



A Critical Study On Grandhigna Karma And Proposition Of Drug Selection W.S.R. To Tundikeri (Tonsillitis).

Kuruva Raghu Ramudu¹, M.Paramkusha Rao²

¹P.G Scholar, Department of Dravyaguna, S.V. Ayurvedic College, Tirupati, A.P, India,
E-mail: drraghu510@gmail.com.

²PG Professor and Head, Department of Dravyaguna, S.V. Ayurvedic College, Tirupati, A.P, India, E-mail:
paramkusha@gmail.com.

ABSTRACT

In Ayurveda Tundikeri is explained under diseases of oral cavity. This disease is grossly explained in Ayurvedic literature under classifications of Kantagata and Talugata roga. In contemporary science, it may be correlated to Tonsillitis. Tundikeri (tonsillitis) is commonly encountered now a days due to the dietary habits of taking spicy food, cold beverage, refrigerated milk products and cold climate. All people are equally prone basing on the immunity status. These factors coupled together results in recurrent episodes of disease. Tundikeri not only cripples children from majority of their enjoyable and learning movement but also makes adults to feel uneasy, restless and even bed ridden, if complication occurs. In Ayurveda Diseases can be diagnosed by the study of Nidana panchaka viz. Nidana (aetiology), Purvarupa (premonitory symptoms), Linga (actual symptoms), Upasaya (exploratory therapy) and Samprapti (pathogenesis). In the treatment point of view Samprapthi is very important to selection of suitable drug. In this study it is explained Samprapti and Samprapti Vighatana of Tundikeri according to ayurvedic methodology.

Key Words : Grandhigna Karma, Grandhi, Tundikeri, Tonsillitis, Samprapti, Samprapti Vighatana, Drug selection.

INTRODUCTION

Ayurveda-the science of life-though has its own principles, is incorporating New theories and drugs in it and presenting them according to its principles. In Ayurveda, Tundikeri has been described under the Mukharoga (orodentaldisordes). AcharyaCharaka has classified the disease of Mukha on the basis of predominance of Doshas.

Acharya Sushruta has enumerated it under Talu gata roga (diseases of palate)¹ and Acharya Vagbhatta has kept it under Kantha gata roga (diseases of neck)². Tundikeri is that disease caused by the vitiation of Kapha and Rakta. There is Sthula Shotha (oedema), Toda (pricking type of pain), Daha (burning sensation), and Prapaki (Suppuration)³

TONSILSTonsils are one of the mucosa-associated lymphoid tissues (MALT), located at

The entrance of the upper respiratory and gastrointestinal tract. This significant position implies a key role of the palatine tonsils in initiating immune responses against various antigens that enter the body through mouth and nose⁴.

Tonsils contain both B and T lymphocytes. But B cells are predominant, implying that both cell mediated and humoral function is performed by tonsils⁵. Tonsillar plasma cells produce all five immunoglobulin classes but predominantly IgG and IgA⁶. The humoral role of the immune function of the tonsil is most important one. A tonsil contains about 10⁹ lymphoid cells, up to 50% of which are T cells. Many of these will be involved in the regulation of the antibody response, either promoting it (helper T cells) or preventing it (suppressor T cells). Other T cells are responsible for delayed type hypersensitivity reactions to large organisms, such as fungi. Another type can kill virally infected cells. Recognition in both cases is by the T cell antigen receptor, which is similar to the antigen combining site of antibody. Cytokines, such as interferon gamma, are produced by Tonsillar T cells. Natural killer cells are also present in tonsil, closely opposed to blood vessels these form part of the innate immune system and can kill virus infected and tumour cells, but their method of recognizing such cells is as yet unknown. Inflammation of the tonsils Antigens are continuously present on the crypt epithelium giving rise to lymphocyte activation, thus a certain amount of inflammation is physiological. Tonsillitis occurs when trapped organisms multiply within and on the tonsil. Such infections are frequently polymicrobial. There are likely to be predisposing factors to this, including failure of host defence and virulence of the organism itself. Local production of B-lactamase by other bacteria within the tonsil has been shown to occur⁷.

GRANDHI:

"ग्रन्धिः स ग्रधनात् स्मृतः "

Grandhi literally means gradhana or knot, the mechanism being clotting or accumulation of Dushita dhatu or Dosha locally without any useful purpose.

अतिप्रवृत्तिः सङ्गो वा सिराणां ग्रन्थयोऽपि वा ।
विमार्गगमनं चापि स्रोतसां दुष्टिलक्षणम् ॥ १

- Cha. Vi. 5.24

Charaka while describing the four types of sroto Dushti (Pathological process) mentions grandhi as one of them⁸. Susruta also while describing Dushta Sukra Lakshanas states "Grandhi Bhootam Vaata sleshma bhyaam" Sukra vitiated by vata and sleshma is passed as clots. All the pitikas, growths and lumps of non inflammatory origin are grandhi Bhootas and are due to vaata and sleshma Prakopa.

Definition: वातादयो मामसमस्रुक् च प्रदुस्ताः सन्दुस्य मेदश्च कफानुविध्दम्।

वृत्तोन्नतं विग्रथितन्तु शोफं कुर्वन्त्यतो ग्रन्धिरिति प्रदिश्टः॥ Su.Ni.11\3

Any localised swelling looking like a knot caused by vitiated *Tridoshas*, *Rakta*, *Mamsa* and *medas* with the Predominance of *Kapha* and *Vata*. *Grandhi* has got a peculiar shape and consistency i.e *vritta* (round) *unnata* (elevated) and *Vigradhita* (hard or compact) Vagbhata also is of the same opinion that *Kapha Pradhana doshas* along with *Rakta*, *Mamsa* and *Medas* cause a swelling which is *vritta*, *unnata* and *gradhita* (Round, elevated and compact)⁹ Charaka defines '*Grandhi* as a pulsatile swelling which is not accepted by susruta or vagbhata, but only *siraja grandhi* can be pulsatile.

ग्रन्थ्यर्बुदानां च यतोः विशेषः प्रदेशहेत्वाकृतिदोषदूष्यैः

तताश्चिकित्सेद् भिषगर्बुदानि विधानविद् ग्रन्थिचिकित्सितेन ॥ च.चि.१२/८७.

The granthi may also develops due to the vitiation of sira, mamsa, and meda dhatu, there is a painless enlarged mass of mamsa dhatu linked with meda on the surface of the body, the granthi may be developed separately by the medovikar, it is snigda and chanchal. The local treatment like lepana (external application) and swedana (fomentation). After the pakva of granthi then that may treated as vrana. The sarwadehika shodana (whole body Purification) treatment like vamana, virechana may be conceded. The granthi and Arbuda are almost similar characteristic features¹⁰ (ch.chi.12/87).

When all such descriptions are analysed it can be presumed that

- 1) *Grandhi* is a localised compact collection or vridhhi or unwanted tissue.
- 2) Main reason of such a localised growth is sroto dushti and sroto Avarodha
- 3) The doshas involved are vata and Kapha with the failure of Pitta to bring about *Dhatu Parinama* or *Dhatu Paka* in that area.

With this, it can be generalised that all the localised new growths like *Arbuda*, *Vidradhi*, *Gulma*, *Pitika*, *Galaganda*, *Gandamala*, *Apachi*, *Valmika*, ***Tundikeri***, *Yavana Pitika*, *Jatumani*, *Pothaki*, *Sikata Vartma*, *Nasarsas*, *Yonikanda*, *Andali* etc are nothing but the modifications of *Grandhi* only¹¹.

TUNDIKERI:

Derivation :

The word Tundikeri has two words Tundi + Keri Tundi - this word is derived from the root “Tung” which means “Beak” and then it is suffixed from “Ana” which gives rise to the present word “Tundi”. The meaning of Tundi being Beak, Snout, Bimbi, Cotton herb, swelling of umbilicus.

Definition : -

शोफः स्थूलस्तोददाह प्रपाकि ।

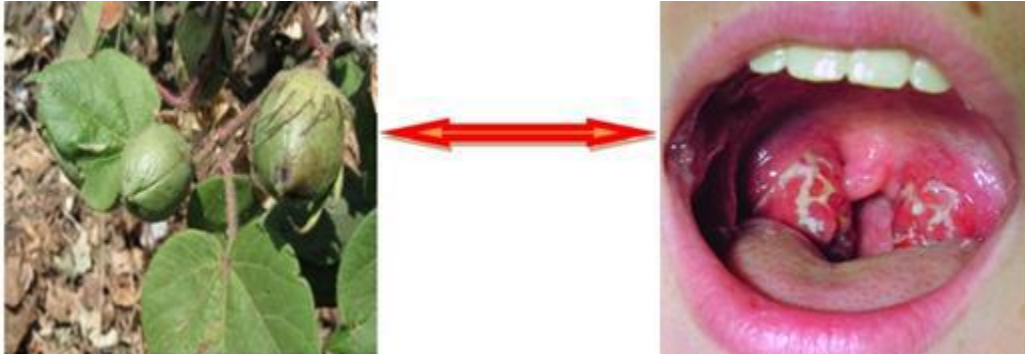
प्रागुक्ताभ्यां तुण्डिकेरि मता तु ॥ (Su.Ni.16/44)

Tundikeri is that disease caused by the vitiation of Kapha and Rakta. There is Sthula Shotha (oedema), Toda (pricking type of pain), Daha (burning sensation), Prapaki (Suppuration).

हनुसन्ध्यास्त्रितः कण्ठे कार्पासीफलसन्निभः ।

पिच्छिलो मन्दरुक् शोफः कठिनः तुण्डिकेरिका ॥ AH.Ut.21/47

According to Acharya Vagbhata, Tundikeri is having the shape of Karpasiphala and is Hanusandhi Asrita Kanta (root of the temporomandibular joint) It is Picchila (Slimy), Manda Ruk (Mild pain) and a firm swelling.



The definition given by Acharya Sushruta resembles the acute stage of tonsillitis where as the definition by Acharya Vagbhata is featuring probably the chronic stage of tonsillitis.

Nidana :

There is no specific Nidana mentioned for the disease Tundikeri in either of the Samhitas. So the Samanya Nidana for Mukha Rogas can be said in this context since Tundikeri is the disease of either the Talu or the Kanta, which are the parts of Mukha.

Aaharaja :

Excessive consumption of Matsya (fish), Mahisa Mamsa (buffalo's meat), Varaha (pig's meat), Amalaka Mulam (raw radish), Masa (urad dal), Dadhi (curds), Ksira (milk), Sukta, Iksurasa (sugarcane juice), and Phanitha¹².

Many of these Aharas are having Madhura Rasa or are of Amla Rasa. So these cause the vitiation of Kapha and Pitta which results in the vitiation of Rakta and hence the occurrence of the disease.

Viharaja :

Excessive indulgence in Avaksayya (sleeping in prone position), Dwishato Dantadhavana (improper dental hygiene), Dhuma (improper Dhumpana), Cardana (improper vomiting), Gandusa (improper gargling), Siravyadha (improper vinesection). Avoidance of proper oral hygiene leads to the accumulation and Prakopa of Kaphapradhana. Dosa and results in the occurrence of many disorders of the mouth (Mukharoga)¹³.

Samprapti-Samprapti Vighatana:

Samprapti is defined as the process of disease formation Dosadusya sammurchnana which gives rise to an abnormal structure and functions which is termed as a Vyadhi or a disease.

The *Ayurveda* refers that the Samprapti (Aetiopathogenesis) of any disease is based on the imbalance of three *Dosha* (Bodily humors) – *Vata*, *Pitta* and *Kapha*. Prior to understand the *Samprapti Vighatana* (Breaking of Pathogenesis), it is necessary to understand the *Vyadhi* (Disease) in respect to causes, Accumulation of *Dosha*, aggravation of *Dosha*, and distribution of *Dosha* in various channels, and lastly the manifestation of *Dosha*. Vitiated dosha circulate all over the body and become the cause of pathogenesis of a particular disease. The term “*Samprapti*” is used in *Ayurveda* for the process of giving birth to a disease. It is noticeable that *Ayurveda* refers that the “*Samprapti Vighatana*” is the Drugs mode of action and chikitsa.

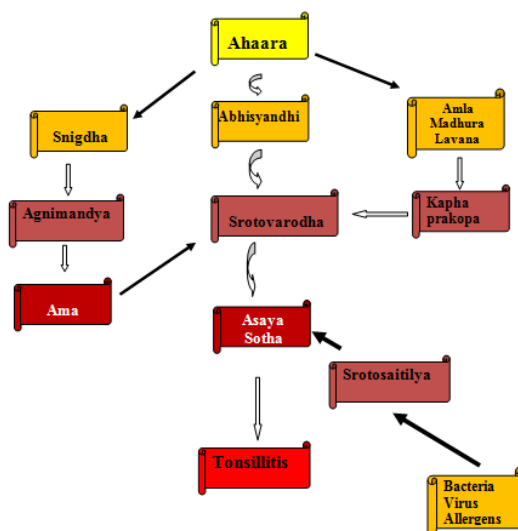
Involvement of Mamsa dhatu could be at the level of poshaka mamsa dhatu level. Rakta dhatu Marghavarodha caused by the either sotha (caused by Bacteria, virus, allergens) or Kapha dosha prakopa by Nidhana. They obstruct the flow of Rasa Rakta dhatu and inhibit the further dhatu posana (metabolism). The nutrient fractions of Mamsa dhatu retained in the blood and gradually accumulate in Tonsils. The accumulated mamsa dhatu produces a Granthi (Interaction with Dr M. Paramkusha Rao).

Reasons for the disturbance of tonsils are mentioned in Nidana of Tundikeri. i.e., Snigdha ahara, abhisyandhi ahara etc. Involvement of Bacteria, Virus, allergens is also reason for Tonsils vitiation.

Tonsils are considered as gate way of intestinal tract, so it likely causes tonsillitis, further it becomes sensitive and repeated attacks of Vyadhi is possible.

If avarodha of rasa-rakta channels occur to generate swelling and thus become Granthi. And further complications are seen i.e Dysphagia, Fever etc.

Samprapti



TUNDIKERI SAMPRAPTIGHATAKAS

Dosha	Kapha (According to Acharya Vagbhata) Kapha Rakta (According to Acharya Sushruta)
Dushya	Rasa, Rakta and Mamsa posakamsa of Rakta dhatu
Srotas	Rasavaha, Raktavaha,
Agni	Jataragni, Dhathwagni Mandya
Srotodushti	Sanga and Granthi
Roga marga	Madhyama
Udbhava Sthana	Amasaya
Adhithana	Talu & Kanta

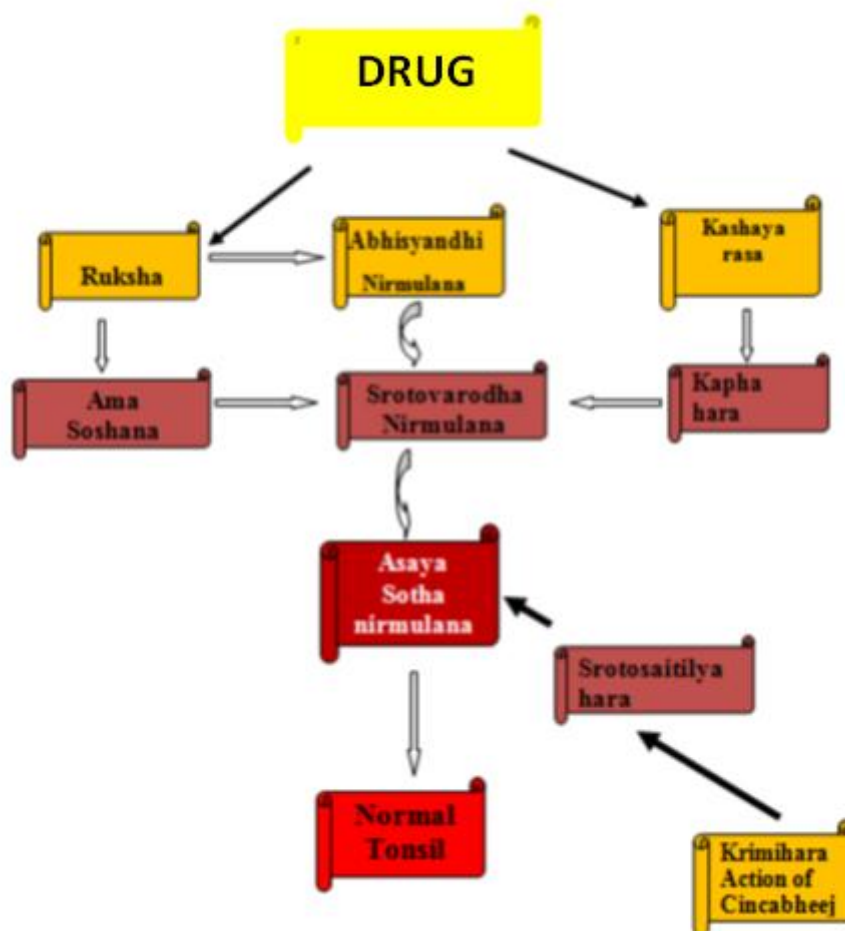
Samprapti Vighatana:

Samprapti Vighatana is opposing action to Samprapthi of Disease (Tundikeri).

The line of treatment could be Lekhana, Soshana and Krimighna (anti Bacterial and Anti Viral).

Lekhana reduces obstruction, Soshana cause for absorption of obstruction.

Thus Tundikeri becomes normal.



Conclusion:

Drug with these properties will act on Tundikeri.

Ayurveda refers that the “*Samprapti Vighatana*” is the Drugs mode of action and chikitsa.

This proposition of drug is based on ayurvedic methodology of drug evaluation.

References:

1. Kaviraj Ambikadutta Shastri, Vaidya yadhavji Trikamji Acharya, Sushruta Samhitha, Chowkhamba Krishnadas academy, Varanasi 2008. Nidana sthana 16/42, Page No.387.
2. Prof. K.R.Srikantha Murthi, Ashtanga hridayam ,Chaukhambha Krishnadas Academy, Varanasi,2006 Utaratantra 21/47, Page No:193.
3. Kaviraj Ambikadutta Shastri, Vaidya yadhavji Trikamji Acharya, Sushruta Samhitha, Chowkhamba Krishnadas academy, Varanasi 2008. Nidana sthana 16/44, Page No.387.
4. Bernstein JM, Gorfien J and Brandtzaeg P. The immunobiology of the tonsils and adenoids. Ogra Mucosal immunology. Academic Press, San Diego. 1999:1339-1362.

5. Mckerrow WS. Disease of tonsil. In: Gleeson M, Browning GG, Burton MJ, Clarke R (eds): Scott Brown' Otolaryngology, Head and Neck Surgery1 (B): Seventh edition. London: Hodder Education; 2008:1219-1220.
6. Sebastia LIA, Ramirez MJF, Molla CL, Llatas C, Mocholi P, Ruiz MD, Ferriol JE and Martinez RL. Changes in immunoglobulin levels following adenoidectomy and tonsillectomy. Acta Otolaryngol 2004 ;55: 404-408.
7. Brook I, Youson P. Quantitative measurement of B-lactamase in tonsils of children with recurrent tonsillitis. Acta Otolaryngol (Stockh) 1984:536-59.
8. Kashinath Shastri, Dr. Gorakhnath chaturvedi, Charaka samhita of Agnivesa, revised by Charaka and Drdhabala, Chowkhamba Bharti Academy, Varanasi 2001. Vimana sthana, 5/24. Page No: 596.
9. Kaviraj Ambikadutta Shastri, Vaidya yadhavji Trikamji Acharya, Sushruta Samhitha, Chowkhamba Krishnadas academy, Varanasi 2008. Nidana sthana 11/3. Page No: 350.
10. Kashinath Shastri, Dr. Gorakhnath chaturvedi, Charaka samhita of Agnivesa, revised by Charaka and Drdhabala, Chowkhamba Bharti Academy, Varanasi 2001. Chikitsa sthana, 12/87. Page No: 311.
11. Dr. M. Rama Sunder rao, text book of Shalya Tantra Vignamam, 2002, page No. 397.
12. Prof. K.R. Srikantha Murthi, Ashtanga hridayam, Chaukhambha Krishnadas Academy, Varanasi, 2006. Utaratantra 21/1, Page No: 184.
13. Prof. K.R. Srikantha Murthi, Ashtanga hridayam, Chaukhambha Krishnadas Academy, Varanasi, 2006. Utaratantra 21/2 Page No: 184.