Case Report

Clinical Efficacy of Ayurvedic Medicine in Tundikeri (Tonsillitis): A Pediatric Case Study.

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ABSTRACT

Tonsillitis is a frequent upper respiratory ailment in children and is clinically associated with *Tundikeri* in *Ayurveda*. Throat pain, searing feelings, localized inflammation, swollen tonsils, and frequent acute episodes are its hallmarks. Disease recurrence is nevertheless a constant clinical problem, even though typical conservative medical treatments frequently offer momentary symptomatic relief. A 7-year-old boy with a 1-year history of recurrent tonsillitis who had an acute exacerbation during the previous three days is the subject of this case study. Fever, cough, intense throat burning, sore throat, and appetite loss were the main complaints; a physical examination revealed bilateral tonsillar hypertrophy. The patient was treated with a structured oral *Ayurvedic* palliative regimen. This indicates that pediatric recurrent tonsillitis can be effectively and safely treated with tailored *Ayurvedic* intervention.

Key words: Tonsillitis, Ayurvedic, Pediatrics, Case Reports.

Tonsillitis is a clinical term for inflammation of the palatine tonsils, which are important immune defense organs found in the pharynx [1]. A patient's everyday quality of life is severely compromised by recurrent episodes of these upper respiratory tract infections [2], which primarily affect children [3]. Clinical manifestations of the disorder include pharyngeal erythema, swollen tonsils frequently covered in exudative white patches, acute throat discomfort *(Kanthavedana)*, and trouble swallowing (Dysphagia) [4].

Diseases that are specific to the oral cavity *(Mukhapradesha)* and pharynx *(Kantha)* are categorized under *Mukharoga* in traditional *Ayurvedic* literature [5]. Tonsillitis and *Tundikeri* have a strong correlation [6]. The condition gets its name from the structural expansion that resembles the *Vanakarapasika phala* (cotton fruit) at the base of the jaw joint (*Hanusandhi);* etymologically, *Tundi* represents the mouth, and *Keri* alludes to a specific place [7]. The broad causes of oral disorders (*Mukharoga Nidana*) apply even though classical sources do not describe a separate etiology (*Nidana*) for *Tundikeri* [8]. The primary physiological humors (*Kapha Dosha*) are inherently dominant in pediatric populations [9].

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Kapha circulates through the channels (*Siras)* and localizes in the pharyngeal and palate regions (*Mukhapradesha)* when it is vitiated by unhealthy eating and lifestyle practices *(Nidana Sevana*). Inflammation and tonsillar enlargement (*Kantha Shopha*) result from this process, which also causes channel obstruction *(Srotorodha)*, reduced digestive fire *(Agni Mandya)*, and the production of harmful metabolic byproducts (*Ama*) [10]. To reduce throat inflammation and encourage healing, *Ayurvedic* practitioners have historically used a variety of single and compound herbal-mineral formulations, such as *Shuddha Gairika* (purified red ochre) and *Khadiradi Vati*, which can be taken orally or applied topically *(Pratisarana)* [11,12].In this case study, a structured *Ayurvedic* palliative *(Shamana)* treatment regimen was given to a 7-year-old male child with chronic recurrent tonsillitis. This clinical case's main goal is to assess the possibility, safety, and therapeutic efficacy of specific *Ayurvedic* treatments as a workable alternative treatment approach for juvenile recurrent tonsillitis.

CASE PRESENTATION

On May 6, 2026, a 7-year-old boy arrived at the outpatient clinic with his mother. He had persistent fever *(Jwara)*, cough*(Kasa)*, intense throat burning *(Kanthadaha)*, sore throat *(Kanthavedana)*, and loss of appetite *(Aruchi)* for the previous three days.

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Past Medical History

The patient had recurrent episodes of acute tonsillitis, which occurred every one to two months, for one year. He was treated conservatively with oral antibiotics, analgesics, and antipyretics (paracetamol) during prior flare-ups. Even though these drugs temporarily alleviated symptoms, the illness frequently returned within a month. There was no history of underlying chronic medical issues, medication allergies, or surgical procedures (tonsillectomy).

Clinical And Physical Examination

On general examination, the patient was very sick, with an abnormal bowel pattern *(Mala)* and a body temperature of 98.6°F. Local pharyngeal examination revealed mild pharyngeal erythema and considerable bilateral tonsillar hypertrophy with surrounding tissue inflammation (*Kantha Shopha*). His symptoms were initially graded for clinical severity as follows: moderate fever (++), moderate cough (++), severe throat discomfort (+++), severe burning sensation in the throat (+++), moderate lack of appetite (++), and moderate bilateral tonsillar hypertrophy (++). The general *Ashtavidha Pareeksha* parameters (*Nadi* [pulse], *Mutra* [micturition], *Jihwa* [tongue], *Shabda* [speech], *Druk* [eyes], and *Akruti* [posture]) and all other systemic examinations (cardiovascular, respiratory, central nervous, gastrointestinal,and musculoskeletal systems) were within normal ranges.

TREATMENT PROTOCOL

The patient was administered the following structured oral Ayurvedic palliative (Shamana) treatment regimen (Table 1). By preventing Kapha-Rakta vitiation, removing channel obstruction (Srotorodha), and strengthening local tissue defense mechanisms, the administered combination of Kanchanar Guggulu, Varunadi Kashaya, and a compound Bhasma powder effectively disrupted the pathology (Samprapti) without producing any treatment-emergent side effects.

RESULT AND CLINICAL ASSESSMENT

After starting treatment, the patient had quick symptom relief and clinical improvement (Table 2). Examination on the second day of treatment (May 7, 2026) showed the shrinkage of the left tonsil by around 80%, and the dysphagia was less. By the third day, bilateral tonsillar hypertrophy had significantly decreased, voice clarity increased, and dysphagia totally disappeared. By the fifteenth day of treatment, all clinical signs and symptoms had completely disappeared. On Day 21, there was a sustained recovery free of both minor and major problems or adverse medication responses.

Table 1. Treatment protocol

Type of therapy	Medicines	Dose
Compound formulations**:** herbo-mineral antipyretic/decongestant formulation (*Anupana:* honey).	*Godanti Bhasma* (125 mg) [calcinated gypsum], Shankha Bhasma (125 mg) [calcinated conch shell], *Suddha Tankan* (200 mg) [purified borax], and *Kaphaketu Rasa* (125 mg)	Single dose twice daily after meals
Tablet therapy	Two *Kanchanar Guggulu* (an anti-inflammatory herbo-mineral tablet).	Twice a day after eating
Liquid Therapy	Two teaspoons of *Varunadi Kashaya* [a polyherbal decoction], along with two teaspoons of warm water.	Twice a day before eating

Table 2. Assessment and Regression of Symptoms Across Evaluation Days

Diagnostic Parameter	Severity Grade (Day 0)	Severity Grade (Day 3)	Severity Grade (Day 7)	Severity Grade (Day 10)	Severity Grade (Day 15)	Severity Grade (Day 21)
Fever	++	+	-	-	-	-
Cough	++	++	+	-	+	-
Throat Pain	+++	++	+	-	-	-
Throat Burning	+++	++	+	-	-	-
Loss of Appetite	++	++	++	+	-	-
Tonsillar Hypertrophy	++	++	+	+	+	-

Note: Grading Scale: - (Absent/Normal), + (Mild), ++ (Moderate), +++ (Severe).

The line plot (Figure 1) shows how clinical symptom scores gradually decrease over time. Key inflammatory symptoms, such as fever, throat burning, and throat pain, began to sharply decline on Day 3 and resolved completely (-) by Days 7 and 10. Appetite reduction and tonsillar hypertrophy showed consistent improvement, reaching total baseline normalization (-) by Day 15 and staying entirely constant through Day 21.

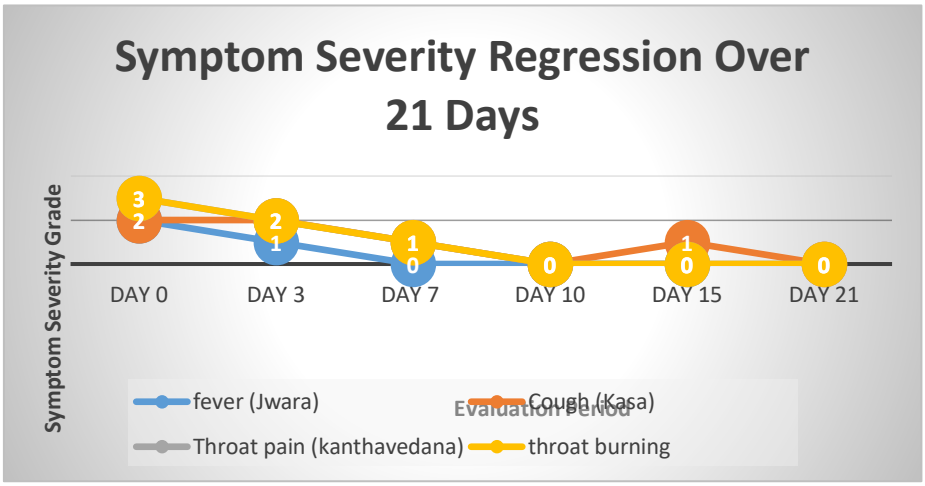


Figure 1. Clinical Symptom Regression and Grading Trend Across the 21-Day Evaluation Period.

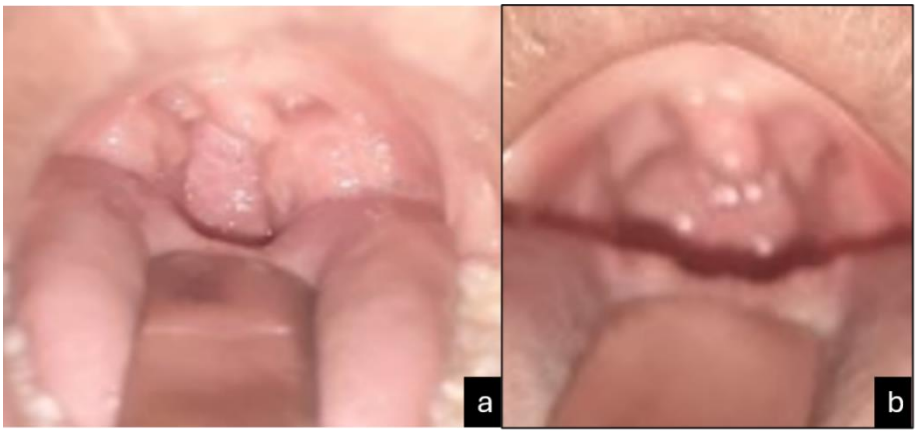


Figure 2a. Before Treatment **2b. After Treatment**

DISCUSSION

This case study illustrates the therapeutic effectiveness and clinical safety of a systematic *Ayurvedic* palliative *(Shamana*) treatment regimen in treating children with recurrent tonsillitis. This study's main finding is the quick clinical regression of acute inflammatory symptoms, namely fever, throat burning, and throat pain, within 72 hours of starting treatment. By Day 15, the disease had completely remitted, and tonsillar hypertrophy had significantly decreased. Children are far more susceptible to repeated upper respiratory infections in pediatric populations due to the inherent dominance of Kapha Dosha and undeveloped systemic immunity.

The patient's clinical results closely match those of earlier Ayurvedic clinical trials assessing comparable Shamana treatments for tonsillitis. Guggulu-based compound formulations and Deepana-Pachana decoctions have strong anti-inflammatory, mucolytic, and immunomodulatory effects, dramatically lowering tonsillar volume and recurrence frequency in pediatric patients, according to clinical studies by Sharma et al. [13] and Patel et al. [14]. Kanchanar Guggulu's traditional Lekhana (scraping), Granthihara (nodule-reducing), and Shothahara (anti-inflammatory) qualities, which successfully treat tissue edema and hypertrophy in Mukhapradesha, are responsible for the notable decrease in tonsillar hypertrophy [15]. Additionally, Godanti Bhasma, Tankan Bhasma, and Kaphaketu Rasa's antipyretic (Jwarahara) and analgesic (Soolahara) properties directly addressed the acute symptoms, which is consistent with findings from related studies where herb-mineral combinations expedited symptom relief when compared to conventional conservative management alone [16,17]. By restoring digestive fire (Agni) and breaking down harmful metabolic residue (Ama Pachana), Varunadi Kashaya further promoted healing by addressing the

underlying systemic susceptibility [18].Without additional validation, the results of this single-patient case study cannot be extrapolated to wider pediatric groups. Furthermore, due to resource limitations, sophisticated objective diagnostic techniques, such as serum inflammatory markers (C-reactive protein, erythrocyte sedimentation rate) or pre- and post-treatment microbiological throat swabs, were not performed. Instead, subjective grading scales were mainly used to assess clinical improvement. To develop standardized Ayurvedic regimens for pediatric tonsillitis, future research should concentrate on carrying out multi-center randomized controlled clinical trials with bigger sample sizes and objective biochemical indicators. To assess the formulations' long-term preventive effectiveness against the return of chronic diseases, long-term longitudinal follow-up studies are also advised.

CONCLUSION

This clinical study result shows that pediatric recurrent tonsillitis can be safely and effectively treated with tailored Ayurvedic intervention by the structured Ayurvedic palliative (Shamana) regimen, which included Kanchanar Guggulu, Varunadi Kashaya, and a compound Bhasma/Rasa mixture.

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