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TUNDIKERI IN AYURVEDA: A COMPREHENSIVE CONCEPTUAL REVIEW WITH CLASSICAL AND CLINICAL CORRELATION

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ABSTRACT

Background:
Tundikeri is an important disease entity described under Mukha Roga in Ayurvedic classics, involving the oral cavity and throat. It has been variably classified by different Acharyas in various Ayurvedic classics, with some considering it as a Talugata Roga while others place it under Kanthagata Roga. This variation reflects the anatomical and pathological overlap between Talu and Kantha regions. Despite its clinical significance and resemblance to inflammatory conditions of the throat, a comprehensive theoretical understanding based on classical literature is essential for understanding anatomical, physiological and pathological characters as well as clinical and easy application of treatment principle..

Objective:
To critically analyze and compile the classical Ayurvedic concept of Tundikeri with emphasis on Nidana Panchaka, Samprapti, and its fundamental pathological framework.

Materials and Methods:
The present study is a conceptual review based exclusively on classical Ayurvedic literature. Relevant descriptions from Brihatrayee, Laghutrayee, and other classical texts were systematically analyzed. The study focuses on anatomical aspects, Nidana, Samprapti, Kriyakala, clinical features, prognosis, and management principles. A comparative approach was adopted to consolidate variations among different Acharyas.

Results:
Tundikeri is identified as a Kapha-pradhana Shothaja Vyadhi with involvement of Rakta and Mamsa Dhatu. The disease originates from Kapha-aggravating dietary and lifestyle factors, leading to Agnimandya and Ama formation. Vitiated Doshas circulate through Rasavaha and Raktavaha Srotas and localize in Talu or Kantha due to Kha-vaigunya. This results in Dosha-Dushya Sammurchana, Srotorodha, and localized inflammatory swelling manifesting as Tundikeri. Classical descriptions emphasize features such as Shotha, Toda, Daha, and Paka.

Conclusion:
Tundikeri represents a classical Kapha-dominant inflammatory disorder with well-defined Samprapti. Understanding its Nidana Panchaka and Samprapti Ghataka provides a strong foundation for diagnosis and management. The disease highlights the integrative approach of Ayurveda involving Dosha, Dhatu, and Srotas in pathogenesis.

KEY WORDS: *Tundikeri,Tonsilitis, Talugata roga, Kanthagata roga*

INTRODUCTION

Ayurveda, the ancient science of life, is considered the Upaveda of Atharva Veda and has been systematized into eight branches for better understanding and clinical application. Among these, Shalakya Tantra occupies a significant position as it deals with diseases affecting the organs situated above the clavicle, including the ears, nose, eyes, and oral cavity. The oral cavity, referred to as Mukha, is one of the most vital anatomical structures of the body, serving as the gateway for alimentation, respiration, and communication. It performs essential physiological functions such as mastication, deglutition, speech production, and initiation of digestion. Due to its constant exposure to external agents and its complex anatomical composition, Mukha is highly susceptible to a wide range of pathological conditions.

Classical Ayurvedic texts have elaborately described Mukha as comprising several anatomical components, including ostha, danta, dantamula, jihwa, talu, and kantha, each of which has both physiological importance and pathological vulnerability. Acharya Sushruta[1] and Bhaba Mishra[2] has enumerated sixty-five Mukha Rogas based on their anatomical site of occurrence, while other Acharyas have described varying numbers, reflecting differences in classification criteria. Among these diseases, Tundikeri is recognized as a significant clinical entity due to its frequent occurrence, particularly in children, and its

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potential to cause considerable discomfort and complications if not managed appropriately.

Tundikeri is primarily described as an inflammatory condition characterized by swelling in the region of Talu or Kantha, often associated with pain, burning sensation, and suppuration. The disease exhibits a unique position in Ayurvedic literature due to variation in its anatomical classification. While Acharya Sushruta and Madhavakara have described it under Talugata Roga, Acharya Vagbhatta[3] and Sarangadhara[4] have placed it under Kanthagata Roga. This dual classification highlights the anatomical and functional proximity between Talu and Kantha, suggesting that the disease process is not confined to a single structure but rather involves a broader region of the oral cavity and throat.

Furthermore, Tundikeri is understood as a Shothaja Vyadhi with predominance of Kapha Dosha, where the pathological process involves vitiation of Dosha, interaction with Dhatu, and obstruction of Srotas. The absence of a specific etiological description in classical texts necessitates reliance on general Nidana of Mukha Roga, which primarily includes Kapha-aggravating dietary and lifestyle factors. The disease follows a systematic progression as explained under Shat Kriyakala, ultimately manifesting as a clinically evident condition with characteristic features.

In the present era, conditions resembling Tundikeri are commonly encountered in clinical practice, making it essential to revisit classical concepts and reinterpret them in a systematic manner. A comprehensive theoretical appraisal of Tundikeri based on classical Ayurvedic literature is therefore essential to understand its etiopathogenesis, clinical presentation, and management principles. This study aims to consolidate scattered references and present a structured understanding of Tundikeri as a Mukha Roga.

AIM & OBJECTIVE

1. Conceptual review of Tundikeri as a Mukhagata roga
2. To review Tundikeri(Tonsilitis) in different Ayurvedic and modern classics.
3. To study anatomical, physiological and pathological concept of Tundikeri on the basis of Satkriyakala.

MATERIALS AND METHODS

This study is a conceptual review based entirely on classical Ayurvedic literature . Relevant textual material from Brihatrayee, Laghutrayee, and other classical compendia was systematically analyzed. Information related to Nidana, Samprapti, clinical features, and management was extracted and critically evaluated. A comparative approach was employed to reconcile differences in descriptions among various Acharyas. The findings were synthesized to present a coherent and comprehensive theoretical framework of Tundikeri.

PRIVIOUS WORK DONE

REVIEW OF LITERATURE

Syntactical derivation of word Tundikeri

The word Tundikeri is made up of two words- Tundi+Keri.
"Tundi" word is derived from the root word "Tung" which means Beak" and then it is
suffixed from "Ana" which gives rise to the present word "Tundi". The word Tundi is
used for Beak, Snout, Bimbi, Cotton herb, Swelling of umbilicus. The word "Keri" is
used for specific insect, small raw fruit of mango.[5]
According to Sabdakalpadruma, Tundi means Mukha and Tundikeri refers to Karpasa
phala, Bimbiphal, Rakta phala etc.[6]
In Amarakosha also Tundikeri refers to Karpasa phala.[7]

Synonyms[8]

Rakta phala, Karpasi, Bimbika, Badara



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VIEWS OF ACHARYAS

Text / Acharya	Classification of Tundikeri	Description / Remarks
Charaka Samhita[9]	Not directly described	Mukha Roga mentioned; similar Shotha conditions described sutra stana 18th chapter
Sushruta Samhita[10]	Talugata Roga	Detailed description of Lakshana and Chikitsa
Ashtanga Samgraha[11] (Vagbhatta)	Kanthagata Roga	Described as "Tundikerika"; features & treatment given
Ashtanga Hridaya[12]	Kanthagata Roga	Similar to Ashtanga Samgraha
Madhava Nidana[13]	Talugata Roga	Similar description to Sushruta
Sarangadhara Samhita[14]	Kanthagata Roga	Only mentioned in classification
Bhavaprakasha[15]	Talugata Roga	Similar to Sushruta
Yoga Ratnakara[16]	Mukha Roga	Similar Nidana & Chikitsa
Chakradutta[17]	Kantha Roga context	Focus on treatment
Vangasena[18]	Mukha Roga	Similar to Sushruta
Kashyapa Samhita[19]	Not mentioned	Only related Kantha rogas described
Harita Samhita[20]	Mukharoga chikitsa	Describe Galaganda and Galasundika
Bhela Samhita[21]	Sheeroroga Chikitsa	Describe Galasundika chikitsa
Bhaishajya Ratnavali[22]	Talugata Roga	Describe Tundikeri and its treatment same as Galasundika under talugata roga

NIDANA PANCHAKA

NIDANA

Tundikeri does not have specific etiological factors described independently in classical texts. However, general Nidana of Mukha Roga are considered applicable. These include Kapha-aggravating dietary factors such as consumption of fish, buffalo meat, black gram, curd, milk, sugarcane products, and heavy, unctuous foods. Lifestyle factors such as improper oral hygiene, inappropriate therapeutic practices, sleeping in improper posture, and suppression of natural urges contribute to Kapha vitiation.[23] These factors ultimately lead to Agnimandya and formation of Ama, which initiates the disease process.

SAMPRAPTI [24,25]

Kapha Vardhaka Nidana (Aharaja + Viharaja)
↓
Jatharagni Mandya
↓
Ama Formation (Ama-Kapha)
↓
Kapha Dosha Vriddhi (Sanchaya → Prakopa)
↓
Prasara via Rasavaha & Raktavaha Srotas
↓
Kha-Vaigunya at Talu / Kantha
↓
Sthanasamsraya (Localization)
↓
Dosha-Dushya Sammurchana
(Kapha + Rakta + Mamsa)
↓
Srotodushti (Sanga)
↓
Sthanik Shotha
↓
Vyakta Avastha (Tundikeri)

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SAMPRAPTI GHATAKA (TABLE)

Component	Description
Dosha	Kapha (Predominant)
Dushya	Rakta, Mamsa
Srotas	Rasavaha, Raktavaha
Srotodushti	Sanga
Agni	Jatharagni Mandya
Ama	Present
Udbhava Sthana	Amashaya
Adhisthana	Talu / Kantha
Vyakti Sthana	Mukha
Rogamarga	Urdhwajatrugata
Vyadhi Swabhava	Shothaja Vyadhi
Vyadhi veda	Krichha Sadhya Vyadhi

ROOPA (CLINICAL FEATURES)

The disease presents with characteristic inflammatory signs including Sthula Shotha, Toda, Daha, and Paka. The swelling is often large and may resemble the fruit of cotton, with slimy exudate and firm consistency. Patients may experience difficulty in swallowing, pain in throat, fever, halitosis, and general weakness. These features indicate the involvement of Kapha along with Rakta and Mamsa Dhatu.

According to Acharya Sushruta:[26]

- Sthula Shopha (large swelling)
- Toda (pricking pain)
- Daha (burning sensation)
- Paka (suppuration)

According to Acharya Vagbhatta:[27]

- Karpasa phala sannibha (swelling resembling cotton fruit)
- Pichhila (slimy exudate)
- Manda Vedana (mild pain)
- Kathina Shopha (hard swelling) located near Hanusandhi region

General Clinical Features :

- Difficulty in swallowing
- Pain in throat region
- Halitosis
- Fever
- Anorexia and weakness

SADHYA-ASADHYATA[28]

Tundikeri is generally considered a Sadhya Vyadhi; however, it may be Krichhra Sadhya depending on severity. Early-stage disease responds well to treatment, while advanced cases with suppuration may require surgical intervention.

MODERN VIEW

TONSILLITIS

Definition: The inflammation of palatine tonsils in oropharynx is termed as tonsillitis.

Type: It is two types.

1. Acute tonsillitis
2. Chronic tonsillitis

Acute Tonsillitis:[29]

It is the acute inflammation of faucial or palatine tonsils.

Primarily, the tonsil consists of

(i) surface epithelium which is continuous the oropharyngeal lining,

(ii) crypts which are tube like invaginations from the surface epithelium and

(iii) the lymphoid tissue.

Acute infections of tonsil may involve these components. They are classified as-

Types

1. Acute catarrhal or Superficial tonsillitis: Here tonsillitis is a part of generalized and is mostly seen in viral infections.
2. Acute follicular tonsillitis: Infection spreads into the crypts which become filled with purulent material, presenting at the openings of crypts as yellowish spots.
3. Acute parenchymatous tonsillitis: Here tonsil substance is affected, Tonsil is uniformly enlarged and red.
4. Acute membranous tonsillitis: It is a stage ahead of acute follicular tonsillitis when exudation from the crypts coalesces to form a membrane on the surface of tonsil.

Aetiology

Acute tonsillitis often affects school-going children, but also affects adults. It is rare in infants and in persons who are above 50 years of age. Haemolytic streptococcus is the most commonly infecting organism. Other causes of infections may be staphylococci, pneumococci or H.influenzae. These bacteria may primarily infect the tonsil or may be secondary to a viral infection.

Symptoms

The symptoms vary with severity of infections. The pre-dominant symptoms are:

1. Sore throat.
2. Difficulty in swallowing. The child may refuse to eat anything due to local pain.
3. Fever. It may vary from 38 to 400C and may be associated with chills and rigors. Sometimes, a child presents with an unexplained fever and it is only on examination that an acute tonsillitis is discovered.
4. Earache. It is either referred pain from the tonsil or the result of acute media which may occur as a complication.
5. Constitutional symptoms. They are usually more marked than seen in the simple pharyngitis and may include headache, general body aches, malaise and constipation. There may be abdominal pain due to mesenteric lymphadenitis simulating a clinical picture of acute appendicitis.

Signs

1. Often the breath is foetid and tongue is coasted.
2. There is hyperaemia of pillars, soft palate and uvula.
3. Tonsils are red ad swollen with yellowish spots of purulent material presenting at the opening of crypts (acute follicular tonsillitis) or there may be a whitish membrane on the medial surface of tonsil which can be easily wiped away with a swab (acute membranous tonsillitis). The tonsils may be enlarged and congested so much so that they almost meet in the midline along

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with some oedema of the uvula and soft palate (acute parenchymatous tonsillitis).
4. The jugulodigastric lymph nodes are enlarged and tender.

Treatment
1. Patient is put to bed and encouraged to take plenty of fluids.
2. Analgesics (aspirin or paracetamol) are given according to the age of the patient to relieve local pain and bring down the fever.
3. Antimicrobial therapy. Most of the infections are due to Streptococcus and penicillin is the drug of choice. Patients allergic to penicillin can be treated with erythromycin. Antibiotics should be continued for 7-10 days.

Complications
1. Chronic tonsillitis with recurrent acute attacks. This is due to incomplete resolution of acute infection. Chronic infection may persist in lymphoid follicles of the tonsil in the form of micro abscess.
2. Peritonsillar abscess.
3. Parapharyngeal abscess.
4. Cervical abscess due to suppuration of jugulodigastric lymph nodes.
5. Acute otitis media. Recurrent attacks of acute otitis media may coincide with recurrent tonsillitis.
6. Rheumatic fever. Often seen in association with tonsillitis due to Group A beta-hemolytic Streptococci.
7. Acute glomerulonephritis. (Rare these days)
8. Subacute bacterial endocarditis. Acute tonsillitis in a patient with valvular heart disease may be complicated by endocarditis. It is usually due to Streptococcus viridians infection.

DISCUSSION

Tundikeri, as described in classical Ayurvedic literature, represents a significant Mukha Roga with complex anatomical and pathological involvement. The variation in its classification as either Talugata or Kanthagata Roga reflects the anatomical continuity and functional interrelationship between Talu and Kantha. This dual classification indicates that the disease process is not restricted to a single anatomical structure but extends across the oral cavity and throat, thereby requiring a comprehensive approach in both diagnosis and management.

The pathogenesis of Tundikeri is predominantly Kapha-driven, with significant involvement of Rakta and Mamsa Dhatu. The role of Kapha Dosha is evident in the clinical presentation characterized by swelling, heaviness, and slimy exudation, while the involvement of Rakta contributes to inflammatory manifestations such as Daha and Paka. The formation of Ama due to Agnimandya further aggravates the pathological process, leading to Srotorodha and localized accumulation of vitiated Doshas. The concept of Kha-vaigunya plays a crucial role in determining the site of manifestation, particularly in Talu and Kantha regions.

The absence of disease-specific Nidana highlights the importance of general dietary and lifestyle factors in the causation of Mukha Rogas. Kapha-aggravating foods and improper oral hygiene create a conducive environment for Dosha vitiation, ultimately leading to disease manifestation. The progression of Tundikeri through the stages of Shat Kriyakala emphasizes the dynamic nature of disease development and the importance of early diagnosis and timely intervention.

The clinical features described by Acharya Sushruta and Vagbhatta provide a clear understanding of the disease's inflammatory and suppurative nature. The description of swelling resembling a cotton fruit (Karpasa phala) is particularly noteworthy and serves as a distinguishing clinical feature. The involvement of structures related to swallowing and speech further explains the associated symptoms such as dysphagia and throat pain.

From a therapeutic perspective, the inclusion of both medical and surgical management in classical texts reflects the severity and progression of the disease. While initial stages may be managed with Shodhana, Nasya, and local applications such as Pratisarana, advanced cases require surgical intervention in the form of Bhedana Karma. This highlights the importance of stage-wise management based on the severity of the disease.

Thus, Tundikeri can be understood as a Kapha-pradhana Shothaja Mukha Roga involving Talu and Kantha, characterized by Dosha-Dushya Sammurchana and Srotodushti. A thorough understanding of its Nidana Panchaka and Samprapti Ghataka is essential for accurate diagnosis and effective management. The classical descriptions provide a strong theoretical foundation, which remains highly relevant in understanding and managing similar conditions in contemporary clinical practice.

Overall, the disease demonstrates the integrative approach of Ayurveda, where Dosha, Dhatu, and Srotas collectively contribute to disease manifestation. This holistic understanding is essential for effective diagnosis and management.

CONCLUSION

Tundikeri is a clinical condition which is very common in child as well as in growing age (adolescent) with no significant relation to sex, religion & geographical distribution. Its signs and symptoms correlates with Tonsillitis in contemporary medicines. It can be managed with complete understanding of its etiopathogenesis. As surgical management, tonsillectomy is being practiced in patients which further hampers the immunological function because tonsils are the first line defense mechanism of the body. To avoid the surgical complication, this research work has been experimented to search a new medicinal therapy.

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