

A CLINICAL STUDY TO EVALUATE THE EFFECT OF *PATOLADI KWATHA* IN THE
MANAGEMENT OF *TUNDIKERI* W.S.R. TO TONSILLITISDr. Akanksha*¹, Prof. Dr. Vijayant Bhardwaj², Prof. Dr. Satish Kumar Sharma³¹PG Scholar, Dept. of Shalakya Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Distt. Kangra, Himachal Pradesh.²HOD, Dept. of Shalakya Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Distt. Kangra, Himachal Pradesh.³Professor, Dept. of Shalakya Tantra, Guru Nanak Ayurvedic Medical College and Research Institute, Gopalpur, Ludhiana.***Corresponding Author: Dr. Akanksha**PG Scholar, Dept. of Shalakya Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Distt. Kangra, Himachal Pradesh. DOI: <https://doi.org/10.5281/zenodo.18430391>**How to cite this Article:** Dr. Akanksha*¹, Prof. Dr. Vijayant Bhardwaj², Prof. Dr. Satish Kumar Sharma³ (2026). A Clinical Study To Evaluate The Effect Of Patoladi Kwatha In The Management Of Tundikeri W.S.R. To Tonsillitis. World Journal of Pharmaceutical and Medical Research, 12(2), 244–249.

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ABSTRACT

Tundikeri is an Ayurvedic disease affecting the tonsils and throat, frequently observed in the present era due to faulty dietary habits and lifestyle practices. Individuals belonging to lower socioeconomic groups are more prone to recurrent attacks because of compromised immunity. Clinically, *Tundikeri* closely resembles tonsillitis described in modern medicine, which affects both children and adults and causes considerable morbidity. Conventional management with antibiotics provides only symptomatic and temporary relief, fails to prevent recurrence, and may lead to adverse effects with repeated use, while tonsillectomy carries the risk of postoperative complications. In view of the absence of a definitive and recurrence-preventive treatment, the present study was undertaken to evaluate the efficacy of *Patoladi Kwatha* in the management of *Tundikeri*. **Methods:** 10 patients suffering from Tonsillitis (*Tundikeri*) were selected from Shalakya Tantra O.P.D/IPD of RGGPG Ayurvedic College & Hospital, Paprola, H.P. were randomly selected **Results:** The response was assessed clinically after 15 days of treatment. There was a statistically significant change ($p < 0.001$) in the overall signs and symptoms of Tonsillitis. **Discussion:** The *Patoladi Kwatha* was found therapeutically effective and safe to be administered and the mode of action elaborated to substantiate the results.

KEYWORDS: *Tundikeri*, Tonsillitis, *Patoladi Kwatha*.**INTRODUCTION**

Ayurveda is a comprehensive system of medicine comprising eight branches, collectively known as *Ashtanga Ayurveda*, which include internal medicine, pediatrics, psychiatry, ENT and ophthalmology, surgery, toxicology, geriatrics, and reproductive health. Together, these branches address the physical and mental aspects of health, reflecting *Ayurveda*'s holistic approach to well-being.

Shalakya Tantra, one of the eight branches, is concerned with the supraclavicular organs, particularly diseases of the head and neck, and their management.^[1]

The origin of *Ayurveda* can be traced to the *Vedic* era,

where it is considered an *Upaveda* of the *Rigveda* or *Atharvaveda*. Being an independent and well-developed science, *Maharishi Kashyapa* referred to it as the “fifth *Veda*,” signifying its supreme importance. In *Ayurveda*, *Tundikeri* is described under *Mukha Roga*. *Acharya Charaka* classified *Mukha Rogas* based on *Dosha* predominance, *Acharya Sushruta* included *Tundikeri* under *Talugata Roga*^[2], while *Acharya Vagbhata* categorized it under *Kanthagata Roga*.^[3]

Tundikeri predominantly arises due to the vitiation of *Kapha* and *Rakta Doshas* and clinically presents as a swelling resembling the fruit of the *Gossypium* plant, accompanied by mild pain, burning sensation, and occasional suppuration. The swelling commonly appears

near the *Hanusandhi* (mandibular joint) and is increasingly prevalent today due to faulty dietary habits and lifestyle practices. Individuals from lower socioeconomic backgrounds are more susceptible because of compromised immunity, leading to recurrent episodes.

Acharya Charaka has mentioned medical treatment of *Mukha Roga*. *Acharya Sushruta* has put forward the *Chikitsa* of this particular disease as per the lines of the disease "*Galashundika*" followed by local application of drugs having properties of *Lekhana*, *Shothahara*, *Sandhaniya*, *Ropana*, *Rakta Stambhana* and *Vedanasthapana*. He has also enumerated *Tundikeri* under the classification of *Bhedya Roga* in *Sutra Sthana*.^[4] Similarly, in *Ashtangahridya*, references regarding this disease are available in an elaborated manner, particularly its site of origin, i.e. *Hanusandhiashrita Kantha Pradesha*. *Acharya Vagbhata* has also quoted the surgical measures for treating this disease.

In modern science, the disease *Tundikeri* can be correlated with tonsillitis as both the terminologies have similar features. Antibiotics, the mainstay of allopathic treatment, provide only temporary relief and fail to prevent recurrence, while repeated use may result in adverse effects. In some cases, tonsillectomy becomes necessary, with the risk of postoperative complications.

Owing to the lack of a definitive and recurrence-preventive management approach, the present study was undertaken to evaluate the efficacy of *Patoladi Kwatha* in the management of *Tundikeri* w.s.r. to Tonsillitis.

AIM AND OBJECTIVE

To evaluate the effect of *Patoladi Kwatha* in the management of *Tundikeri* w.s.r. to Tonsillitis.

MATERIAL AND METHODS

Study design

An open-label, single-group clinical study was conducted in the Department of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola. Ethical clearance was obtained before commencement of the trial CTRI No. (CTRI/2024/08/072114).

Subjects: 10 patients fulfilling diagnostic criteria of *Tundikeri* were registered from OPD/IPD of Deptt. of Shalaky Tantra, RGGPG Ayurvedic College & Hospital Paprola.

Inclusion criteria

- Patients willing for the trial.
- Patients have been selected based on signs and symptoms of *Tundikeri* w.s.r. to Tonsillitis.
- Patients above 5 years of age have been selected.

Exclusion criteria

- Patients with complications of Tonsillitis.
- Patients suffering from Malignancy, Diabetic Mellitus, Hypertension.
- Immuno-compromised patients.
- Congenital deformity.
- Patients not willing to be registered for the trial.

Criteria for withdrawal

- Individual's noncompliance with treatment regimen.
- The individual himself/herself wants to withdraw from the trial.
- Individuals who develop any other co-morbidity during the trial period that requires immediate pharmacological intervention
- Adverse reaction to the trial drug.

Drug dose

Patoladi Kwatha

- **In adults-** 40 ml BD
- **In children -** 0.6 ml/kg body weight BD
- **Duration of Trial-** 15 days
- **Anupana-Madhu**
- **Follow up-** Follow ups were done-on 7th day, 15th and day after 7 days of completion of trial.

Assessment Criteria- Assessment of the effect of the therapy was done based on the following subjective and objective criteria.

A. Subjective Criteria

Clinical features of *Tundikeri*(Tonsillitis) were considered under subjective criteria and grades / scores according to the severity for the purpose of assessment.

The effect of the treatment (results) was assessed regarding the clinical signs and Symptoms (on the basis of the grading and scoring system) and overall improvement.

The total effect of the therapy will be assessed considering the following criteria.

Clinical Assessment

The signs and symptoms were assessed by adopting a suitable scoring method. The details are as follows.

Criteria for assessment

Assessment of the clinical symptoms depending on the severity will be done according to the scoring pattern given below.

Size of tonsil	<ul style="list-style-type: none"> Grade 0-tonsils within the tonsillar fossa Grade 1-tonsils just outside of tonsillar fossa and occupy $\leq 33\%$ of oropharyngeal width. Grade 2 -tonsils occupy 34%-66% of the oropharyngeal width. Grade 3 -tonsils occupy $>66\%$ of the oropharyngeal width.
Sore throat	<ul style="list-style-type: none"> Grade 0- No pain in throat. Grade 1- Pain on swallowing the saliva. Grade 2- Painful, but cannot easily swallow the saliva. Grade 3- Patient cannot swallow the saliva.
Dysphagia	<ul style="list-style-type: none"> Grade 0-No difficulty in deglutition. Grade 1-Mild pain during deglutition of hard particles. Grade 2-Moderate pain during deglutition of semisolid food particles. Grade 3-Severe pain during deglutition of even liquid food articles.
Congestion	<ul style="list-style-type: none"> Grade 0- No congestion (normal) Grade 1- congestion seen over the tonsils and uvula. Grade 2- congestion seen over tonsils, uvula, and pharyngeal wall. Grade 3-congestion with haemorrhage.
Follicles over the tonsils	<ul style="list-style-type: none"> Grade 0- absent Grade 1 - 1 to 5 follicles Grade 2 - 5 to 10 follicles Grade 3 - >10 follicles
Fever	<ul style="list-style-type: none"> Grade 0 - Absent Grade 1- 99° F - 100° F Grade 2- 101° F - 103° F Grade 3- $>103^{\circ}$ F
Halitosis	<ul style="list-style-type: none"> Grade 0-No malodour Grade 1-Slight malodour Grade 2- Clear noticeable malodour Grade 3-Strong malodour
Ear ache	<ul style="list-style-type: none"> Grade 0 – Absent Grade 1- Sometimes Grade 2- Intermittent Grade 3-Always
Debris over tonsil crypts	<ul style="list-style-type: none"> Grade 0 - Absent Grade 1- 1-2 mm Grade 2- 3 -5 mm Grade 3- >5 mm
Jugulodigastric lymphadenopathy	<ul style="list-style-type: none"> Grade 0-Absent Grade 1-Not visible but palpable Grade 2-Visible and palpable but <4cm Grade 3 -Visible and palpable >4cm
Dyspnoea	<ul style="list-style-type: none"> Grade 0- Absent Grade 1-Rarely Grade 2-only on lying Grade 3-many times, even in sitting
Change in voice	<ul style="list-style-type: none"> Grade 0- No change Grade 1- Slight change in voice Grade 2- Difficulty in phonation Grade 3- Unable to phonation

B. Objective criteria / Investigational criteria

- Haematological – CBC, ESR, FBS.

OBSERVATION AND RESULT

Table 1: The effect of therapy in 10 patients on the criteria assessed has been presented here as under.

Signs and symptoms	N	Mean		X (d) BT- AT	% age Relief	SD \pm	SE \pm	't'	P
		BT	AT						
Sore throat	10	1.500	0.300	1.200	80.00	0.422	0.133	9	<0.001
Dysphagia	10	1.700	0.400	1.300	76.47	0.483	0.153	8.510	<0.001

Size of tonsil	9	2.111	0.778	1.333	63.15	0.500	0.167	8.000	<0.001
Congestion	10	1.800	0.400	1.400	77.77	0.516	0.163	8.573	<0.001
Follicles over the tonsils	3	1.000	0.333	0.667	66.66	0.577	0.333	2.000	>0.05
Fever	2	1.500	0.000	1.500	100	0.707	0.500	3.000	>0.05
Halitosis	8	1.125	0.500	0.625	55.55	0.518	0.183	3.416	<0.05
Dyspnoea	-	-	-	-	-	-	-	-	-
Debris over tonsil crypts	5	1.000	0.200	0.800	80	0.447	0.200	4	<0.05
Ear ache	7	1.143	0.286	0.857	75	0.378	0.143	6	<0.001
Jugulodigastric lymphadenopathy	8	1.125	0.500	0.625	55.55	0.518	0.183	3.416	<0.05
Change in voice	3	1.000	0.333	0.667	66.66	0.577	0.333	2	>0.05

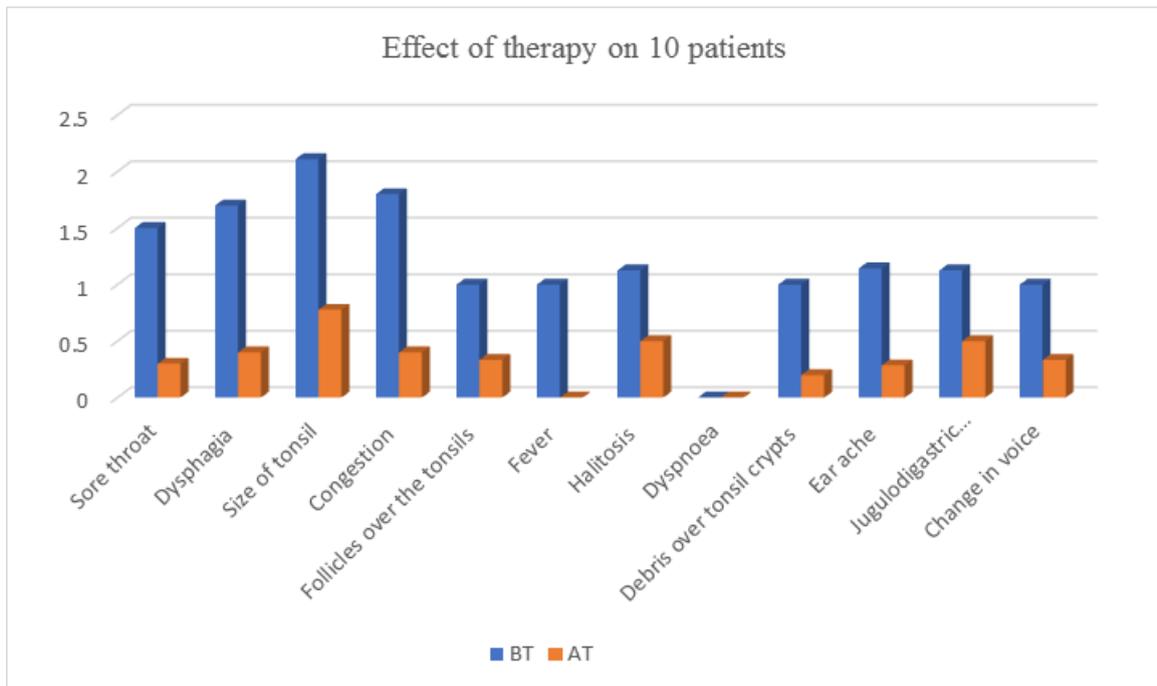


Table 2: Overall Effect of Therapy.

Results	No. of patients	%age
Cured	1	10%
Markedly Improved	5	50%
Moderately Improved	3	30%
Mildly Improved	1	10%
Unchanged	-	-

DISCUSSION

Effect of *Patoladi Kwatha* in 10 patients

- Effect on Sore throat- The mean score of sore throat in 10 patients was 1.500 before treatment, which was reduced to 0.300 after the treatment. The percentage of relief was 80% which was highly significant statistically at the level of $p < 0.001$ ($t=9$).
- Effect on Dysphagia- The mean score of dysphagia in 10 patients was 1.700 before treatment, which was reduced to 0.400 after the treatment. The percentage of relief was 76.47% which was highly significant statistically at the level of $p < 0.001$ ($t=8.510$).
- Effect on the Size of tonsil- The mean score of the size of tonsils in 9 patients was 2.111 before treatment, which was reduced to 0.778 after the treatment. The percentage of relief was 63.14% which was highly significant statistically at the level of $p < 0.001$ ($t=8.000$).
- Effect on Congestion- The mean score of congestion over tonsils and pillars in 10 patients was 1.800 before treatment, which was reduced to 0.400 after the treatment. The percentage of relief was 77.77% which was highly significant statistically at the level of $p < 0.001$ ($t=8.573$).
- Effect on Follicles over the tonsils- The mean score of follicles over the tonsils in 3 patients was 1.000 before treatment, which was reduced to 0.333 after the treatment. The percentage of relief was 66.66% which was insignificant statistically at the level of $p > 0.05$ ($t=2$).
- Effect on Fever- The mean score of fever in 2 patients was 1.500 before treatment, which was reduced to 0.000 after the treatment. The percentage of relief was 100% which was highly significant statistically at the level of $p < 0.001$ ($t=2$).

patients was 1.500 before treatment, which was reduced to 0.000 after the treatment. The percentage of relief was 100% which was insignificant statistically at the level of $p > 0.05$ ($t = 3.000$).

7. Effect on Halitosis- The mean score of halitosis in 8 patients was 1.125 before treatment, which was reduced to 0.500 after the treatment. The percentage of relief was 55.55% which was significant statistically at the level of $p < 0.05$ ($t = 3.416$).
8. Effect on debris over tonsil crypts- The mean score of debris over tonsil crypts in 5 patients was 1.000 before treatment, which was reduced to 0.200 after the treatment. The percentage of relief was 80% which was significant statistically at the level of $p < 0.05$ ($t = 4$).
9. Effect on Earache- The mean score of earache in 7 patients was 1.143 before treatment, which was reduced to 0.286 after the treatment. The percentage of relief was 75% which was highly significant statistically at the level of < 0.001 ($t = 6$).
10. Effect on Jugulodigastric lymphadenopathy- The mean score of Jugulodigastric lymphadenopathy in 8 patients was 1.125 before treatment, which was reduced to 0.500 after the treatment. The percentage of relief was 55.55% which was significant statistically at the level of $p < 0.05$ ($t = 3.416$).
11. Effect on Change in voice- The mean score of change in voices in 3 patients was 1.000 before treatment, which was reduced to 0.333 after the treatment. The percentage of relief was 66.66% which was insignificant statistically at the level of $p > 0.05$ ($t = 2$).

Dyspnoea, although it was taken in the criteria of assessment, was not found in any of the patients.

Overall effect of the therapy

Out of 10 patients 50% (5) showed Marked Improvement followed by 30% (3) Moderately Improved, 10% (1) with Mildly Improved and 10% (1) Cured.

Probable mode of action of Drug

Patoladi Kwatha^[5], described in *Chakradutta*, is useful in *Tundikeri* due to its *Kapha-Pitta Shamaka*, *Shothahara*, *Krimighna*, *Vishaghna*, *Vedanahara*, and *Rakta Prasadana* actions. It digests *Ama*, reduces tonsillar inflammation and infection, purifies blood, relieves pain, enhances immunity (*Rasayana*), and helps prevent recurrence through mild *Anulomana/Rechana* effects.

Probable mode of action according to Rasapanchaka of Patoladi Kwatha

The formulation predominantly exhibits *Tikta Rasa* (40.91%), imparting detoxifying and anti-inflammatory effects beneficial in *Kapha-Pitta* disorders like tonsillitis. *Laghu* and *Ruksha Guna* (35.72%) support *Kapha* pacification and enhance *Agni*. A high proportion of *Ushna Veerya* (75%) indicates strong *Kapha-Vata*-reducing and metabolism-enhancing action. *Madhura* and *Katu Vipaka* (50%) contribute to *Dosha* balance,

digestion, and elimination, while *Kaphashamaka Doshakarman* (40%) directly addresses *Kapha* dominance in tonsillitis.

Probable mode of action according to modern point of view

Patoladi Kwatha

Patoladi Kwatha exerts multi-dimensional therapeutic effects in tonsillitis through its anti-inflammatory action, reducing tonsillar edema and throat pain, and antimicrobial-antiviral activity that controls infection. Its immunomodulatory (*Rasayana*) effect enhances immune response and prevents recurrence. The formulation provides antipyretic and analgesic relief in acute stages, while expectorant and mucolytic actions clear *Kapha* accumulation in the throat. *Deepana-Ama-Pachana* properties address the underlying pathology, and antioxidant, tissue-protective effects support healing of inflamed tonsillar tissue.

Try to find the correlation of Tundikeri with Tonsillitis- Causative factors responsible for Tundikeri disease

As excessive consumption of meat (especially fish, pig, and buffalo), *Urad dal*, curd, milk, *Shukta*, *Ikshurasa*, and *Phanita*. Contributing lifestyle factors include sleeping in a prone position, poor oral hygiene, and inappropriate practices like *Dhoompana*, *Vamana*, and *Siravyadha*. These collectively lead to the manifestation of *Tundikeri*. There is no specific *Nidana* mentioned for the disease *Tundikeri* in either of the *Samhitas*. However, there are references to the factors responsible for the causation of disease in *Mukha* as a whole.

Modern medicine identifies causes of tonsillitis such as upper respiratory tract infections, sinusitis, low immunity, exposure to infections, poor oral hygiene, and environmental triggers like cold weather or foreign bodies in the throat. These etiologies align closely with those of *Tundikeri*.

Signs and Symptoms

According to *Acharya Sushruta*, symptoms like swelling (*Shopha*), pain (*Shula*), pricking sensation (*Toda*), burning (*Daha*), and suppuration (*Prapaka*) are seen in *Tundikeri*, which are similar to acute tonsillitis signs such as enlarged tonsils, pain, and pus formation.

Sushruta also describes *Hanusandhi* as the anatomical location of the tonsils, and *Acharya Vagbhata* identifies it as *Hanusandhyaasria*, suggesting there are two tonsils present.

Modern texts describe the palatine tonsils as paired lymphoid masses located on either side of the oropharynx. Ayurvedic references like *Karpasiphala* (tonsillar swelling), *Picchhil Srava* (discharge) from crypts, *Mandaruka* (sore throat), and *Kathinashopha* (hard swelling) parallel modern symptoms of tonsillitis.

Treatment

According to *Ayurveda*, *Tundikeri* cannot be completely managed with only *Shamana Chikitsa* (palliative therapy). *Acharya Sushruta* recommends *Shastra Chikitsa* (surgical approach) like *Galashundi* in *Tundikeri*.

Modern management advises tonsillectomy when medical treatment fails. Post-surgical complications of *Tundikeri* (like after tonsillectomy) may include bleeding or, in rare cases, death.

Sadhya-Asadhyata

Tundikeri is a *Sadhyaroga*, similar to tonsillitis in modern medicine.

CONCLUSION

After thorough analysis and interpretation of the collected data, the following conclusions can be drawn:

1. Due to similarities in clinical features and management, the disease *Tundikeri* can be correlated with Tonsillitis.
2. This disease is more common in children and adults.
3. The drugs diminish the various signs and symptoms of tonsillitis, like sore throat, dysphagia, congestion over the tonsils and pillars, and also decrease the size of the tonsils.
4. During the trial there was no untoward effect of the drug was found.
5. Out of 10 patients 50% (5) showed Marked Improvement followed by 30% (3) Moderately Improved, 10% (1) with Mildly Improved and 10% (1) Cured.

Scope for further research

Although the present study gave satisfactory results, to prove the efficacy- The study needs to be repeated on large samples and with a longer trial duration.

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