

## CASE STUDY

# Ayurvedic Management of Tonsillitis – A Case Study

Sredha Rajagopal, Manjiri Keskar\*, Anu Vijayan\*\*

<sup>1-3</sup>Department of Shalaky Tantra, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat

\*Corresponding author: Dr. Manjiri Keskar

Mailing Address: [manjirikeskar@gmail.com](mailto:manjirikeskar@gmail.com)

### ABSTRACT

*Tonsillitis is an inflammatory disorder of the palatine tonsils commonly caused by viral or bacterial infections and is frequently encountered in clinical practice, especially among young adults. It presents with sore throat, fever, dysphagia, and tonsillar enlargement with or without exudates and significantly affects daily activities and quality of life. In Ayurveda, tonsillitis closely resembles Tundikeri, a condition described under Kantharoga, characterized by throat pain, swelling, fever, and difficulty in swallowing, predominantly due to Kapha-Pitta vitiation. To evaluate the effect of Ayurvedic management in a case of tonsillitis (Tundikeri). This case study reports the Ayurvedic management of tonsillitis in a 28-year-old male patient who presented with acute throat pain, fever, painful swallowing, and inflamed tonsils with purulent spots. The treatment protocol included classical Ayurvedic formulations such as Guduchi Ghana Vati, Trikatu Churna, and Mahasudarshana Churna, along with local therapies like herbal steam inhalation and Kavala (gargling) with Triphala Kashaya. Significant symptomatic improvement was observed by the fifth day, with marked reduction in throat pain, fever, and tonsillar inflammation. Complete clinical recovery was noted by the seventh day without any adverse effects. This case suggests that Ayurvedic management can be an effective, safe, and holistic therapeutic approach in the management of tonsillitis (Tundikeri) and may help reduce dependence on antibiotics in uncomplicated cases.*

**Keywords:** Tonsillitis, Tundikeri, Guduchi Ghana Vati, Mahasudarshana Churna, Kavala, Trikatu Churna, Ayurveda.

Received 24.10.2025

Revised 01.11.2025

Accepted 30.12.2025

### How to cite this article:

Sredha R, Manjiri K, Anu V. Ayurvedic Management of Tonsillitis – A Case Study. Adv. Biores. Vol 17 [1] January 2026 : 188-192

## INTRODUCTION

Tonsillitis is an inflammatory condition of the palatine tonsils, most commonly caused by viral or bacterial infections. It frequently affects children and young adults and presents with sore throat, fever, odynophagia (painful swallowing), tonsillar enlargement, and cervical lymphadenopathy. Viral pathogens such as adenovirus, rhinovirus, influenza virus, and Epstein-Barr virus, as well as bacterial organisms—most notably Group A  $\beta$ -hemolytic Streptococcus—are common etiological agents. Recurrent upper respiratory tract infections, reduced immunity, exposure to cold environments, and poor oral hygiene are recognized predisposing factors. [1,2,4]

Pathophysiologically, tonsillitis involves microbial invasion of lymphoid tissue, resulting in lymphoid hyperplasia, congestion, edema, and sometimes purulent exudate formation on the tonsillar surface. The associated immune response leads to systemic manifestations such as fever, malaise, and headache. If inadequately treated, acute tonsillitis may progress to complications such as peritonsillar abscess, chronic tonsillitis, or systemic sequelae. [1,2]

Diagnosis is primarily clinical, supported by throat examination and, when indicated, microbiological tests. Conventional management includes analgesics, antipyretics, and antibiotics in confirmed bacterial cases. However, irrational and repeated use of antibiotics contributes to antimicrobial resistance, adverse drug reactions, and alteration of normal oropharyngeal flora. These concerns have increased interest in complementary and integrative approaches emphasizing immune modulation and holistic care. [2,3]

In Ayurveda, tonsillitis can be correlated with Tundikeri, described under *Kantharoga* and *Urdhwajatrugata Rogas* in classical texts. Acharya Sushruta and Charaka have described Tundikeri as a Kapha-Pitta predominant disorder involving Shotha (inflammation), Toda (pain), Daha (burning), and

Paka (suppuration) in the oropharyngeal region, with the involvement of Rakta and accumulation of Ama. [14,15]

The Ayurvedic management of Tundikeri focuses on Kapha-Pitta shamana, Agni deepana, Ama pachana, and Shothahara measures, along with local therapies such as Kavala and Swedana. Several classical formulations indicated in inflammatory and febrile disorders possess immunomodulatory, antimicrobial, and anti-inflammatory properties and have shown beneficial effects in oropharyngeal conditions. [5-8,11,16,17]

Despite the availability of modern treatment, the recurrent nature of tonsillitis and concerns regarding antibiotic overuse necessitate the exploration of safe, effective, and holistic treatment modalities. Ayurveda offers a comprehensive approach aimed at symptomatic relief, correction of underlying doshic imbalance, and enhancement of host immunity. To evaluate the effect of Ayurvedic management in a case of tonsillitis (Tundikeri).

#### **PATIENT CONSENT AND ETHICAL APPROVAL**

Informed written consent was obtained from the patient before treatment and for publication of this case report. Ethical approval was obtained from the institutional ethical committee.

#### **PATIENT INFORMATION**

- **Age:** 28 years
- **Gender:** Male
- **Occupation:** IT professional
- **Diet:** Mixed vegetarian and non-vegetarian
- **Addictions:** None
- **Sleep and Bowel Movements:** Normal
- **Personal Hygiene:** Satisfactory

#### **CHIEF COMPLAINTS**

- Throat pain for 4 days
- Painful swallowing
- Fever with chills
- Enlarged and inflamed tonsils with whitish exudates
- Headache and malaise

#### **HISTORY OF PRESENT ILLNESS**

The patient reported the gradual onset of sore throat and discomfort while swallowing. Initially treated with warm saline water and over-the-counter lozenges, the symptoms did not subside. On examination, bilateral tonsillar enlargement with erythema, visible pus spots, and tenderness was found. A mild fever (100.6°F) with fatigue and mild lymphadenopathy (cervical) was present. There was no history of recent travel, known allergies, or chronic disease.

#### **FAMILY HISTORY**

- No significant history of tonsillitis or related ENT disorders
- Father has history of type 2 diabetes mellitus

#### **EXAMINATION FINDINGS**

- **Vitals:** Pulse: 88 bpm, BP: 124/80 mmHg, Temp: 100.6°F
- **Oral Cavity:** Bilateral tonsillar hypertrophy with congestion
- **Lymph Nodes:** Tender cervical lymph nodes are palpable
- **Systemic Examination:** Normal

#### **PLACE OF STUDY**

The case study was done in SHALAKYA ENT OPD, Parul Ayurveda hospital, Limda, Vadodara, Gujarat

## TREATMENT PROTOCOL

**TABLE 1: Treatment protocol in tonsillitis (Tundikeri)**

Medicine / Procedure	Dose	Timing	Indication
<i>Guduchi Ghana Vati</i>	500 mg × 2 tablets	Twice daily after meals	Immunomodulation, anti-inflammatory
<i>Trikatu Churna</i>	3 grams with honey	Twice daily before meals	Agnideepana, Kapha-Pitta pacification
<i>Mahasudarshana Churna</i>	3 grams with warm water	Twice daily after meals	Antipyretic, antimicrobial
Herbal Steam Inhalation ( <i>Dashamoola</i> )	As required	Twice daily	Reduces inflammation and nasal blockage
<i>Triphala Kashaya</i> (Kavala)	30 ml decoction	Twice daily after meals	Local healing, antimicrobial, reduces inflammation

## FOLLOW-UP AND OUTCOME

On follow-up after 5 days, the patient reported a significant reduction in pain and fever. Tonsillar swelling had reduced visibly. By the 7th day, there was complete resolution of symptoms. No complications or adverse effects were noted.

## GRADING OF TONSILLITIS - CASE STUDY OBSERVATION

**TABLE 2: Clinical grading of tonsillitis during follow-up**

Day	Grade of Tonsillitis	Clinical Description
Day 1	Grade 2-3	Enlarged, inflamed tonsils with exudates; moderate to severe pain, dysphagia, fever
Day 5	Grade 1	Mild tonsillar enlargement with minimal redness; reduced pain and fever
Day 8	Grade 0	Normal tonsils; no inflammation, pain, or other symptoms

Note: Grading based on standard tonsillitis classification were

- Grade 0 – Normal tonsils
- Grade 1 – Slight enlargement
- Grade 2 – Enlarged beyond tonsillar pillars
- Grade 3 – Enlarged touching the uvula
- Grade 4 – Tonsils touching each other (kissing tonsils)

## RESULTS

The patient was assessed clinically during treatment and on follow-up visits. The outcome measures included relief in throat pain, fever, dysphagia, and reduction in tonsillar enlargement and inflammation.

On Day 1, the patient presented with Grade 2-3 tonsillitis, characterized by enlarged, congested tonsils with whitish exudates, moderate to severe throat pain, dysphagia, fever, and malaise.

By Day 5, the patient reported marked symptomatic improvement. Throat pain and difficulty in swallowing were significantly reduced, fever had subsided, and tonsillar inflammation had visibly decreased. On examination, the tonsillar grade had reduced to Grade 1, with minimal redness and mild enlargement.

By Day 8, there was complete resolution of symptoms. The tonsils appeared normal with no congestion, exudates, pain, or systemic complaints. The tonsillar grade was Grade 0, indicating complete clinical recovery.

No adverse drug reactions or complications were observed during the treatment period. The progressive reduction in tonsillar grade and clinical symptoms is presented in Table 2.

## DISCUSSION

Tonsillitis is a common inflammatory condition of the palatine tonsils, predominantly caused by viral or bacterial infections, leading to throat pain, dysphagia, fever, and tonsillar enlargement with or without exudates. Recurrent or inadequately treated tonsillitis may progress to chronic infection or complications such as peritonsillar abscess. Conventional management relies mainly on symptomatic treatment and antibiotics; however, repeated or irrational antibiotic use contributes to antimicrobial resistance and adverse effects, highlighting the need for safe and integrative therapeutic approaches. [1-3]

In Ayurveda, tonsillitis can be correlated with Tundikeri, described under *Kanthaloga* and *Urdhwajatrugata Rogas*. Acharya Sushruta and Charaka describe Tundikeri as a Kapha-Pitta predominant disorder associated with Shotha (inflammation), Toda (pain), Daha (burning), and Paka (suppuration) in

the oropharyngeal region. The involvement of Rakta and accumulation of Ama further aggravate the inflammatory process. Accordingly, management emphasizes Kapha-Pitta shamana, Agni deepana, Ama pachana, and local Shothahara measures. [14,15]

In the present case, an integrative Ayurvedic treatment protocol was adopted, focusing on systemic dosha pacification, immune enhancement, and local anti-inflammatory therapy. Similar Ayurvedic approaches in tonsillitis and oropharyngeal infections have demonstrated significant symptomatic relief and reduced recurrence, supporting the present findings. [5,6,10]

Guduchi Ghana Vati served as a major component of therapy. *Tinospora cordifolia* is well documented for its immunomodulatory, antipyretic, anti-inflammatory, and antimicrobial properties. Experimental and clinical studies have shown that Guduchi enhances macrophage function, modulates cytokine activity, and improves host defense mechanisms in infectious and inflammatory conditions, supporting its use in acute tonsillitis with fever and immune stress. [7,8]

Trikatu Churna was administered to stimulate Agni, digest Ama, and enhance the bioavailability of other medicines. Its constituents—Pippali, Shunthi, and Maricha—exhibit anti-inflammatory, mucolytic, and antimicrobial effects, which help reduce Kapha accumulation and inflammatory edema in the oropharyngeal region. Improved digestion and metabolic correction further support systemic recovery. [9]

Mahasudarshana Churna, a classical polyherbal formulation widely used in Jwara and infective conditions, was selected for its antipyretic, antimicrobial, and Srotoshodhana actions. Modern studies have reported its anti-inflammatory and immune-supportive potential, making it relevant in acute tonsillitis. [10,17]

Local therapy with Triphala Kashaya Kavala provided direct action at the site of pathology. Triphala possesses proven antimicrobial, anti-inflammatory, antioxidant, and wound-healing properties. Gargling ensures prolonged contact of the drug with the tonsillar mucosa, reduces microbial load, soothes inflamed tissues, and accelerates mucosal healing. Several studies support the role of Triphala in oral and oropharyngeal inflammatory conditions. [5,6,11,12]

Steam inhalation acted as an effective supportive therapy by liquefying Kapha secretions, improving local circulation, and relieving throat congestion. Steam therapy is known to enhance mucosal defense and provide symptomatic relief in upper respiratory tract infections. [13]

The cumulative and synergistic effect of internal medications, local therapies, and supportive procedures resulted in rapid clinical improvement in this case. By the fifth day, there was marked reduction in pain, fever, and tonsillar inflammation, and by the seventh day, complete resolution of symptoms was achieved without antibiotics or adverse effects. These outcomes are consistent with earlier Ayurvedic studies reporting effective management of tonsillitis and related oropharyngeal infections through holistic protocols. [5,6,10]

Thus, this case demonstrates that appropriately selected Ayurvedic interventions can effectively manage acute tonsillitis by addressing both the local inflammatory pathology and the underlying systemic imbalance, while simultaneously enhancing host immunity.

## REFERENCES

1. Feller L, Wood NH, Khammissa RAG, Lemmer J. (2016). Tonsillitis and its management. *South African Dental Journal*. 71(5):196–200.
2. Windfuhr JP, Toepfner N, Steffen G, Waldfahrer F, Berner R. (2016). Clinical practice guideline: Tonsillitis I. Diagnostics and nonsurgical management. *European Archives of Oto-Rhino-Laryngology*. 273(4):973–987. doi:10.1007/s00405-015-3872-6
3. Chow AW, Benninger MS, Brook I, et al. (2012). IDSA clinical practice guideline for acute bacterial rhinosinusitis and tonsillopharyngitis. *Clinical Infectious Diseases*. 54(8):e72–e112. doi:10.1093/cid/cir1043
4. Kljakovic M, Crampton P. (2018). Management of sore throat and indications for tonsillectomy. *Australian Family Physician*. 2018;47(9):615–620.
5. Chandra P, Sachan N, Ghosh AK, Kishore K. (2019). Evaluation of antimicrobial and anti-inflammatory activity of Triphala: An ayurvedic formulation. *Journal of Ayurveda and Integrative Medicine*. 10(2):87–93. doi:10.1016/j.jaim.2017.08.003
6. Peterson CT, Denniston K, Chopra D. (2017). Therapeutic uses of Triphala in Ayurvedic medicine. *Journal of Alternative and Complementary Medicine*. 23(8):607–614. doi:10.1089/acm.2016.0184
7. Saha S, Ghosh S. *Tinospora cordifolia*: One plant, many roles. *Ancient Science of Life*. 2019;38(3):151–159. doi:10.4103/asl.ASL\_90\_18
8. Sharma U, Bala M, Kumar N, Singh B, Munshi RK, Bhalerao S. (2018). Immunomodulatory active compounds from *Tinospora cordifolia*. *Journal of Ethnopharmacology*. 215:95–102. doi:10.1016/j.jep.2017.12.036
9. Srinivasan K. (2019). Black pepper and its pungent principle-piperine: A review of diverse physiological effects. *Critical Reviews in Food Science and Nutrition*. 47(8):735–748. doi:10.1080/10408390601062054

10. Pandey MM, Rastogi S, Rawat AKS. (2018). Indian traditional Ayurvedic system of medicine and nutritional supplementation. *Evidence-Based Complementary and Alternative Medicine*. 376327. doi:10.1155/2013/376327
11. Baliga MS, Meera S, Mathai B, Rai MP, Pawar V, Palatty PL. (2012). Scientific validation of the ethnomedicinal properties of Triphala. *Chinese Journal of Integrative Medicine*.18(12):946–954. doi:10.1007/s11655-012-1299-2
12. Gopinath SM, Suneetha TB, Mruganka VD, Ananda S. (2019). Evaluation of antimicrobial activity of Triphala against dental pathogens. *Journal of Natural Remedies*.19(1):20–25.
13. Singh V, Gupta R, Singh M. (2020). Role of steam inhalation therapy in upper respiratory tract infections. *International Journal of Otorhinolaryngology and Head and Neck Surgery*. 6(4):723–727. doi:10.18203/issn.2454-5929.ijohns20201132
14. Charaka. *Charaka Samhita*, Chikitsa Sthana, Chapter 26 (Tundikeri Chikitsa). Commentary of Chakrapani Datta. Varanasi: Chaukhambha Bharati Academy; 2018.
15. Sushruta. *Sushruta Samhita*, Uttara Tantra, Chapter 22 (Kantharoga Nidana and Chikitsa). Commentary by Dalhana. Varanasi: Chaukhambha Sanskrit Sansthan; 2019.
16. Bhavamishra. *Bhavaprakasha Nighantu*. Guduchi, Triphala, Trikatu Varga. Varanasi: Chaukhambha Bharati Academy; 2020.
17. Sharangadhara. *Sharangadhara Samhita*, Madhyama Khanda – Mahasudarshana Yoga. Varanasi: Chaukhambha Orientalia; 2019.
18. Yogaratnakara. *Yogaratanakara with Vidyotini Hindi Commentary*. Kavala and Mukharoga Chikitsa. Varanasi: Chaukhambha Prakashan; 2018.

**Copyright:** © 2026 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.