



Exploring Potentials of Unani Formulations in the Management of Chronic Tonsillitis in Unani Medicine: A Review

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ABSTRACT

Waram-e-Lawzatayn (tonsillitis) been the field of great interest in medical science. The Arabic word *Lawzah* is derieved from *Lawzatayn* which means *Ghudud* (glands). According to *Ibn Hubal Bhaghdadi*, a prominent scientist and physician, tonsils are two muscles situated at the tongue's root near the pharynx, when these muscles are inflamed, known as *Waram-e-Lawzatayn* (tonsillitis), a common clinical condition affecting the large number of populations worldwide. As per Unani System of Medicine, *Waram-e-Lawzatayn* is a type of *Warme-e-Harr*, involving the *Hulqum* (throat) and *Lawzatayn*. Diagnostic features and findings on clinical examination are described very clearly in Unani classical texts. Common signs and symptoms include throat pain, fever, difficulty in swallowing, red swollen tonsils, cough, headache, enlarged neck lymph nodes, and earache. Chronic tonsillitis is a common disease found worldwide mostly in school going children. There are many single as well compound drugs for the management of tonsillitis which are being used for a longer duration without any known side effect. Always first emphasis should be given for medical treatment, if it fails then opt surgical management. When the acute inflammation (*Warm-e-Haar*) has been subsided and the base of swelling is soft and thin, then it is suitable time for tonsillectomy.

Key words: Tonsillitis, Unani formulations, Tonsillectomy, Unani gargle

1. Introduction

Unani medicine, rooted in ancient Greek practices and enriched by Arab and Persian scholars, is a holistic healthcare system focusing on balancing the body's four humors: blood, phlegm, yellow bile, and black bile. Health is achieved when these humors are in equilibrium; imbalance leads to illness. Unani practitioners restore balance through diet, lifestyle changes, and herbal remedies, emphasizing mental and spiritual well-being alongside physical health. The system also considers individual *Mizaj* (temperament) for personalized treatment. Effective for respiratory, digestive, musculoskeletal, and skin conditions, Unani integrates dietary advice, massages, and detoxification. Despite challenges like limited scientific validation, it remains popular in regions like the Indian subcontinent and the Middle East. Recent efforts aim to validate Unani practices through modern research, bridging traditional wisdom with contemporary science¹.

Waram-e-Lawzatayn (Tonsillitis) is indeed a significant topic in medical science, particularly in the field of otolaryngology. The word *Lawzah* is an Arabic word that means *Ghudud* (Gland)². According to modern medical science, tonsil is a Latin word which means swelling³.

Waram-e-Lawzatayn is actually *Waram-e-haar* which involves *Halqum* (Throat) and *Lawzatayn* (tonsils) also known as *Sakibul-loa'*^{3,4,5,6,7,8}. It is a prevalent global health issue, particularly affecting lower and middle socioeconomic classes in India, with significant socioeconomic burden. It's characterized by inflammation of the lymphoid glands in the upper throat, causing symptoms like sore throat, fever, throat pain, difficulty in swallowing, earache, headache, malaise, and constipation. If left untreated or poorly managed, it can lead to life-threatening complications such as rheumatic heart disease, acute glomerulonephritis, and peritonsillar abscess⁹.

Unani physicians consider it a subtype of *Waram-e-Halaq* (Pharyngitis)⁶. Prominent Unani practitioners like *Hakeem Ajmal Khan*, *Majoosi*, *Ibn e Quf*, *Akbar Arzani*, and *Abul Qasim Zahrawi* described it as an inflammatory condition causing difficulty in swallowing and dyspnea^{6,10,11,12}. Considering the holistic approach of Unani medicines, its management may offer significant benefits in treating chronic tonsillitis.

Unani medicine provides various single and compound drugs for this condition, which can be used for extended periods without any known side effect. Notable compound drugs include *Laoq-e-Khiyar Shamber*^{13,14} and gargle with poly herbal Unani formulation containing *Unnab* (*Zizyphus vulgaris*),

Mako khushk (*Solanum nigrum*) and *Masoor* (*Lens clunaris*)¹⁵, commonly prescribed for tonsillitis. However, despite their exceptional utility, these drugs lack research to substantiate their efficacy.

2. Physiological Description:

Ibn-e-Sina (Avicenna) says: “Tonsils (*Lawzatayn*) act as reservoirs, collecting air at the trachea's head, preventing sudden air entry when the heart inhales”¹⁶ *Hakeem Akber Arzani*: “Tonsils regulate air entry into the trachea, releasing it slowly”³.

3. Classical Unani View on Tonsillitis

Unani texts describe tonsillitis as *Zabha*, *Khannaq*, or *Khannaq-e-Mutlaq*, highlighting throat inflammation, pain, and swelling. Treatments included herbal remedies and dietary management^{5,17}.

4. Etiology of Tonsillitis:

Unani medicine attributes tonsillitis to humor imbalance (blood, bile, phlegm, black bile), weak immunity, chronic colds, poor diet, allergies, or ingestion of harmful substances¹⁶.

5. Common Symptoms:

Classic symptoms include throat pain, difficulty swallowing, breathlessness, foul odor, choking sensation, throat fullness, and abnormal throat discomfort¹¹.

In Unani medicine, tonsillitis is classified based on the imbalance of the four humors (*Damvi*, *Balghami*, *Safravi*, and *Saudavi*), each presenting distinct symptoms.

Waram-e-Lawzatayn-Damvi is characterized by a flushed face, congestion and redness in the oral cavity, a sweetish taste with excessive salivation, moderate to severe throat pain, headache, and a hyper-volcanic, fast pulse (Nha).

Waram-e-Lawzatayn Balghami presents with mild throat pain or a sensation of heaviness, a pale oral cavity, excessive salivation, and swelling of the tonsils and oral cavity.

Waram-e-Lawzatayn Safravi involves severe throat pain, dryness in the oral cavity, a bitter taste, intense difficulty swallowing (dysphagia), localized tenderness, and high-grade fever.

Waram-e-Lawzatayn Saudavi shows minimal visible swelling but features hard tonsils that encroach on throat muscles, progressive difficulty swallowing (starting with solids and later liquids), mild tenderness, and hard, less mobile jugulodigastric lymph nodes.^{8,16}

6. Classification:

Waram-e-Lawzatayn Damvi (Blood-Related Tonsillitis)

This condition arises due to vascular overfilling, leading to an increased pulse intensity and facial redness. It is characterized by an abnormal accumulation of Dam (blood) in the tonsils, resulting in inflammation.

Waram-e-Lawzatayn Safravi (Bilious Tonsillitis)

Caused by a disproportionate quantity or quality of Safravi (bilious) humor, this type occurs when excessive Safravi humor affects the tonsils. Symptoms include severe throat pain, difficulty swallowing, high-grade fever, and body dryness or hotness, particularly in the throat.

Waram-e-Lawzatayn Balghami (Phlegmatic Tonsillitis)

This form results from an imbalance in the phlegmatic humor, either due to endogenous overproduction or excessive intake of phlegm-producing factors. Symptoms include excessive mucus, throat congestion, and coughing. Additionally, it presents with bilateral soft whitish tonsil swelling, purulence and softness in the tongue muscles, a salty taste, and excess salivation.

Waram-e-Lawzatayn Saudavi (Black Bilious Tonsillitis)

A rare and chronic condition, this type is caused by an imbalance in the black bile humor, either due to endogenous overproduction or excessive consumption of black bile-producing substances. Black bilious tonsillitis rarely occurs independently and usually develops from acute inflammation (*Waram-e-Har*). Symptoms include hard tonsil swelling that may adhere to the tongue and surrounding muscles¹⁹.

7. Bedside Examination:

Unani physicians emphasize careful throat examination for tonsillitis by ensuring patient relaxation and consent, instructing them to open their mouth widely, and conducting the assessment under proper illumination, as described in classical texts like *Kitabul Umadah Filjarahat*¹¹.

Examination Guidelines by *Abul Qasim Alzahrawi*:

Alzahrawi advised against instrumentation for hard, muddy-colored hyposensitive swellings or congested red swellings with hard bases (bleeding risk), while recommending intervention for soft-based, yellow-whitish swellings¹⁸.

8. Diagnostic approach:

Zakariya Razi recommended examining patients in his book "*Kitab-al-Falaha*" with wide-open mouths under good lighting, observing tonsils for congestion, redness, color, and consistency. He warned against touching or operating on congested/red tonsils or hard, black tonsils (possible malignancy)¹⁷.

9. Usool-e-Ilaj (Principles of Treatment)

Unani treatment involves assessing symptoms and diagnosis, correcting temperament (*Mizaj*) via diet/lifestyle, reducing causative factors, and avoiding cold exposure¹⁹.

10. Treatment Methods:

Unani therapy focuses on balancing *Mizaj* (temperament) through dietary/lifestyle corrections, employing *Tadabeer* (therapies), steam inhalation (*Inkebab*), fomentation (*Takmeed*), venesection (*Fasd*), and tailored dietary regimens¹⁹.

11. Abstinence:

Patients must avoid cold exposure and hard-to-digest foods like meat, wine, garlic, mustard, and curd during treatment¹⁹.

12. Management of Chronic Tonsillitis

It should be clear that Unani physicians very clearly described both conservative as well as surgical management for acute and chronic tonsillitis, although they intended as much as possible to cure chronic or recurrent tonsillitis by medicine. They used a lot of single as well as compound drugs in curing it. They also advised to adopt surgical procedure when the medical treatment became failure to relieve the patient, as author of "*Kitabul Umdah Filjarahat*" mentioned it:

"When tonsils are swelled up, and the duration of swelling become prolonged and the patient has complaints of dysphagia and dyspnea meanwhile the medical treatment became failure in relieving the patient then surgical intervention should be adopted"²²

13. Single Drugs Used in the Management of Chronic Tonsillitis

In Unani medicine, several single drugs are traditionally used to manage chronic tonsillitis,; *Maghz-e-fuloos Khayarshamber* (*Cassia fistula* Linn.), *Unnab* (*Ziziphus jujuba* Mill.), *Sapistan* (*Cordia latifolia* Roxb.), *Sikanjabeen* (a honey-vinegar oxymel preparation), *Murmuki* (*Commiphora myrrha* Engl.), *Shahad* (natural honey), *Banafsha* (*Viola odorata* Linn.), and *Shibbe Yamani* (potash alum).²⁰

14. Compound Drugs Used in the Management of Chronic Tonsillitis

In Unani medicine, several compound formulations are traditionally employed for managing chronic tonsillitis, including *Laoq-e-Khiyar Shamber*, *Laoq-e-Sapistan Khayar Shamber*, *Sharbat Anjabar*, *Sharbat Toot Siyah*, *Sharbat Zoofa*, *Sharbat Anarain*, and *Sharbat Banafsha*. These polyherbal preparations work synergistically to reduce inflammation, soothe throat irritation, and restore humoral balance according to classical Unani principles.²⁰

Laoq-e-Khiyar Shamber

Laoq-e-Khiyar Shamber, a prominent Unani formulation, derives its name from its primary ingredient, *Khiyar Shamber* (*Cassia fistula*). This concoction is recognized in the national formulary of Unani medicine as a beneficial treatment for *Nazla wa Zukam* (inflammatory nasal congestion). Beyond its targeted application, *Laoq-e-Khiyar Shamber* aligns with the fundamental principles of Unani medicine, specifically *Tanqeeya-e-Mawad*, which emphasizes balance and moderation. Notably, this formulation also alleviates constipation, making it a comprehensive remedy for *Nazla wa Zukam*.²⁰

Ingredients of *Laoq-e-Khiyar Shamber*:^{20,21}

S. No	Drugs	Name	Dose
1	<i>Maghz-e-Fuloos Khiyar Shambar</i>	<i>Cassia fistula</i> Linn.	2 kg
2	<i>Aslus-soos</i>	<i>Glycyrrhiza glabra</i> Linn.	1.5 kg
3	<i>Sapistan</i>	<i>Cordia latifolia</i> Linn.	1.5 kg
4	<i>Katira</i>	<i>Cochlospermum reli</i> Linn.	1 kg
5	<i>Qand Safed</i>	White Sugar	1 kg

Dose: 10-20 gms. with luke warm water twice a day^{20,21}

Gharghara (Gargle):

Gargle with *Unnab*, *Masoor* and *Mako Khushkh* is very effective in *Waram-e Lawzatayn* and *Waram-e-Halaq*¹³ as it subsidized the symptoms like sore throat, dysphagia, difficulty in swallowing and fever very effectively because these drugs work against the *Waram-e-Lawzatayn* which is the *Waram-Har* that involves *Hulqoom* (throat) and *Lawzatayn* (tonsils)^{3,4,5,6,7,8}.

Composition of Gargle:¹³

S. No	Drugs	Names	Dose
1	<i>Unnab</i>	<i>Zizyphus Vulgaris</i>	7 No.
2	<i>Makoh khushk</i>	<i>Solanum nigrum</i>	5gm
3	<i>Masoor</i>	<i>Lens clunaris</i>	5gm

Dose: 30 ml twice daily as a gargle¹³.

15. Conclusion:

After thorough review of the descriptions pertaining to chronic tonsillitis in the classical texts of Unani medicine it may be concluded that, Unani physicians were much aware about the signs and symptoms and management of chronic tonsillitis; they have differentiated types of tonsillitis according to predominance of humour, they were able to diagnose the disease clinically and were expert enough to assess the condition, whether requiring medical management or surgical intervention.

In conclusion, while significant advancements have been made in understanding and managing tonsillitis, ongoing research is essential to refine treatment protocols, minimize unnecessary antibiotic use, to surgical intervention and optimize patient outcomes.

First emphasis was given to manage chronic tonsillitis with medical treatment. Surgeons of that time knew clear-cut indications and contraindications for surgical intervention along with the procedure of safe tonsillectomy as discussed above in detail.

16. Discussion:

Tonsillitis, known as *Waram-e-Lawzatayn* in Unani medicine, is extensively described in classical Unani literature, indicating that ancient physicians had a clear understanding of the disease's etiology, symptomatology, progression, and treatment options. The comprehensive classification based on humor predominance (*Damvi*, *Safravi*, *Balghami*, *Saudavi*) illustrates the personalized diagnostic and therapeutic approach typical of the Unani system. The mainstay of treatment revolves around restoration of humoral balance (*Ta'dil-e-Akhlat*), along with lifestyle regulation, dietary modifications, and the use of single or compound herbal drugs.

The interpretation of Unani perspectives in this paper suggests that chronic tonsillitis, often resistant to conventional antibiotics, might benefit from Unani's multi-modal therapeutic strategies, particularly those that are safer for long-term use. Drugs like *Laoq-e-Khiyar Shamber*, and the *Unnab*, *Mako*, *Masoor* as a *gargle*, traditionally used for their *Mufatteh* (deobstruent), *Muhallil* (resolvent), and *Mushil* (purgative) actions, show promise in mitigating inflammatory and infectious symptoms without the adverse effects associated with long-term antibiotic therapy.

The present findings resonate with emerging research on traditional medicine's role in upper respiratory infections. A study by Abdul Aziz et al. (2021) found that *Laoq-e-Khiyar Shamber* significantly reduced symptoms of pharyngitis and tonsillitis in patients with recurrent throat infections²³. Similarly, A case study by **Aslam M et al.** reported significant improvement in symptoms like fever, enlarged tonsils, throat pain, and burning. This effect is likely due to the **antipyretic** action of *Maghz-e-Fuloos Khiyar Shamber* and *Saboos-e-Gandum*, which helped reduce fever. Additionally, the **anti-**

inflammatory properties of *Maghz-e-Fuloos*, *Iklilul Malik*, *Asl-us-Soos*, and *Saboos-e-Gandum* contributed to the reduction of tonsillar swelling and throat inflammation, supporting their therapeutic role in *Waram-e-Lawzatayn*.²⁴

Moreover, the emphasis on physical examination methods (as highlighted by *Zakariya Razi* and *Abul Qasim Al-Zahrawi*) shows how meticulous and evidence-based early Unani diagnostics were, especially with their warnings against unnecessary instrumentation in inflamed tonsils—a concept now validated by modern otolaryngology protocols which caution against invasive interventions during acute inflammation.

Unani physicians' caution in adopting surgical intervention, preferring it only when medical treatments failed, aligns with today's clinical guideline of reserving tonsillectomy for recurrent, treatment-resistant cases. This reflects a sophisticated understanding of risk-benefit assessment even in pre-modern medical practice.

However, a limitation lies in the paucity of contemporary randomized controlled trials (RCTs) or in vitro studies to scientifically validate these formulations' safety and efficacy. There is a critical need to evaluate these Unani drugs using modern pharmacological, biochemical, and clinical tools. Bridging this gap would not only help in substantiating Unani therapies but also in integrating them into evidence-based complementary treatment protocols.

The findings of this paper contribute to a growing body of literature that seeks to scientifically appraise traditional systems of medicine, particularly Unani, in the management of ENT disorders.

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