



# Consideration of Unani basics in Chronic Tonsillitis (Warm-e-Lauztain)-A Review Article

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**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, there will be soft whitish swollen tonsils associated with paresis and softness of the tongue; tonsillitis due to the abnormality in khilt-e-sauda exhibit hard swelling of tonsils encroached into the tongue and surrounding tissues. 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. A randomized open comparative study was designed to validate the efficacy of two very commonly prescribed formulations in the patients of chronic tonsillitis viz. *Laoq Sapistan Khyar Shambari* and *Sharbat Toot Siyah*. 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. 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. Certain Household remedies are Unani drugs and formulation used to control the Tonsillitis in unani system of medicine.

**Keywords:** Tonsillitis, Unani classical, Household Treatment, Tonsillectomy and history of surgery,

## I. Introduction of warm-e-lauztain (Tonsillitis)

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 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. 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. 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.

Tonsillitis is an infection of your tonsils, two masses of tissue at the back of your throat. Your tonsils act as filters, trapping germs that could otherwise enter your airways and cause infection. They also make antibodies to fight infection. But sometimes, they get overwhelmed by bacteria or viruses. This can make them swollen and inflamed. Tonsillitis is common, especially in children. It can happen once in a while or come back again and again in a short period. There are three types:

- **Acute tonsillitis.** These symptoms usually last 3 or 4 days but can last up to 2 weeks.
- **Recurrent tonsillitis.** This is when you get tonsillitis several times in a year.

- **Chronic tonsillitis.** This is when you have a long-term tonsil infection.



Fig. 1 Oral cavity inside image in chronic tonsillitis

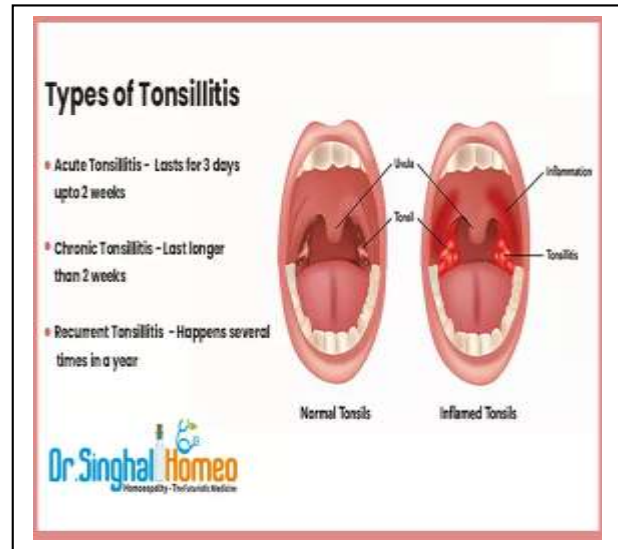



Fig. 2 Diagram showing Types of Tonsillitis

## II. Symptoms of Tonsillitis

The main symptoms of tonsillitis are inflamed and swollen tonsils, sometimes severe enough to make it hard to breathe through your mouth. Other symptoms include:

- Throat pain or tenderness
- Fever
- Red tonsils
- A white or yellow coating on your tonsils
- Painful blisters or ulcers on your throat
- Headache
- Loss of appetite
- Ear pain
- Trouble swallowing
- Swollen glands in your neck or jaw
- Fever and chills
- Bad breath
- A scratchy or muffled voice
- Stiff neck

If you have strep bacteria and don't get treatment, your illness could lead to a more serious problem, including:



## Lightning Learning: Tonsillitis

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### WHAT?

**Tonsillitis** is inflammation of the palatine tonsils as a result of either a **bacterial or viral infection**.

Tonsillitis often occurs with inflammation of other areas of the mouth, including **pharynx and adenoids**.

Patients can present with:

- Odynophagia
- Fever
- Reduced oral intake

**On examination?**

- Red inflamed tonsils (*may have white exudate spots*)
- Cervical lymphadenopathy

### WHY?

Tonsillitis can be caused by bacteria or viruses; we can use the **Centor Criteria** to distinguish between the two.

Common causative organisms:

**Viral?**

- Adenovirus
- Epstein Barr Virus

**Bacterial?**

- Group A streptococcus (e.g. *Strep. Pyogenes*)

**Smoking?**

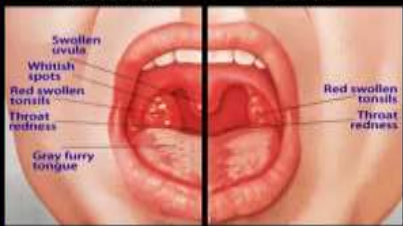
Either personal smoking (or second-hand smoking) can significantly increase the risk of tonsillitis.

### HOW?

**Management?**

Analgesia (*oral or topical e.g. difflam*). Oral antibiotics if bacteria cause suspected (*IV if unwell*). Surgery; SIGN criteria.

**Tonsillitis**  
(Teach Me Paediatrics)  
<http://bit.ly/2zfkU0M>



Author: Jonathan Ince Date: 15.12.2017 Version: 1.0

Fig. 3 Tonsillitis- Causes Etiologies and Management

- Rheumatic fever
- Scarlet fever
- Sinusitis
- A kidney infection called glomerulonephritis

The best way to prevent tonsillitis is through good hygiene, including:

- Washing your hands often
- Not sharing food, drink, utensils, or personal items like toothbrushes with anyone
- Staying away from someone who has a sore throat or tonsillitis

### III. Diagnosis of Tonsillitis

In Unani medicine 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.<sup>1, 2,3,4,5,6,7,8,9,10</sup> Ali Ibne Sahl Rabban Tabri (810-895 AD) the author of very genuine book of Unani medicine Firdausul Hikmat says: Whenever you are going to examine the cases of tonsillitis you have to relax the patient as much as possible. 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 colure and hard in consistency then it may be malignant, in this condition you also have to avoid surgery.<sup>1,2,3,4,5,8</sup>

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

“It should be understood that if the swelling is hard in consistency, muddy in color and hyposensitive then avoid instrumentation. And if the swelling is congested and red in color 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.”

“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.”

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. <sup>1,2,3,4,5.</sup>

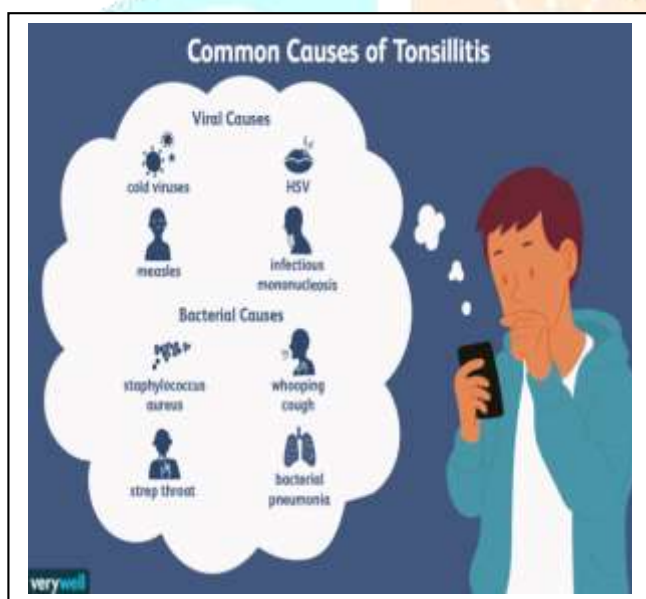


Fig. 4 Causes of Tonsillitis



Fig. 5 Types of Tonsillitis

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. <sup>1,5,6,7,8,9,10</sup>

The author of 'Firdausul Hikmat'says:

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

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<sup>1,3,5,8</sup>.

Ali Ibne Sahl Rabban Tabri (810-895 AD) described it as: -“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)

Your doctor will do a physical exam. They'll look at your tonsils to see if they're red or swollen or have pus on them. They'll also check for a fever. They may look in your ears and nose for signs of infection and feel the sides of your neck for swelling and pain.

You might need tests to find the cause of your tonsillitis. They include:

- **A throat swab.** Your doctor will test saliva and cells from your throat for strep bacteria. They'll run a cotton swab along the back of your throat. This might be uncomfortable but won't hurt. Results are usually ready in 10 or 15 minutes. Sometimes, your doctor will also want a lab test that takes a couple of days. If these tests are negative, a virus is what caused your tonsillitis.
- **A blood test.** Your doctor may call this a complete blood cell count (CBC). It looks for high and low numbers of blood cells to show whether a virus or bacteria caused your tonsillitis.
- **Rash.** Your doctor will check for scarlatina, a rash linked to strep throat infection.

#### IV. Management of Tonsillitis

It should be clear that Unani physician described very clearly both conservative as well as surgical management for acute as well as well 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<sup>2,3,4,8,9,10,15,18,22,28,29,30</sup>, 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 dynspnoea, meanwhile the medical treatment failed in relieving the patient, then surgical intervention should be adopted”<sup>10</sup>

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.<sup>2,12,13,15,17,21,22,23,30</sup>
- Oral use of Asl-e-Khalis (Honey) is beneficial for the tonsillitis.<sup>2,4,5,13,17,19,20,24,25,28</sup>
- Banafsha (Viola odorata Linn.) is used in the treatment of chronic tonsillitis.<sup>5,6,7,9,14,15,19,20,21,23,24,26</sup>
- Gargle of Shibbe yamani (Potash alum) is incomparable thing for the treatment of tonsillitis.<sup>2,4,15,27,28</sup>
- Gargle with Rubbut-toot (Morus indica Linn. extract) and Akhrot (Juglans regia Linn.) is important in

the treatment of tonsillitis.<sup>5,6,7,8,12,13,14, 19,24,25</sup>

- 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.<sup>15,19,25,27</sup>

If your tests find bacteria, you'll get antibiotics. Your doctor might give you these drugs in a one-time injection or in pills that you'll swallow for several days. You'll start to feel better within 2 or 3 days, but it's important to take all of your medication.

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.<sup>1,2,3,5,5,6,</sup>
- Venesection of bilateral Rag-e-qaifal (Cephalic veins) is beneficial for treatment of tonsillitis.<sup>2,3,5,6,7,8,9,10</sup>
- Venesection of sublingual vein is way of choice for immediate control of tonsillitis.<sup>5,6,7,8,9,10</sup>
- 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.<sup>1,3,5,6,8,10</sup>
- 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.<sup>5</sup>
- Various Unani physician advocated tracheotomy when there is risk of respiratory arrest due to blockage of airways by huge enlarged tonsils.<sup>3,4,5,6,7,9,10,11,</sup>
- Hakeem Muhammad Akbar Arzani described Quinsy and its method of drainage.<sup>15</sup>

## V. Surgical Intervention / Jarahat / Ilaj-bil-yad of Tonsillitis

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<sup>6,7,8,10</sup>, 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 dynspnoea meanwhile the medical treatment failed in reliving the patient then surgical intervention should be adopted"<sup>10</sup>

### A. 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.<sup>1,4,5,6,7,8,9,10</sup>

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<sup>1,2,6,8,10,16,30</sup>. As the author of "Kitabut Tasreef" described it by saying<sup>6</sup>

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.<sup>6</sup>

Ibn-e-Hubal Al Baghdadi says in his book "Kitabul Mukhtarat fit Tibb"<sup>16</sup>

"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."<sup>16</sup>

### B. 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.<sup>1,5,6,10</sup> Likewise, if tonsils are red, congested, painful and its base is hard in consistency, then this is also a contraindication for surgical intervention.<sup>2,6,7</sup> As the author of "Kitabut Tasreef"<sup>6</sup> mentioned it by saying,

"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."

## VI. Tonsillectomy- History and Background

Tonsils are lymphoid organs strategically placed at the entrance of digestive and respiratory systems. The surgical removal of tonsils has been performed as long as three thousand years, as mentioned in Hindu literature. The anatomical idioms used in this study are originated from Latin tonsa, which means "oar" and from Greek amygdala, which means "almond". Versalius, in 1543, was the first one to describe the tonsils in details, including its blood irrigation and Duverney, in 1761, made the first accurate description of the pharyngeal area.





Fig. 6 Tonsillectomy surgery in Tonsillitis

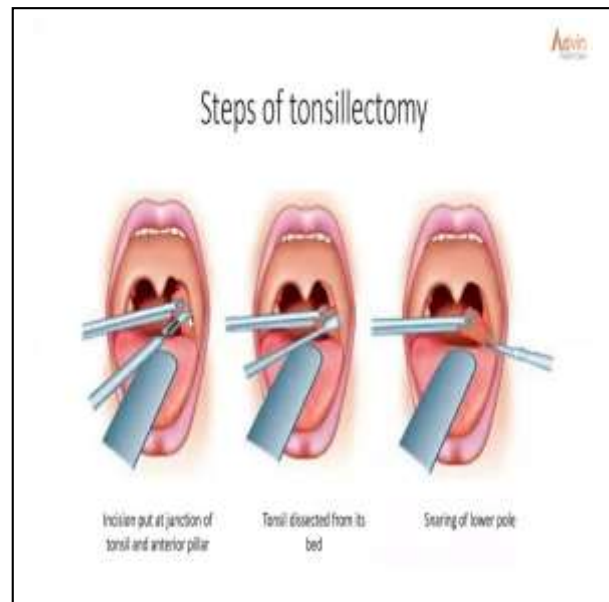


Fig. 7 3D Diagram of Tonsillectomy

Therefore, more detailed anatomical and histological studies were done in the 19th century, mainly the ones by Wilhelm Von Waldeyer, who described lymphatic tissues in the pharyngeal area. The target of this study is to review tonsillectomy history, the anatomical study, the techniques of this surgery and technological developments. Ibn-e-Sina (980-1037 AD) says describing the procedure of tonsillectomy.<sup>2</sup> “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-Zahrawi (936-1013 AD) describes by saying<sup>5</sup> ....

“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.” Tonsils are an important part of your immune system, so your doctor will try to help you keep them. But if your tonsillitis keeps coming back or won’t go away, or if swollen tonsils make it hard for you to breathe or eat, you might need to have your tonsils taken out. This surgery is called tonsillectomy. Tonsillectomy used to be a very common treatment. But now, doctors only recommend it if tonsillitis keeps coming back. That means you or your child has tonsillitis more than seven times in one year, more than four or five times a year for the past two years, or more than three times a year for the past three years. Usually, your doctor uses a sharp tool called a scalpel to take out your tonsils. But other options are available, including lasers, radio waves, ultrasonic energy, or electro-cautery to remove enlarged tonsils. Tonsillectomy is an outpatient procedure, meaning you won’t need to stay in the hospital. It usually lasts less than an hour. You can probably go home a few hours after surgery. Recovery usually

takes 7 to 10 days. You may have some pain in your throat, ears, jaw, or neck after the surgery. Your doctor can tell you what drugs to take to help with this. Get plenty of rest and drink lots of fluids while you're recovering. But don't eat or drink any dairy products for the first 24 hours. You might have a low fever and see a little blood in your nose or mouth for several days after the surgery. If your fever is over 102 or you have bright red blood in your nose or mouth, call your doctor right away.

## VII. Tonsillitis Causes and Risk Factors

Bacterial and viral infections cause tonsillitis. A common cause is Streptococcus (strep) bacteria, which can also cause strep throat. Other common causes include:

- Adenoviruses
- Influenza virus
- Epstein-Barr virus
- Parainfluenza viruses
- Enteroviruses
- Herpes simplex virus

Some things may put you at greater risk of getting tonsillitis:

- **Age.**Children tend to get tonsillitis more than adults. Kids who are between the ages of 5 and 15 are more likely to get tonsillitis caused by bacterial infections. Tonsillitis from viral infections are more common in very young children. Elderly adults are at higher risk for tonsillitis too.
- **Germ exposure.**Children also spend more time with other kids their age in school or camp, so they can easily spread infections that lead to tonsillitis. Adults who spend a lot of time around young children, such as teachers, may also be more likely to pick up infections and get tonsillitis.

Complications usually happen only if bacteria caused your infection. They include:

- A collection of pus around your tonsil (peritonsillar abscess)
- Middle ear infection
- Breathing problems or breathing that stops and starts while you sleep (obstructive sleep apnea)
- Tonsillar cellulitis, or infection that spreads and deeply penetrates nearby tissues

## VIII. Home Remedies for Tonsillitis

Some of the most effective and safe home remedies are mentioned below:

### A. Gargle with Salt Water

Gargling with salt water helps dry and clear out the throat, which enables the body to fight against the infection. It also helps prevent the infection from spreading. Take a tablespoon of salt and stir it in one



glass of warm water. Gargle with it few times each day. Do not drink, make sure to spit out the salty water after you are finished. After a few days, you will get some relief from symptoms of tonsillitis.

Fig. 8 Sodium Chloride and Water Gargle used to control Tonsillitis

Fig. 9 Ice cube used to control Tonsillitis

### B. Ice Cubes for Tonsillitis

Ice cubes can help get relief from the tonsillitis pain. This home-remedy soothes the inflammation in the throat and has the advantage of being easily accessible. Take a clean cloth and wrap a few ice cubes in it. Put the ice pack against your tonsils for 15 minutes. Remember to breathe through your nose. Repeat the procedure after a few hours till needed.

### C. Onions



Fig. 10 Onion Juice in Chronic tonsillitis



Fig. 11 Natural Honey used in chronic tonsillitis

Onions are capable of much more than adding a distinctive taste and flavor to food. Onions are good for tonsillitis as they serve the purpose of enhancing the body's ability to fight infections. Add a few teaspoons of onion juice to one cup of warm water and gargle with the mixture for a few times every day. The onions may give you bad breath, but will for sure give relief to the painful tonsils.

### C. Apple Cider Vinegar



Fig. 12 Apple cider used in chronic tonsillitis



Fig. 13 Tulsi Leaf used in chronic tonsillitis

Apple cider vinegar is a natural product with properties that can help cure infections. A small amount of apple cider vinegar daily to boost their immune systems. This remedy can even prevent the recurrence of

tonsillitis, but to cure it, gargling is more effective. Add a half a tablespoon of apple cider vinegar to some warm water. Gargle with the same and then spit it out. Repeat the same procedure for a couple of times each day and the swelling will go down and you will no longer feel pain or discomfort in your throat.

#### D. Basil

Basil is a strong anti-inflammatory agent, which makes it a natural yet effective remedy for tonsillitis. Mix a dozen of basil leaves in a cup of water and add one teaspoon of lemon juice. Instead of gargling, this time, use this as a normal drink a couple of times a day and repeat the same for some days to get relief.

#### E. Ginger Root

Ginger has a spicy scent with a refreshing taste. At the same time, it also has powerful anti-inflammatory properties. Mix a tablespoon of ginger root juice with a tablespoon of honey and a couple of tablespoons of warm water to make a liquid for gargling. Gargle the mixture several times a day for relief from tonsillitis.

#### F. Fenugreek Seeds



Fig. 14 Fenugreek used in chronic tonsillitis



Fig. 15 Ginger Root used in chronic tonsillitis

Fenugreek seeds are useful to get relief from tonsillitis, pneumonia and several other infections. These seeds need to be mixed in warm water to prepare for a gargle. Gargle several times a day for relief from the inflammation. Boil about one tablespoon of fenugreek seeds in water, and let it cool to room temperature and then use it for gargling. Repeat for several days, and let the antibacterial powers of seeds work their magic.

#### G. Fresh Figs

Apart from being healthy and tasty fruit figs also known for its pain relief properties. Boil some figs and mash them into a paste when they are soft. Let the paste cool and later apply it over the infected tonsils. It can help reduce the swelling and eliminate the pain.

## G. Ice Cream

Out of all tonsil remedies, ice cream might perhaps be your favorite. After a tonsillectomy, doctors suggest the patients to eat ice cream to ease the pain and reduce discomfort. The cold ice-cream comes to contact with the inflamed tonsils and minimizes the swelling and relieves pain.



Fig. 16 Ice Cream used after surgery in chronic tonsillitis



Fig. 17 Anjeer (fig) and Sharbat Anjeer used in chronic tonsillitis

## H. Warm tea with raw Honey

Warm beverages like tea can help to reduce discomfort due to tonsillitis. Raw honey has strong antibacterial properties and when it is added to hot beverages, it can help to treat the infections causing tonsillitis and give relief. Add one tablespoon of honey to your warm tea and stir properly to dissolve it. Let it sit still for a while and drink when it is warm. Do not drink when the tea is very hot. It will help to reduce inflammation and discomfort.

## IX. Lifestyle Changes to Treat Tonsillitis At Home

### A. Drink Lots of Warm Liquids

The most common problem that patients suffering from tonsillitis complain is a sore throat. To get relief from this, drink warm liquids continuously such as soups, broths, and teas. Help yourself with a cup of warm herbal tea and make sure it is not piping hot. If it is too hot, it can burn the tongue.

### B. Avoid Crunchy Foods

Eating hard or sharp foods can cause more problems and even hurt the throat. It causes irritation and even causes inflammation. Here is a list of foods to avoid-

Chips

Crackers

Cereals

Papads

Toast

Raw carrots

### **C. Eat Lots Of Cold Foods**

Consuming cold, soft foods such as sucking on popsicles, drinking smoothies, sipping ice-cold water can provide temporary relief from the soreness in the throat. there are other options also such as candies or chewing gums that provides a cooling and numbing sensation.

### **D. Take Enough Throat Lozenges**

Throat lozenges are effective in providing relief from sore throat. These contain anesthetic medicines that can numb the throat and eventually soothe out the pain. These also contain anti-inflammatory properties that can reduce swelling as well as inflammation.

### **E. Get Enough Rest**

It is important to let the body rest if someone is suffering from tonsillitis. As tonsillitis is contagious in nature, avoid going to work or sending your children to school. Moreover, taking proper rest also boosts up immunity of the body.

## **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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