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## Therapeutic approaches to *Waram-i-Halaq* (Pharyngitis) in Unani medicine: A systematic review

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### Abstract

Pharyngitis, an inflammation of the pharyngeal mucosa, is a common condition caused mainly by viral infections. It may be acute or chronic, with symptoms like sore throat, dysphagia, and hoarseness. In the Unani system of medicine, *Waram-i-Halaq* (pharyngitis) is classified based on the imbalance of body humors: *Damwī* (blood), *Şafrwī* (bile), *Balghamī* (phlegm), and *Sawdāwī* (black bile). Acute forms are linked with sanguine and bilious imbalances, while chronic forms are associated with phlegmatic and melancholic disorders. Epidemiologically, pharyngitis is widespread, especially among children, often caused by Group A Streptococcus. Unani diagnosis includes humoral assessment and physical examination. Treatment involves eliminating the causative humor, using expectorants, demulcents, antipyretics, and external applications. Herbs like *Glycyrrhiza glabra*, *Morus nigra* L., and *Cydonia oblonga*, along with compound formulations such as *Sharbat-e-Toot Siyah* and *Laoq-e-Badam*, are commonly used. Venesection and wet cupping are also employed when necessary. This reflects Unani medicine's holistic approach to managing pharyngitis.

**Keywords:** Pharyngitis, *Waram-i-Halaq*, Unani Medicine, Humoral Imbalance, Acute and Chronic Pharyngitis, *Ilaj bil Dawa*, Single and Compound Formulations, *Usool-e-Ilaj*, Herbal Remedies, Traditional Treatment

### Introduction

The term "pharyngitis" derives from the Greek word "pharynx," referring to "throat," and the suffix "itis," indicating "inflammation." This linguistic origin succinctly describes the condition's anatomical site and pathological process [1]. Pharyngitis is defined as mucosal inflammation of the oropharynx, hypopharynx, adenoids, and tonsils [2]. Pharyngitis arises from upper respiratory tract infections and can be categorized as acute or chronic. Acute pharyngitis may manifest as catarrhal, purulent, or ulcerative, depending on the causative agent and the individual's immune response. Chronic pharyngitis can present as catarrhal, hypertrophic, or atrophic. It is an chronic inflammatory condition of the pharynx, characterized by the hypertrophy of mucosa, seromucinous glands, subepithelial lymphoid follicles, and potentially even the muscular layer of the pharynx<sup>3</sup>. Virus is the most common cause of acute pharyngitis [4]. Most of the classical Unani books have no discussion about the classification of *Waram-i-Halaq*. But on the basis of the body humors some Unani physicians classified it into four types [5].

### Types

1. *Warm-i-Halaq Damwī* (Sanguineous Pharyngitis)
2. *Warm-i-Halaq Şafrwī* (Bilious Pharyngitis)
3. *Warm-i-Halaq Balghamī* (Phlegmatic Pharyngitis)
4. *Warm-i-Halaq Sawdāwī* (Melancholic Pharyngitis)

On the basis of the severity and duration of the illness it is again divided into two groups.

1. Acute Pharyngitis (*Warm-i-Halaq Haad*)
2. Chronic Pharyngitis (*Warm-i-Halaq Muzmin*)

*Warm-i-Halaq Damwī* & *Şafrwī* are included into acute whereas *Warm-i-Halaq Balghamī* and *Warm-i-Halaq Sawdāwī* are considered as chronic form of pharyngitis.

### **Acute Pharyngitis:**

Acute inflammation of the pharyngeal lining can occur as part of many

local or systemic illnesses. It often develops after a common cold and may also appear in infections like measles, chickenpox, or influenza. In some cases, inflammation in the pharynx can result from physical injury, such as from a foreign object, or as a complication following medical procedures. The primary complaint from patients is a sore throat, which is typically accompanied by fever and other general symptoms. A physical examination usually shows widespread redness of the pharyngeal wall, uvula, and nearby faucial tissues. Depending on the infection's severity, there might be swelling of the mucosal lining and uvula, along with enlarged neck glands [6, 7, 8, 9, 10]. As per unani concept acute pharyngitis is due to imbalance of blood (*Dam*) or Bile (*Şafra*).

If pharyngitis is caused by an imbalance in the humor of blood, the individual may experience facial flushing, congestion, and redness in the oral cavity, a sweet taste in the mouth, increased sweet saliva production, moderate to severe throat pain, and headache. The pulse will be hyper volumic and rapid. Additionally, patients may feel a sense of heat and discomfort spreading from the throat to the surrounding areas, accompanied by a noticeable increase in overall body temperature.

If the humor of bile is responsible, the person will likely have severe throat pain, dryness in the oral cavity, a bitter taste in the mouth, severe dysphagia, localized tenderness, and a high fever. The throat may appear visibly inflamed and there might be a burning sensation that extends to the chest. The fever is often persistent and can be accompanied by chills, sweating, and a feeling of intense thirst.

### **Chronic Pharyngitis**

Chronic pharyngitis refers to a long-lasting inflammatory condition affecting the pharynx. From a pathological perspective, it is distinguished by the enlargement of the mucosal layer, seromucinous glands, subepithelial lymphoid follicles, and occasionally the muscular layer of the pharynx. The chronic inflammation observed in the pharynx can arise due to non-specific or specific lesions [6, 7, 11]. As per unani concept chronic pharyngitis is due to imbalance of phelgm (*Balgham*) or black bile (*Sawdā*).

When phlegm (*Balgham*) is the predominant contributing humor, the patient may experience a dull or heavy sensation in the throat along with mild discomfort. The oral cavity often appears pale, and there is usually an excessive amount of bland or tasteless saliva. Swelling may be observed in both the pharynx and the oral cavity. Patients commonly report a sensation of obstruction or fullness in the throat, which can make swallowing difficult and uncomfortable. Additional symptoms may include postnasal drip, frequent throat clearing, and a general sense of fatigue or sluggishness.

Pharyngitis resulting from an imbalance in the quantity and quality of black bile (*Sawdā*) typically presents with minimal external swelling but is characterized by a firm or indurated consistency within the pharynx, which may extend to the adjacent throat muscles. A hallmark feature of this type of pharyngitis is progressive dysphagia, beginning with difficulty in swallowing solid foods and later involving both solids and liquids. Changes in the voice, such as hoarseness or a deepened tone, are also commonly observed. On local examination, there may be mild tenderness, induration, and restricted mobility of the

jugulodigastric lymph nodes. The affected region often feels cooler than the surrounding tissues, suggesting impaired blood circulation in the area.

### **Epidemiology**

Pharyngitis is a widespread condition, especially among children and young adults. Studies indicate that 16% of adults and 41% of children experience sore throat annually, with children showing higher incidence rates. Medically attended tonsillitis occurs in 15-25 per 1000 children yearly, and pharyngitis leads to millions of healthcare visits annually. Factors like age, diagnostic methods, season, and illness severity influence epidemiological data. Group A Streptococcus (GAS) is a major cause, particularly in children, with prevalence rates reaching 37% in children and 17% in adults. Most cases occur during winter and spring. Despite low GAS rates, 49-64% of patients receive antibiotics, often unnecessarily, contributing to antibiotic resistance and the over-medicalization of this typically self-limiting illness [12].

### **Aetiology**

pharyngitis is an extremely common condition and can result from various etiological factors such as viral, bacterial, fungal, or other causes. Viral causes are the most prevalent. Acute streptococcal pharyngitis, particularly due to Group A beta-haemolytic streptococci, has garnered significant attention due to its association with the development of rheumatic fever and poststreptococcal glomerulonephritis [7, 9]. According to unani system of medicine aetiology of pharyngitis (*Waram-i-halaq*) are as follow

1. Any abnormality in the humors of the body [13, 14, 15].
2. Weakness in the body defense system [*Quat-e-Tabiyah*] [13].
3. Chronic cold and coryza [13].
4. Breathlessness [13].
5. Irregularity in the food habit [15].
6. Allergic to various foods and substances [15].
7. *Zaiyed Bohran* (Good prognosis) [13, 14, 15].

### **Clinical Presentation** [13, 14, 15, 16]

1. Pain in throat.
2. Dysphagia.
3. Choking of throat.
4. Fullness in the throats.
5. Breathlessness.
6. Bad breath.

### **Bed side examination**

Unani physicians have detailed methods for throat examination. In *Kitabul Umadah Fil Jarahat*, it is advised to ensure patient comfort and explain each step. The mouth should be opened wide, and the exam done in good lighting. If redness or congestion is seen, surgical intervention should be avoided to prevent complications.

### **Usool e ilaj (line of treatment)**

1. Identify the Root Cause: First, try to determine the actual cause of the illness, and treat accordingly [17].
2. Avoid Constipation: Make sure constipation does not occur [17].
3. Prescribe Medicines: Use diaphoretic (sweat-inducing),

- tonic, and antipyretic (fever-reducing) medicines. Administer astringent gargles (Qabiz gargare). Apply external poultices (Zimadat) that are resolvent (Muhallil) and rubefacient (Muhammir) <sup>[17]</sup>.
4. Special Consideration for Children and Elderly: If the

disease occurs in children or elderly people, act with unusual urgency and caution in treatment<sup>17</sup>.

5. In case of excessive humoral imbalance or inflammatory condition Venesection or wet cupping should be performed.

**Table 1:** On the basis of symptoms Single Herbs recommended in pharyngitis <sup>[18, 19, 20]</sup>

Unani name	Scientific name	Family	Part used	Action	Therapeutic use	Dosage form	Dose
Aqarqarha	<i>Anacyclus pyrethrum</i> DC	Asteraceae	Bekh (root)	Musakkin (sedative)	Bohat-us-Saut (hoarseness of voice)	Joshanda (decoction)	2-3 gm
Asl-us-soos	<i>Glycyrrhiza glabra</i> Linn	Leguminosae	Bekh (root), Rubb (extract)	Munaffith-i-Balgham (expectorant), Muhallil-i-waram (anti-inflammatory)	Su'al (cough), Nazla (catarrh), Zukam (coryza), Bohat-us-Saut (hoarseness of voice), Khushunā al-Halaq (sore throat)	Joshanda (decoction)	2-4 gm
Behidana	<i>Cydonia oblonga</i> Mill	Rosaceae	Tukhm (seeds), Luab (mucilage)	Musakkin (sedative), Mulattif (demulcent)	Khushunā al-Halaq (sore throat)	Joshanda (decoction), Khaisanda (infusion)	3-9 gm
Filfil Siyah	<i>Piper nigrum</i> Linn.	Piperaceae	Thamar (dried berries/ fruits)	Munaffith-i-Balgham (expectorant)	Dard-e-Halaq (throat pain), Su'al (cough),	Safoof (powder)	4-9 gm
Neelofar	<i>Nymphaea alba</i> Linn	Nymphaeaceae	Gul (flower)	Musakkin (sedative), Muhallil (resolvent)	Waram-i-Halaq (pharyngitis)	Sharbat (syrup)	5-7 gm
Toot siyah	<i>Morus nigra</i> Linn.	Moraceae	Thamar (fruit), Barg (leaves)	Muhallil (resolvent), Munaffith-i-Balgham (expectorant)	Khushunā al-Halaq (sore throat), Waram-i-Halaq (pharyngitis), Dard-e-Halaq (throat pain)	Sharbat (syrup), Joshanda (decoction)	10-20 gm
Unnab	<i>Ziziphus jujuba</i> Mill.	Rhamnaceae	Dried fruit	Mulayyin-i-Sadr (decongestant), Munaffith-i-Balgham (expectorant)	Khushunā al-Halaq (sore throat), Nazla (catarrh), Zukam (coryza)	Joshanda (decoction), Sharbat (syrup)	10-20 Pieces
Zafran	<i>Crocus sativus</i> Linn	Iridaceae	Zar (style and stigma)	Munaffith-i-Balgham (expectorant)	Su'al (cough), Bohat-us-Saut (hoarseness of voice)	Joshanda (decoction)	7-10 gm
Zanjabeel	<i>Zingiber officinale</i> Rosc	Zingiberaceae	Rhizome	Munaffith-i-Balgham (expectorant)	Su'al (cough), Bohat-us-Saut (hoarseness of voice)	Sharbat (syrup), Joshanda (decoction)	7-10 gm
Zoofa	<i>Hyssopus officinalis</i> Linn.	Lamiaceae	Gul (dried flower), Barg (leaves)	Mulattif (demulcent), Munaffith-i-Balgham (expectorant)	Su'al (cough), Nazla (catarrh), Zukam (coryza), Khushunā al-Halaq (sore throat)	Joshanda (decoction)	5-10 gm

**Table 2:** On the basis of symptoms Compound formulations recommended in pharyngitis <sup>[21]</sup>

Formulation	Action	Main indications	Dose and mode of administration
Habb-e-Bohat-us-Saut Haad	Mulattif (demulcent), Munaffith-i-Balgham (expectorant)	Bohat-us-Saut Haad (acute hoarseness of voice), Su'al (cough)	250-500 mg, Orally
Habb-e-Bohat-us-Saut Muzmin	Munaffith-i-Balgham (expectorant)	Bohat-us-Saut Muzmin (chronic hoarseness of voice), Su'al Muzmin (chronic cough)	250-500 mg, Orally
Habb-e-Zafran	Musakkin (sedative)	Khushunā al-Halaq (sore throat)	125-250 mg, Orally
Laoq-e-Badam	Munaffith-i-Balgham (expectorant)	Su'al (cough), Khushunā al-Halaq (sore throat)	5-10 gm, Orally
Laoq-e-Hulba	Munaffith-i-Balgham (expectorant)	Bohat-us-Saut (hoarseness of voice)	5-10 gm, Orally
Qurs-e-Sual	Daf-i-Su'al (anti-tussive), Daf-i-Khushunā al-Halaq (relieves sore throat)	Bohat-us-Saut (hoarseness of voice), Su'al (cough), Nazla (catarrh), Zukaam (coryza), Khushunā al-Halaq (sore throat)	4 Tablets twice a day, orally
Sharbat-e-Sadar	Mundij (concoctive of phlegm), Munaffith-i-Balgham (expectorant)	Bohat-us-Saut (hoarseness of voice), Warm-e-Lauzatain (tonsillitis), Nazla (catarrh), Sual (cough)	20-40 mL, Orally
Sharbat-e-Toot Siyah	Muhallil-i-Waram (antiinflammatory), Mulattif (demulcent)	Bohat-us-Saut Haad (acute hoarseness of voice), Warm-e-Lauzatain (tonsillitis), Warm-e-Hanjara (laryngitis), Su'al (cough)	20-40 mL, Orally

## Conclusion

Pharyngitis, commonly encountered as inflammation of the pharyngeal mucosa, holds significant clinical relevance due to its high prevalence and recurrence. From the Unani perspective, this condition-referred to as *Waram-i-Halaq*-is interpreted through the lens of humoral imbalance, classified into four types: *Damwī*, *Şafrawī*, *Balghamī*, and *Sawdāwī*, each with distinct etiologies and clinical features.

The Unani system emphasizes a holistic approach incorporating *Usool-e-Ilaj* (principles of treatment), such as elimination of causes, humoral correction, and symptomatic management. Herbal medicines and compound formulations like *Joshanda*, *Sharbat*, *Laoq*, and *Habb* provide effective alternatives to modern pharmacotherapy, especially in chronic cases. Therapies such as venesection and wet cupping are also advocated in cases with dominant

inflammation. This review highlights the enduring relevance of Unani medicine in managing pharyngitis and underscores the need for further clinical validation of these traditional interventions through evidence-based research.

### Conflict of Interest

Not available.

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