



REVIEW ARTICLE ON TUNDIKERI AND ITS MANAGEMENT THROUGH AYURVEDA

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ABSTRACT **Background:** Tundikeri is described in Ayurveda under Mukha Roga, characterized by Shotha (inflammation), Toda (pain), Daha (burning), and Paaka (suppuration) in the throat region. The condition develops due to Kapha prakopa as causative factors. **Aim:** To review Tundikeri exclusively from the Ayurvedic perspective, highlighting concepts of Nidana, Samprapti, Lakshana, and Chikitsa as mentioned in classical texts. **Methods:** Relevant references were collected from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, Yogaratnakara, and other Ayurvedic texts. Data were compiled systematically and presented through summary tables on Nidana, Shodhana Karmas, Shamana Yogas, and Bahya Chikitsa Karmas. **Results:** Ayurvedic management of Tundikeri is based on principles of Nidan Parivarjana, Shodhana (Vamana, Virechana, Nasya, Raktamokshana), Shamana (Khadiradi Vati, Sitopaladi Churna, Yashtimadhu, Trikatu), Bahya Karma (Kavala, Gandusha, Dhumapana, Pratisarana), and Shastra Karma (Bhedana, Chedana). The combined approach helps reduce Kapha-Rakta dushti, alleviates symptoms, and prevents recurrence. **Conclusion:** Ayurveda provides a comprehensive and natural framework for the management of Tundikeri. By focusing on dietary regulation, lifestyle correction, Shodhana, and Shamana therapies, long-term relief can be achieved without adverse effects.

KEYWORDS : Tundikeri, Mukha Roga, Ayurveda, Shodhana, Shamana, Bahya Karma, Khadiradi Vati

Introduction

Tundikeri is one of the important diseases described under Mukha Roga in Ayurveda. It is primarily explained in the Talumandala Pradesha and is characterized by Shotha (swelling), Shula (pain), Daha (burning), and Puyotpatti (suppuration) [1-2]. The disease has been elaborated in detail by various Acharyas, each highlighting different aspects of its symptomatology and involvement of Doshas.

- Acharya Charaka has not mentioned Tundikeri as a separate entity but described Mukha Rogas in general [3].
- Acharya Sushruta specifically includes Tundikeri among Mukha Rogas and provides lakshanas related to swelling and pain in the Talu-Mandala [1].
- Acharya Vagbhata also refers to Tundikeri under Mukha Roga, mentioning Tundikeri is a disease characterized by a round, elevated, and painful swelling in the throat region, resembling the fruit of Tundikeri (Vankarpāsa). It causes obstruction in swallowing and speaking. [2].
- Later texts like Madhava Nidana and Yogaratnakara further detail the symptomatology and prognosis of the disease, adding practical guidelines for diagnosis and management [4,5].

Thus, Tundikeri is consistently acknowledged in Ayurvedic classics as a disease of the Kantha-Talu region, with emphasis on its inflammatory nature and painful presentation. Its understanding across Samhitas and Nighantus reflects the importance given to this ailment since ancient times

AIMS AND OBJECTIVES

- To explore the Ayurvedic perspective of Tundikeri.
- To review the management of Tundikeri through classical Ayurvedic principles and formulations.

Ayurvedic Nidana (Causative factors)

Ayurvedic Nidan compiled summary is presented in Table 1.

Table 1: Nidana of Mukha Rogas (including Tundikeri) [6] [7]

Category	Nidana (Causative Factors)	Examples / Explanation
Aharaja (Dietary)	- Ati-ushna, ati-tikshna, ati-katu ahara (excess spicy, hot, pungent foods) - Ati-ruksha anna (dry, rough food) - Amla-lavana ati sevana (excess sour and salty food) - Viruddha ahara (incompatible food combinations)	Leads to vitiation of Pitta and Rakta, causing Daha and Shotha in Mukha.

Viharaja (Lifestyle)	- Adhyashana (eating before digestion of previous food) - Divaswapna (day sleep) - Ratrijagarana (night awakening) - Vega-dharana (suppression of natural urges)	Causes Agnimandya and Dosha dushti, predisposing to Mukha rogas.
Manasika (Psychological)	- Krodha (anger) - Shoka (grief) - Chinta (excess worry)	Increases Pitta and Vata leading to Mukha Shotha, Daha.
Agantuja (External)	- Dhuma sevana (excessive smoke exposure) - Raja (dust), vata (dry wind exposure) - Asatmyendriyarthasamyoga (unwholesome sensory contact)	Irritation and infection of oral and tonsillar mucosa.
Vyadhi-nimittaja (Secondary causes)	- Dushita kapha-pitta prakopa due to other systemic disorders - Krumi (microorganisms/worms) involvement	Predisposes to suppuration and chronic Mukha rogas like Tundikeri.
Specific Nidana for Tundikeri	- Excess ati-amlalavana sevana (sour, salty foods) - Kapha-pitta prakopaka ahara-vihara	Produces Shotha, Shula, Daha, Puyotpatti in Talu-mandala.

Samprapti (Pathogenesis) [8]

Excessive intake of Madhura, Amla, and Lavana rasa, coupled with Snigdha and Abhishyandi Ahara and improper oral hygiene, leads to Agnimandya, Kapha prakopa, and Rakta dushti. The vitiated Doshas lodge in Talu and Kantha pradesha, producing Shotha (inflammation), Toda (pain), Daha (burning), and Paaka (suppuration), thereby manifesting as Tundikeri roga.

Clinical Features (Lakshana) of Tundikeri [2]

According to Ashtanga Hridaya, when the Talu-mandala (tonsillar region) is affected, the following symptoms are observed:

- Shotha (Swelling): Enlargement of the tonsillar region.
- Shula (Pain): Throat pain, especially while swallowing.
- Daha (Burning): Burning or irritation in the throat.
- Puyotpatti (Suppuration): Formation of pus within the tonsils.
- Srava (Discharge): Oozing or discharge.

Ayurvedic Management

1. Nidan Parivarjana (Avoidance of causative factors) [9]

- Avoid Kapha-aggravating foods such as curd, milk, fish, fermented food, cold water, and day sleep.

• Maintain oral hygiene, avoid exposure to cold and damp environments.

2. Antah Parimarjana Chikitsa (Internal therapies)

Sanshodhana karma as mentioned by Acharyas are summarized in Table 2.

Table 2: Sanshodhana Karma Mentioned By Acharyas

Acharya	Recommended Sanshodhana for Tundikeri
Charaka	Dhumpana, Pradhamana nasya, Vamana, Virechana, Langhana [10]
Sushruta	Gandusha, Kawaladharana, Pratisarana, Dhumapana [11]
Vagbhata	Raktamokshana, Nasya, Gandusha [2]
Yogaratanakara	Raktamokshana [12]

Sanshamana Aushadhi Yogas are widely used for symptomatic relief (see Table 3).

Table 3: Sanshamana Aushadha Yoga

Yog / Formulation	Ingredients	Indication / Use
Khadiradi Vati	Khadira, Kankola, Jatiphala, Lavanga	Anti-inflammatory, antiseptic
Tankana bhasma with honey	Tankana + Madhu	Lekhana and Ropana
Trikatu churna with honey	Sunthi, Maricha, Pippali	Kapha reduction, Agni deepana
Sitopaladi churna with Madhu	Misri, Vamshalochana, Pippali, Ela	Shotha and Kapha-pitta shamana
Yashtimadhu churna	Glycyrrhiza glabra	Soothing, healing

1. Bahir Parimarjana Chikitsa (External therapies)

- Kavala (gargling with decoctions like Triphala, Yashtimadhu, Khadira).
- Gandusha (oil pulling with sesame oil).
- Pratisarana (local application of powders like Tankana + honey).
- Dhumpana (medicated fumigation for throat purification).

2. Shashtra Pranidhana (Surgical intervention) [11]

Acharya Sushruta correlates Tundikeri management with Galashundika, advocating:

- Bhedana (incision) in case of abscess formation.
- Chhedana (excision) – correlates with tonsillectomy in resistant/recurrent cases.

3. Pathya–Apathya Pathya (Wholesome)

- **Diet:** Yava, Mudga, Kulattha, Jangala mamsa rasa, Patola, Karvellaka, Khadira, Ghrita, warm water, herbal decoctions.
- **Lifestyle:** Swedana, Vamana, Virechana, Gandusha, Pratisarana, Nasya, Dhumapana.

Apathya (Unwholesome)

- **Diet:** Curd, milk, fish, jaggery, black gram, fermented food, sour food.
- **Lifestyle:** Day sleep, exposure to cold water, prone sleeping, excessive cold drinks.

4. Chikitsa Karma and Integrated Aushadh Yog

Holistic treatment combines systemic and local therapies (Table 4).

Table 4: Chikitsa Karma And Aushadh Yog

Chikitsa Karma	Procedure / Drug	Action
Local Procedures	Kavala, Gandusha, Dhoopana	Reduces pain and inflammation
Shirovirechana	Nasya with Anu Taila / Shadbindu Taila	Clears Kapha from Urdhwajatrugata region
Lekhana Karma	Pratisarana with Kasisadi / Tankana churna	Reduces tonsillar hypertrophy
Oral Aushadhi	Khadiradi Vati, Sitopaladi, Trikatu, Yashtimadhu	Systemic relief
Supportive Rasayana	Chyawanprash, Amalaki Rasayana	Boosts immunity, prevents recurrence

DISCUSSION

Ayurvedic classics describe Tundikeri as a Mukha Roga manifested in the Talu-mandala with features such as Shotha, Shula, Daha,

Puyotpatti, and Sṛava. The pathogenesis is primarily attributed to vitiation of Kapha and Rakta, often associated with Pitta involvement. Recurrent episodes indicate chronic derangement of Agni and impaired local immunity.

Management in Ayurveda is holistic and multidimensional, aiming not merely at symptomatic relief but also at breaking the cycle of recurrence. The treatment approach includes:

- **Shmana Chikitsa:** Use of herbal formulations with Kaphahara, Kandughna, and Shothahara properties.
- **Shodhana Chikitsa:** Vamana, Virechana, and Raktamokshana as indicated to expel vitiated Doshas.
- **Bahya Karma:** Gandusha, Kawaladharana, Pratisarana, and Dhumapana for local palliation.
- **Rasayana Therapy:** To enhance immunity (Vyadhi-kshamatva) and strengthen the oropharyngeal defense mechanism.
- **Shashtra Karma:** Excision (Chedana) of enlarged tonsils is also mentioned in classical texts when conservative measures fail, showing parallelism with modern surgical options.

Thus, Ayurveda offers a comprehensive framework, addressing both acute and chronic conditions of Tundikeri with preventive, curative, and promotive measures.

CONCLUSION

- Tundikeri is systematically described in Ayurvedic texts under Mukha Roga with clear lakshana, nidana, and chikitsa.
- Classical Ayurvedic management provides an integrated protocol encompassing Shamana, Shodhana, Bahya Karma, Rasayana, and Shashtra Karma.
- These measures not only relieve inflammation and suppuration but also enhance host defense and prevent recurrence.
- Ayurveda emphasizes root-cause correction through Agni-balancing and Dosha management, making it a sustainable strategy.
- Therefore, Ayurvedic management of Tundikeri stands as a safe, effective, and holistic approach, reducing the dependency on recurrent modern interventions.

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