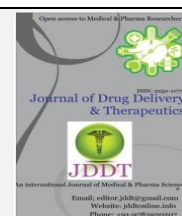


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Review Article

Warm-e-Lauztain (Tonsillitis): Diagnosis and Management with reference to Unani System of Medicine

Abdul Aziz¹, Abdul Mannan², Md. Wasi Akhtar^{3*} and Yasmeen Aziz⁴

1. Assistant Professor, Deptt. of Moalajat, Eram Unani Medical College, Lucknow
2. Professor, Deptt. of Moalejat, A.K. Tibbiya College, AMU, Aligarh
3. *Assistant professor, Deptt. of Moalajat, School of Unani Medical Education and Research, Jamia Hamdard, New Delhi
4. Assistant Professor, Deptt. of Jarahat, A.K. Tibbiya College, AMU, Aligarh

ABSTRACT

Warm-e-Lauztain (Tonsillitis) being very common clinical condition affecting mostly the school going children is the one of the important reason to visit a doctor frequently. Diagnostic features and findings on clinical examination are described very clearly in classical texts of Unani medicine, e.g. if the tonsillitis is caused due to abnormality of *khilt-e-dam* (humour sanguine), it is expressed by severe pain in the throat, fever, redness of eyes and face, sweetish taste in mouth etc.; if it is due to *khilt-e-safra* (humour bile), then it is characterized by severe pain in the throat, difficulty in the swelling, high grade fever, dryness, paleness of face; if there is imbalance in *khilt-e-balgham* (humour phlegm), there will be soft whitish swollen tonsils associated with paresis and softness of the tongue; tonsillitis due to the abnormality in *khilt-e-sauda* (humour black bile) exhibit hard swelling of tonsils encroached into the tongue and surrounding tissues. On examination, if there is much congestion and redness on the tonsils or it is black in colour and hard in consistency then surgical procedure should be avoided. 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, than it is suitable time for tonsillectomy. Surgical procedure is also described by *Abu Al-Qasim Al-Zahrawi* and others in detail. Therefore it may be concluded that scholars of Unani medicine were much aware about the signs & symptoms of chronic tonsillitis; they were able to diagnose the disease clinically and were expert enough to assess the condition, whether requiring medical management or surgical intervention. Surgeons of that time knew clear-cut indications and contraindications for surgical intervention along with the procedure of tonsillectomy

Keywords: *Warm-e-lauztain*, Tonsillitis, Unani classical, Treatment, surgery

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*Address for Correspondence:

Md. Wasi Akhtar, Assistant professor, Deptt. of Moalajat, School of Unani Medical Education and Research, Jamia Hamdard, New Delhi

INTRODUCTION

Chronic Tonsillitis is a very common problem, mostly affecting school going children. It is usually characterized by chronic irritations in throat, cough, uneasiness and mild to moderate pain in throat usually associated with eustachian tube dysfunctions. More often and recurrent acute exacerbations is seen, which is expressed by fever with chills, intense pain in throat and cough. Although most of the times *warm-e-lauztain* (tonsillitis) is a safe condition but sometime this may complicate into life threatening diseases like acute glomerulonephritis, sub acute bacterial endocarditis, meningitis and peritonsillar abscess etc.

Although now a day medical sciences have achieved great success in the management of various illnesses through allopathic medicines and surgery; but the importance and

effectiveness of Unani medicine cannot be ignored, especially in the management of chronic and recurrent illnesses.

Warm-e-lauztain (tonsillitis) is one of the common problems, for which a patient frequently consults a doctor. Allopathic management usually includes recurrent use of antibiotic, anti-inflammatory, analgesic, antipyretic and decongestant. Due to its dangerous and hazardous adverse effects, allopathic medicine cannot be given for a longer duration and very frequent as needed for the management of this chronic and recurrent ailment, and as soon as medications are switched off, all the symptoms reappear. That is why, at last, most of the patients are advised to go through surgical procedure for the removal of the tonsils.

Unani system of medicine is unique in its methods of diagnosis and its line of management for recurrent and

chronic diseases like chronic tonsillitis etc. The Unani drugs being natural in its form and having no or negligible adverse effects, it can be given for a longer duration until complete cure, without any obvious side effect. Aiming and keeping this background in the mind this paper is being drawn after very comprehensive and thorough review of classical Unani literature regarding sign & symptoms, clinical examination, medical and surgical management described.

DIAGNOSIS

In Unani medicine *warm-e-lauztain* (tonsillitis) is diagnosed on the basis of signs and symptoms along with evaluation of *Mizaj* (Temperament), *Nabz*, *Baul wa Baraz* and bedside examination.

If the *warm-e-lauztain* (tonsillitis) is caused due to abnormality in the quantity or quality or both in the *khilt-e-dam* (humour sanguine) or its abnormal congestion in it, then it is usually expressed by acute occurrence of the illness comprising severe pain in the throat, fever, redness of eyes and face, sweetish taste in the mouth^{1, 2,3,4,5,6,7,8,9,10}. *Ali Ibne Sahl Rabban Tabri* (810-895 AD) the author of very genuine book of Unani medicine *Firdausul Hikmat* says:

فعلامة ما كان منها من الدم امتلاء العروق، وشدة ضربها بها وحمرة الوجه.

“The characteristic feature of the over flowing of the *khilt-e-dam* (humour sanguine), is vascular overfilling and increased intensity of pulsation in the blood vessels and redness on the face.”¹

If it is encountered due to the qualitative and quantitative disproportions of *khilt-e-safra* (humour bile) in the body and its abnormal falling on the tonsils then it is characterized by very severe acute occurrence of the illness viz. *warm-e-lauztain safrawi* (bilious tonsillitis), like very severe pain in the throat, difficulty in the swelling, high grade fever, dryness, feeling of hotness in the body especially in the throat, paleness of face. This form of *warm-e-lauztain safrawi muzmin* (chronic bilious tonsillitis) is seen when it is associated with acute exacerbation.^{1,2,3,4,5,10}

If there is imbalance in the quantity and quality of *khilt-e-balgham* (humour phlegm) in the body due to the abnormal endogenous overproduction of phlegm or over use of phlegm producing foods, may cause *warm-e-lauztain balghami* (phlegmatic tonsillitis). The remarkable features of such phlegmatic tonsillitis are overproduction of saliva of salty taste, puffiness of face and mouth, soft whitish swollen tonsils associated with paresis and softness in the muscles of the tongue^{1,5,6,7,8,9,10}. The author of ‘*Firdausul Hikmat*’ says:

وعلاوة ما كان من البلغم ورم واسترخاً في اللسان ولوحة الفم وكثرة الريق

“The characteristics of phlegmatic tonsillitis are soft swelling and paresis in the tongue, salty taste in the mouth and excessive salivation.”¹

The characteristic features of tonsillitis due to the abnormality in the quantity and quality of *khilt-e-sauda* (humour black bile) causing *warm-e-lauztain saudawi* (black bilious tonsillitis) are generalized dryness, dull coloured and lustreless skin and hard swelling of tonsils encroached into the tongue and surrounding tissues^{1,3,5,8}. *Ali Ibne Sahl Rabban Tabri* (810-895 AD) described it as:

واما السوداء فقل ما يحدث الى الدأ منها الا ان يكون على سبيل الانتقال من الورم الحار.

“*Warm-e-Lauztain* (tonsillitis) due to the black bile is rarely found, and if found then it is due to the transformation of *haar warm* (acute inflammation).”¹

Bed-side Examination

Whenever you are going to examine the cases of tonsillitis you have to relax the patient as much as possible, and tell the patient about what you are going to do. Ask the patient to open his/her mouth as wide as possible. The examination should be done in very clear light. If there is much congestion and redness on the tonsils then surgical procedure should be avoided, similarly if it is black in colour and hard in consistency then it may be malignant, in this condition you also have to avoid surgery^{1,2,3,4,5,8}

Abu Al-Qasim Al-Zahrawi (936-1013 AD), the father of surgery of Unani medicine says describing the bed side examination of tonsils:⁶

فا نظر ان كان الورم كمد اللون صلوا قليل الحس فلا تعرض له بالحديد، وان كان احمر اللون واصلمه غليظ فلا تعرض ايضا بالحديد خوفا من نزف الدم، وان كان ابيض اللون وكان اصله رقيقا فهو الذى ينبغي ان يقطع.

“It should be understood that if the swelling is hard in consistency, muddy in colour and hyposensitive then avoid instrumentation. And if the swelling is congested and red in colour with hard base then also do not interfere surgically in order to avoid bleeding due to congestion and plethora. When the swelling is yellow-whitish in colour with soft base then it is the most suitable time for surgical intervention.”⁶

MANAGEMENT

It should be clear that Unani physician described very clearly both conservative as well as surgical management for acute as well as chronic tonsillitis, although they intended to cure chronic or recurrent tonsillitis by medicine as far as possible. Physicians of Unani system of Medicine used a large number of single as well compound drugs to treat chronic tonsillitis. They also advised to adopt surgical intervention when the medical treatment fails to relieve the patient^{2,3,4,8,9,10,15,18,22,28,29,30}, as the author of “*Kitab-ul-Umdah Fil-Jarahat*” mentioned it:

“When tonsils are swollen, and the duration of swelling becomes prolonged and the patient has complaints of dysphagia and dyspnoea, meanwhile the medical treatment failed in relieving the patient, then surgical intervention should be adopted”¹⁰

Medical Treatment

In accordance of Unani medical treatment of *warm-e-lauztain* (tonsillitis), Unani Physician have advised a number of single and compound drugs as well, that are hard to mention one by one. Although a few of them are being mentioned here for the purpose of example:

- *Khayar shambar* (*Cassia fistula* Linn.) is very useful for tonsillitis.^{2,12,13,15,17,21,22,23,30}
- Oral use of *Asl-e-Khalis* (Honey) is beneficial for the tonsillitis.^{2,4,5,13,17,19,20,24,25,28}
- *Banafsha* (*Viola odorata* Linn.) is used in the treatment of chronic tonsillitis.^{5,6,7,9,14,15,19,20,21,23,24,26}
- Gargle of *Shibbe yamani* (Potash alum) is incomparable thing for the treatment of tonsillitis.^{2,4,15,27,28}
- Gargle with *Rubbut-toot* (*Morus indica* Linn. extract) and *Akhrot* (*Juglans regia* Linn.) is important in the treatment of tonsillitis.^{5,6,7,8,12,13,14, 19,24,25}
- The milk of *Injeer* (*Ficus carica* Linn.), *Mauz* (*Musa acuminata* Colla), *Methi* (*Trigonella foenum-graecum* Linn.), *Alsi* (*Linum usitatissimum* Linn.) and *Khayar shambar* (*Cassia fistula* Linn.) is ultimate drugs for the treatment of tonsillitis.^{15,19,25,27}

Minor Surgical Procedures

Venesection of different veins is described by Unani physician for different purposes; it is basically done with the aim to divert the morbid material from the site of lesion through blood circulation resulting in the cure of the disease. It is important to remember that although regarding mere tonsillitis, Unani physician on the basis of their own observations mentioned venesection of different veins of the body that are more suitable and convenient to remove the morbid material responsible for diseased conditions of tonsils.

- Venesection of *Rag-e-qaifal* (Cephalic vein) is very effective in the treatment of tonsillitis.^{1,2,3,5,5,6}
- Venesection of bilateral *Rag-e-qaifal* (Cephalic veins) is beneficial for treatment of tonsillitis.^{2,3,5,6,7,8,9,10}
- Venesection of sublingual vein is way of choice for immediate control of tonsillitis.^{5,6,7,8,9,10}
- *Abu Bakr Mohammad bin Zakariya Razi* (850-925 AD) mentioned with reference to "*Rofas*" that *Hijamah* (cupping with scarification/ wet cupping) on calf is produces immediate effect in tonsillitis.^{1,3,5,6,8,10}
- In "*Moalejat-e-Buqratiyah*" *Abul Hasan Ahmad bin Mohammad Tabri* (780-850 AD) has mentioned that *Hijamah* (cupping with scarification/ wet cupping) should be applied on both breasts and bilateral calf muscles for the treatment of tonsillitis.⁵
- Various Unani physician advocated tracheotomy when there is risk of respiratory arrest due to blockage of airways by huge enlarged tonsils.^{3,4,5,6,7,9,10,11}
- *Hakeem Muhammad Akbar Arzani* (Died 1772 AD) described Quinsy (peritonsillar abscess) and its method of drainage.¹⁵

Surgical Intervention/ Jarahat/ Ilaj bil yad

Unani Physicians have mentioned very clearly that in each and every case of tonsillitis physician should try his/ her best to treat it by medical or conservative treatment, but when medical treatment show no benefit and risk of complication is high then surgery should be adopted in order to avoid much more harm to the patient^{6,7,8,10}, as the author of "*Kitabul Umdah Fil Jarahat*" says:

"When tonsils are swollen, and the duration of swelling becomes prolonged and the patient has complaints of dysphagia and dyspnoea meanwhile the medical treatment failed in reliving the patient then surgical intervention should be adopted"¹⁰

Indication of Surgery

When the patient is having the complaints of severe throat pain, dysphagia, odynophagia (even unable to swallow saliva), and not responding to medical treatment, then removal of tonsils remains the only choice.^{1,4,5,6,7,8,9,10}

When it should be operated?

Regarding suitable condition for surgery Unani physicians have very wisely mentioned that the suitable time for tonsillectomy is when the physician has got confirmation about benign nature of the swelling, and moreover the acute inflammatory condition has been subsided in order to avoid hemorrhage during procedure and to avoid life threatening complication as in case of malignant tonsillitis^{1,2,6,8,10,16,30}. As the author of "*Kitabut Tasreef*" described it by saying⁶

و رأيت الورم الحار منها قد سكن و كانت رقيقته فينبغي أن يقطع

When you see that the acute inflammation (*warm-e-haar*) has been subsided and the base of swelling is soft and thin, than it is suitable time for tonsillectomy.⁶

Ibn-e-Hubal Al Baghdadi says in his book "*Kitabul Mukhtar fit Tibb*"¹⁶.....

و ان كان ابيض اللون وكان اصله رقيقا فهو الذي ينبغي ان يقطع

"When the swelling is white in colour (no congestion and no acute inflammation) with soft and thin base (nature of swelling is benign, and not malignant), it is suitable condition for the removal of tonsils."¹⁶

Contraindications of Surgery

When the tonsils are black in colour, hyposensitive or insensitive, then it may be malignant, don't opt surgical procedure in this case.^{1,5,6,10,16} Likewise, if tonsils are red, congested, painful and its base is hard in consistency, then this is also a contraindication for surgical intervention.^{2,6,7,8,9,10,16} As the author of "*Kitabut Tasreef*"⁶ mentioned it by saying.....

فا نظر ان كان الورم كمد اللون صلبا، قليل الحس فلا تعرض له بالحديد، وان كان احمر اللون واصله غليظ فلا تعرض له ايضا بالحديد خوفا من نزف الدم بل اتركه حتى تنضج.

"You have to see that if the swelling is hard in consistency, muddy in colour and hyposensitive then avoid instrumentation or do not go for any intervention. And if the swelling is congested and red in colour associated with hard base, then also do not interfere with it, therefore avoiding bleeding due to congestion, till acute inflammatory condition subsides."

The procedure of Tonsillectomy

Ibn-e-Sina (980-1037 AD) says describing the procedure of tonsillectomy²:

واما اللوزتان فيعلقان بصنارة ويجذبان الى خارج ما امكن من غير ان ينجذب معها الصفاقات، فيقطعان باستدرة من فوق الاصل عند ربع الطوال بالآلة القاطعة من غير ان تغلب الآلة و تقطع الواحدة بعد الاخرى و بعد مراعاة الشرايط المذكورة في لونها.

"After holding with forceps, the tonsils will be pulled out as much as possible and will be dissected from the root, with a dissecting instrument. The tonsils will be dissected one by one after fulfilling the above mentioned conditions about its colour."

Abu Al-Qasim Al-Zahravi (936-1013 AD) describes by saying⁵.....

والعمل فيه ان تنظر قبل العمل فان قد سكن الورم الحار سكونا تاما او نقص بعض النقصان فحينئذ فا جلس العليل نحو الشمس و رأس في حجرك وتفتح فمه و ياخذ خادم بين يديك فتعكس لسانه الى اسفل بالآلة مجوفة هذه صورتها تصنع من فضة او نحاس يكون فاذا كبست بها اللسان و تبين لك الورم و وقع بصرك عليه فخذ صنارة واحدة وا جذبها الى خارج ما امكن من غير ان تجذب معها شئ من سائر الصفاقات ثم تقطعها بالآلة هذه صورتها.

"Before surgery, inspect the tonsils properly, when you find inflammation has been subsided completely or reduced to a significant level, you ask the patient to sit down in day light keeping his head in your arms, and open his mouth while taking help from your assistant. After that turn the patient's tongue downwards with the help of an instrument made up of silver or copper of a special shape. Now when tongue has been turned and inflamed tonsils are visible clearly, take a scissor and pull out the tonsils and cut it by a special instrument avoiding pulling out of ligaments and fascia."

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 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. 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.

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