5.2023 | <i>Apamarga Kshara</i> applied to Left tonsil for 100 <i>Matrakala</i> Oral Medicines Cap Grab 1-1-1 A/F Tab <i>Kanchanar Guggulu</i> 2-0-2 A/F <i>Varunadi Kashaya</i> 2tsf-0-2tsf B/F with 2tsf warm water <i>Triphala+Yastimadhu+Tankana Gandusha</i> For 4times day. | |
| 15.5.2021 | <i>Apamarga Kshara</i> applied to RT tonsils for 100 <i>matrakala</i> Same medication continued | The size of left tonsils reduced 80% Mild dysphagia+ |
| 26.5.2023 | Oral medicines 1) Cap grab 1-1-1 A/F 2) Tab <i>Kanchanar guggulu</i> 2-0-2 A/F 3) <i>Varunadi kashaya</i> 2tsf -0-2tsf B/F with warm water 4) <i>Gandusha</i> is continued | No Dysphagia Voice improvement No ear pain and discharge O/E Bilater tonsilar hypertrophy is reduced to grade 1. Rt EAC- No discharge. TM-Central perforation+ |



Figure 1: Before Treatment

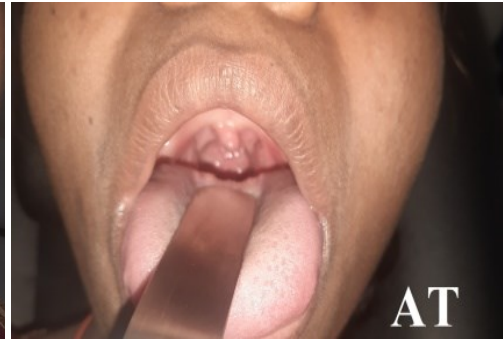


Figure 2: After Treatment

DISCUSSION

Tundikeri is one among the *Katntagata roga* which manifests due to the vitiation of *kapha* and *Rakta dosha* and derangement of *Rasa*, *rakta* and *mamsa dhatu* at *hanu sandi* leads to *Karpas phala* (Cotton Seed) resembling growth which presents *Daha*, *Raga*, *Prapaka*, *Picchila* with *Manda ruka* (Mild pain). As we analyse *samprapti* the *mamsa dusti* is present so *Kshara* is the best choice of treatment in *mansadusti*. *Kshara* possesses *Lekhana*, *Ropana*, *Shodhana* and *Shoshana* etc properties [7] *Apamarga kshara* is *madyama kshara* and appropriate for *pratisarana*. In this case as patient is suffering from anemia and anemia is absolute contraindication for Tonsillectomy surgery. After *kshara* application -tonsils are treated as *vrina* so following medicines are used.

Cap Grab- It is a proprietary medicine contains *vrinapari rasa*, *Triphala guggulu*, *Gandhaka rasayana*, *arogyavardini rasa*, *Guduchi* and *manjistha*. The main action of this drug is *kandugna* and *lekhana* along with wound

healing as it processes anti-inflammatory action.

Tab kanchanar Guggulu- It pacifies *kapha -vata* and acts on *rasa*, *rakta*, *mamsa*, and *medas* and has properties *Lekhana*, *Kshanana* and *Pachana* so it is explained under *Arbuda*, *Granthi*, *Vrina*, *Bhagandhra*, *Pakwa vidradi* etc. [8]

Varunadi Kashaya- It is *Kapha medohara*, *agni deepana* and *vidradihara*. [9] It can be used as effective Ayurvedic formulation to control Chronic inflammatory disorder. [10]

Gandusha- *Triphala* is best anti-inflammatory; *yastimadhu* is *lekhaneeya kantya dravya* so *Gandusha* with this *kashaya* helps to relieve the symptoms early. *Gandusha* is procedure adopted for *mukharoga* where the medicine (*kashaya* or *kalka*) are held in oral cavity for specific duration [11] *Triphala* and *yastimadhu* possesses *Kashaya*, *madhura rasa* so it is given as *ropana gandusha* in this case.

CONCLUSION

Tundikeri is effectively managed by *ksharakarma* without any complications and in

conditions like tonsillitis with comorbidities and also some contraindicating factors associated with the disease. *Kshara karma* is effective *karma* adopted in *kapha* and *vata hara roga* along *mamsa dusti*. In this case, grade 3 hypertrophy is reduced to grade 1 hypertrophy, and symptomatic relief was present without any complications. The medicines which possess *kapha vatahara* and *gandusha* alleviate the *dosha* present in the oral cavity thus pacifies the disease.

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CITE THIS ARTICLE AS

Ashwini Kumbar, Suraj Kumbar, Anagha TS. A Successful Management of Tundikeri (Chronic and Hypertrophic Tonsils) by Ksharakarma- A Case Study. *J of Ayurveda and Hol Med (JAHM)*.

2023;11(8):71-77

Conflict of interest: None

Source of support: None