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Concept of *Waram-i-Lawzatayn* (Tonsillitis) in Unani system of medicine and modern perspective: A review

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Abstract

Waram-i-Lawzatayn (Tonsillitis) refers to *Waram-i-Harr* which involves “*Halqum*” (Throat) and *Lawzatayn* (Tonsils). Tonsillitis referred to as *Waram-i-Lawzatayn* in the Unani system of medicine. Some Unani scholars considered *Waram-i-Lawzatayn* a subtype of *Waram-i-Halaq*. Unani scholars describe *Waram-i-Lawzatayn* as a result of humoral imbalances and alteration in the temperament leading to inflammation. Treatment typically involves restoring the balance of humours (*Akhlat*) through Unani formulations including in the form of *Decoction*, *Lauq*, and *Sharbat* such as *Lauq Khayarshanbar*, *Sharbat Toot Siyah*. Some commonly used single drugs include *Gul-i-Banafsha* (*Viola odorata*), *Unnab* (*Zizyphus jujuba*), and *Khatmi* (*Althae officinalis*) known for their anti-inflammatory and soothing properties. In Modern medicine tonsillitis is inflammation of pharyngeal tonsils. Many cases of bacterial tonsillitis are caused by Grp A Beta Haemolytic Streptococcus Pyogenes (GABH S). This condition is characterised by symptoms such as sore throat, fever, swollen lymph nodes and difficulty in swallowing. In modern medicine, treatment modalities ranging from analgesics, antipyretics and antibiotics to surgical interventions depending on the root cause of tonsillitis. This review explores the Unani conceptualization of *Waram-i-Lawzatayn*, its aetiology, clinical features and treatment modalities. Despite the differences in conceptual frameworks and diagnostic and treatment approaches, both Unani and Modern medicine share the common goal of alleviating tonsillitis and addressing its underlying causes. Integrating traditional knowledge with modern medical insights, the paper highlights the relevance of Unani principles in managing tonsillitis effectively.

Keywords: *Waram-i- Lawzatayn*, tonsillitis, humoral imbalance, GABHS

Introduction

Tonsillitis is the inflammation of the pharyngeal tonsils, often accompanied by swelling of the adenoids and lingual tonsils. In many cases, bacterial tonsillitis is caused by *Group A beta-Hemolytic Streptococcus Pyogenes* (GABHS) [1]. Group A beta-hemolytic streptococci (GABHS) are the most common cause of acute tonsillitis. These bacteria are gram-positive cocci that form chains. Infections caused by non-group A beta-hemolytic streptococci present similar symptoms to GABHS infections, though they are less frequently encountered. Other bacteria, such as *Staphylococcus*, *Streptococcus pneumoniae*, and *Haemophilus influenzae*, can either directly infect the tonsils or occur secondary to a viral infection, often mimicking GABHS symptoms. Tonsillitis most commonly affects school-aged children, particularly those between 5 and 6 years old, but it can also affect infants and adults over 50 [2]. The incidence of the disease is higher in male children compared to females, with the majority of cases occurring in the 5-15 year age group [3]. The tonsils are oval-shaped masses of lymphoid tissue, covered by specialized squamous epithelium. This epithelium contains M-cells, antigen-processing cells, and micropores, which help the tonsils function as a defence system. They act as guards, detecting and responding to foreign invaders such as viruses, bacteria, and other antigens that enter the body through inhalation or ingestion [4].

Modern Perspective

Acute Tonsillitis: Acute streptococcal tonsillitis is most commonly seen in children, with the highest occurrence around the ages of 5 to 6. However, it can also affect younger children under 3 years old and adults over the age of 50 [5]. Acute tonsillitis is an infectious condition characterized by fever, sore throat, painful swallowing (odynophagia), and general discomfort or fatigue.

It may also cause redness, swelling, and the presence of exudates in the oropharyngeal area. In some cases, it is accompanied by a rash or swollen lymph nodes [6].

Aetiology [4]

The most common causative organism of acute tonsillitis is hemolytic streptococcus. Other potential bacterial pathogens include *Staphylococcus* species, *Streptococcus pneumoniae*, and *Haemophilus influenzae*.

Table 1: Symptoms [4]

1.	Fever
2.	Sore throat
3.	General malaise
4.	Difficulty in swallowing (dysphagia)
5.	Painful swallowing (odynophagia)
6.	Ear pain (otalgia)
7.	Headache
8.	Cervical lymphadenopathy

Signs [4]

Breath is often fetid, Tongue may appear coated. There is hyperaemia involving the tonsillar pillars, soft palate, and uvula. The tonsils are typically red, swollen, and may exhibit yellowish spots of purulent material at the crypt openings, characteristic of *acute follicular tonsillitis*. Alternatively, a whitish membrane may cover the medial surface of the tonsils, which can be easily removed with a swab, indicative of *acute membranous tonsillitis*. In cases of *acute parenchymatous tonsillitis*, the tonsils may become so enlarged and congested that they nearly touch at the midline, often accompanied by oedema of the uvula and soft palate. The jugulodigastric lymph nodes are usually enlarged and tender [4].

Diagnosis

The diagnosis of acute tonsillitis is primarily based on clinical evaluation [5]. Key findings such as a sore throat, fever, cervical lymphadenopathy, and an exudative pharyngeal covering strongly indicate infection with *Streptococcus pyogenes*.

Rapid strep tests

These tests, such as latex agglutination or enzyme-linked immunosorbent assay (ELISA), detect group A streptococcal antigen from a throat swab. They are highly specific (95%) but have variable sensitivity (60-100%) compared to culture.

Throat culture

A swab of the posterior pharynx and tonsillar area is recommended if the patient has a fever exceeding 38.3°C, presents solely with a sore throat, or has a negative rapid strep test despite strong clinical suspicion. Throat culture remains the gold standard for confirmation [2].

Treatment

The patient should be advised to rest in bed and maintain adequate hydration by consuming plenty of fluids. Analgesics, such as aspirin or paracetamol, should be administered based on the patient's age to alleviate pain and reduce fever. Antimicrobial therapy Since *Streptococcus* is the most common causative agent, penicillin remains the first-line treatment. For patients with penicillin allergies,

erythromycin is an effective alternative. Antibiotic therapy should be continued for 7-10 days to ensure complete resolution of the infection [4]. Surgical intervention, such as tonsillectomy, may be considered for children experiencing recurrent episodes of acute tonsillitis [6].

Chronic Tonsillitis

Chronic tonsillitis, characterized by recurring or persistent inflammation of the tonsils, commonly affects older children and young adults [6]. Chronic inflammatory changes in the tonsils often result from recurrent acute infections that are inadequately treated [7]. Chronic tonsillitis is a prevalent condition globally, particularly among school-aged children. Managing chronic tonsillitis, especially in refractory cases, presents significant clinical challenges [8, 9].

Aetiology [4]

Chronic tonsillitis may develop as a complication of acute tonsillitis. Histopathological findings often reveal micro abscesses encapsulated by fibrous tissue within the lymphoid follicles of the tonsils. Subclinical infections of the tonsils can occur in the absence of overt acute episodes. The condition primarily affects children and young adults, with rare occurrence beyond the age of 50. Chronic infections in the sinuses or teeth may act as predisposing factors for its development [4].

Symptoms

Repeated episodes of sore throat or acute tonsillitis. Persistent throat irritation accompanied by a chronic cough. Halitosis (foul breath) and an unpleasant taste in the mouth caused by pus accumulation within the tonsillar crypts. Muffled speech, dysphagia (difficulty swallowing), and nocturnal choking episodes, particularly in cases where enlarged, obstructive tonsils are present [4].

Signs

The tonsils may exhibit varying degrees of enlargement, with some cases presenting as hypertrophic tonsils that meet at the midline *chronic parenchymatous type*. Yellowish beads of pus may be observed on the medial surface of the tonsils, indicative of the *chronic follicular type*. In cases of *chronic fibroid tonsillitis*, the tonsils may appear small, but applying pressure to the anterior pillar elicits the expression of purulent material or cheesy debris. Flushing of the anterior pillars, in contrast to the surrounding pharyngeal mucosa, is a key clinical indicator of chronic tonsillar infection. Enlargement of the jugulodigastric lymph nodes is a reliable clinical sign of chronic tonsillitis. During acute exacerbations, these lymph nodes may become more prominent and tender [4].

Diagnosis [7]

The diagnosis of chronic tonsillitis is primarily clinical, based on a history of recurrent episodes of sore throat or acute tonsillitis, often accompanied by dysphagia and persistent discomfort. The presence of enlarged tonsils, hyperaemic anterior pillars, and enlarged cervical lymph nodes strongly supports the diagnosis [7].

Treatment

Conservative Management

Focuses on improving overall health, maintaining a balanced diet, and addressing coexisting infections of the

teeth, nasal passages, and sinuses.

Surgical Intervention (Tonsillectomy)

Recommended when the tonsils significantly impair speech, swallowing, or breathing, or when recurrent episodes of tonsillitis persist despite conservative measures [4]. Tonsillectomy is indicated for individuals who have had more than six documented episodes of streptococcal pharyngitis within a single year (confirmed by positive throat culture), five episodes per year over two consecutive years, or at least three episodes annually for three consecutive years. It is also recommended for patients with chronic or recurrent tonsillitis associated with a persistent streptococcal carrier state that is unresponsive to treatment with beta-lactamase-resistant antibiotics [1].

Concept of Tonsillitis in Unani Medicine

Waram-i-Lawzatayn is a disease that affects the gland which is also present on flesh of the throat and the root of the ear on both sides of the throat [10]. *waram-i-lawzatayn* (tonsillitis) refers to *waram harr* which involves *halqum* (Throat) and *lawzatayn* [11, 12, 13, 14, 15, 16]. *Zahrawi*, describes tonsillitis as *waram-i-halaq* and *waram-i-lawzatayn* [17]. The concept of Tonsillitis in *Al-Qanun fi't-Tib* (The Canon of Medicine) by *Ibn Sina* (Avicenna) is described as an inflammatory condition of the tonsils caused by an imbalance in humours (*Akhlat*), particularly the dominance of phlegm (*balgham*) or blood (*dam*). It is characterized by swelling, redness, heat, pain, and difficulty in swallowing [18]. The concept of *tonsillitis* (*waram-i-lawzatayn*) has been described in classical Unani medicine, particularly in texts like *Firdaus-ul-Hikmat* by *Ali Ibn Rabban Tabari* as a glandular swelling in the throat which arise from the alteration in the temperament of *dam*, *balgham*, *saфра*, *sawda* [19]. In *Tibb-i-Akbar*, an influential Unani text by *Muhammad Akbar Arzani*, *tonsillitis* is referred to as *waram-i-lawzatayn* which is the inflammation of the tonsils (*lawzatayn*), located on either side of the throat. And it is a type of *KhunAQ* and this type called *Mutlaq khunAQ* [11]. In *Haziq*, a well-known Unani medical text by *Hakim Ajmal Khan*, *tonsillitis* is described as *Waram-i-Lawzatayn* swelling or inflammation of glands of throat. This condition is explained within the Unani framework of humoral imbalance, where inflammation of the tonsils is attributed to an excess of specific humours, particularly *Balgham* (phlegm) and *Saфра* (Yellow bile) [16]. In *Akseer-e-Azam*, a renowned Unani medical text by *Hakim Muhammad Azam Khan*, *tonsillitis* is referred to as *Waram-i-Lawzatayn*. It is a glandular inflammation or swelling on both side of throat. It is a type of *khunAQ*. The condition is explained within the Unani frame work of humoral imbalance, involving *Balgham* (phlegm), *Saфра* (Yellow bile), *Dam* (blood) and *Sawda* (Black bile), leading to inflammation of the tonsils [13]. In *Moalijat Buqratiya* within Unani, *Waram -i-Lawzatayn* (Tonsillitis) is described as an inflammatory condition of the tonsils caused by an imbalance in the bodily humours (*Akhlat*), particularly *Balgham* (phlegm) *Saфра* (Yellow bile), *Dam* (blood) and *Sawda* (black bile). This condition aligns with Hippocratic principles, which emphasize humoral pathology and holistic healing approaches [10]. In *Bayaz-e-Kabir*, a well-known Unani medical compendium, *Waram Lawzatayn* (Tonsillitis) is described as an inflammatory disorder of the tonsils caused by an imbalance in the bodily humours (*Akhlat*) [20].

Definition

Ibn Sina describes tonsillitis as an inflammatory condition of the tonsils (*lawzatayn*), characterized by swelling, redness, heat, pain, and difficulty swallowing. It is seen as an imbalance of the humours, particularly involving an excess of phlegm (*balgham*) or blood (*dam*), leading to obstruction and inflammation in the tonsils [18]. *Waram-i-Lawzatayn* refers to the inflammation (*Waram*) of the tonsils (*Lawzatayn*), located on either side of the throat. This inflammation is associated with pain, swelling, and difficulty swallowing, caused by humoral disturbances, primarily in the phlegmatic (*Balghami*) or bilious (*Saфраwi*) temperament [11]. *Waram-i-Lawzatayn* refers to the inflammation (*Waram*) of the tonsils (*Lawzatayn*), which results in pain, swelling, and difficulty in swallowing. The tonsils are considered part of the body's defence system, and their inflammation is a response to humoral disturbances or external infections [16]. *Waram-i-Lawzatayn* refers to the inflammation of the tonsils, which manifests as pain, swelling, and difficulty in swallowing. According to *Akseer-i-Azam*, this condition arises due to an accumulation of morbid humours, leading to obstruction and inflammation in the throat [13]. *Waram-i-Lawzatayn* refers to inflammation of the tonsils, causing swelling, pain, and difficulty in swallowing. This condition arises due to an accumulation of morbid humours that lead to obstruction and infection in the throat [10, 20].

Asbab (Etiology)

Accumulation of abnormal humours (*Fasid akhlat*), mainly excessive *Saфра* or *Dam*. and *Adwiya Qabida*, *Adwiya Harra*, and *Adwiya Barida* [18]. *Nazla* [16, 18] An excess of *Rutubat-i-Balghamiyya* and Excessive heat and dryness (*Garmi and Khushki*) [16]. An excessive accumulation of abnormal humours (*fasid akhlat*), *Rutubat-i-Ghalida*, *Khilt-i-Balgham* (Phlegm), *Khilt-i-Saфра* (Yellow bile), *Khilt-i-Dam* (Blood), and *Khilt-i-Sawda* (Black bile) [10, 11, 13, 19]. The accumulation of mucus in the throat and a cold, moist inflammation are the results of excessive phlegm (*Balgham ghayr tabi'i*). causes white coating on tonsils, difficulty swallowing, and increased mucus production [10]. Redness, soreness, and burning sensations are all signs of hot, dry inflammation caused by excessive bile (*Saфра ghayr tabi'i*). results in severe throat discomfort and fever [10]. Foods like dairy and sour foods that are cold and moist aggravate *balgham*. Foods that are hot and spicy may worsen *saфраwi waram* [10, 16]. Exposure to moist or cold environments. Sudden weather changes [10, 16]. Viral or bacterial infections can result in acute tonsillitis [10]. Immune System Weakness (*Quwwat Mudabbira-i-Badan*) *Waram-i-lawzatayn* is more likely to develop in those with compromised immune systems. Immunity is weakened by stress, inadequate diet, and sleep deprivation [10].

'Alāmāt (Sign and Symptoms)

- Pain and Swelling, swallowing difficulty caused on by inflamed tonsils [16].
- Fever and Hoarseness of voice.
- *Garmi* and *Khushki* cause symptoms like dry mouth, increased thirst, decreased appetite, burning in the throat, and sore throat [16].
- Tea and hot beverages help alleviate symptoms such as decreased thirst, dribbling of saliva, and increased salivation caused by an excess of *Rutubat-i-*

balghamiyya [16].

- Dysphagia (Difficulty in swallowing) [16]
- **Waram-i-Damwi:** [10] Facial redness caused by *hararat* [10, 11, 19], Burning in the throat or *Sozish-i-Halaq* [10, 11], Difficulty in swallowing. An Increase in salivation. Sweet taste. [11] *Shiddat e zarban* and *Imtila-i-urooq* [19].
- **Waram-i-Safrawi:** [10] Severe Pain Decreased salivation, Dry mouth [10, 11] Increased thirst [11], Yellowing of the eyes, *Hararat ki ziyadati* [19] Anxiety [19] Occasional fever and *Ishal-i-Safrawi* Insomnia and dyspnoea (less compared to *Khilt e dam*) [10, 11]
- **Waram-i-balghami:** [10] *Tahabbuj* (Oedema) of the face and eyes [10, 11] Whiteness of the skin, Excessive salivation [10, 11, 19] Mild Pain [10, 11] Swallowing difficulties [10, 11] *Waram* and *Istirkha-i- lisan* [19] and Salty taste [19].
- **Waram-i-Sawdawi or Sakht Waram:** Mucosal dryness. [10, 11] *Warm* is hard (*sakht*) [11]. During day time *Tamaddud kaifiyat*, Color of *jild* is *mateela*. The colour of the face is blackish and the taste is sour [11].

'Ilaj (Treatment)

The treatment of tonsillitis follows the core principles of Unani medicine balancing humours, reducing inflammation, alleviating symptoms, prevention and restoring normal function.

'Ilaj bi'l Ghidha' (Dietotherapy)

Encourage a liquid diet known as *Raqiq Ghidha* and *Ghidha-i-Latif*.

When illness is at its worst, easily digested foods like soups like *Yakhni*, *Shorba*, *Dalia of Gehun*, or *Aab-i-Moong dal* or *Arhar Dal* can be used [16, 20]. *Torayi*, *Tinda*, *Palak*, *Khichdi of Moong* or *Arhar dal*, *Bakri ka Shorba*, and *Chapati* may also be used once the illness is completely cured [16].

Avoid heavy foods (*Ghidhā'-i-Ghalīz*) [10]. When *Waram-i-Lawzatayn Damwi* occurs, *Ash-i-Jav* with *Masoor Dal*, *Hareera* composed of *Ma al suboos-i-gundum*, *Rohan Badam*, and *Shakkar* can be used. [11] In *Waram-i-Lawzatayn Safrawi*, *Aash Jav*, *Luab Isabghol*, *Shira of Khurfa*, *Ma al Tarbooz* [11].

'Ilaj bi'l Dawa' (Pharmacotherapy)

Make *Shira* by mixing these powdered drugs *Tukhm-i-Khurfa Siyah*, *Tukhm-i-kahoo Muqashshar*, *Maghz-i-kaddoo Sheerin* and *Unnab* in *Arq Gauzaban* and *Arq Shahitra* as well as *Luab Gauzaban* and *Luab Bahidana* [16]. When the cause of *Waram-i-Lawzatayn* is *Hararat (garmi)*, the above nuskha combined with *Sharbat Toot Siyah* can be given twice daily with great effectiveness [16].

Khamira Abresham Shira Unnab Wala or *Khamira Gauzaban Jawahar Wala* can be given in the morning for *Taqwiyat* [16]

In cases of *Waram-i-Lawzatayn* due to excessive *Rutubat*, a decoction of *Anisoon*, *Mastagi*, and *Sumbul ut Tib* along with *Gulqand*, *Jawarish Jalinoos*, and *Arq Pan* mixed with *Sharbat Toot Siyah* can be administered [16].

In cases of *Sozish-i-Halaq* (burning in the throat), a decoction of *Bahidana*, *Unnab*, and *Sapistan* can be used along with *Sharbat Toot Siyah* [16]. *Tukhm-i-Khatmi* is added to the above nuskha of decoction together with *Sharbat Toot Siyah* if there is neither *Sozish-i-Halaq* nor thirst [16].

In addition to the above nuskha of decoction with *Lauq Sapistan*, *Khayarshanbar* is added if there is a complaint of

constipation. If there is complain of constipation [16].

Sharbat Unnab along with *Ash e Jav* can be administered for *Waram-i-Lawzatayn Damwi* [10].

In cases of *Waram-i-Lawzatayn Safrawi* a decoction of *Ash-i-Jav*, *Samagh-i-Khurma Khushk*, *Shagufa-i- Khurma Khushk* added with *Rubb-i-Husram*, *Rubb-i-Tufah*, or *Rubb-i-Toot* or *Joshanda-i-Masoor* can be given [10].

When the cause of *Waram-i-Lawzatayn* is excessive *Rutubat Balghami*, *Rub-i-Juz* can be given [10]. When *Taghayyur of Mizaj* is detected in the case of *Waram-i-Lawzatayn Balghami*, *Habb Ayarij* can be used to treat *istifragh* if *waram* cannot be treated with the previously mentioned drugs [10]. According to the author of *Tibb-i-Akbar*, *Akbar Arzani*, the *Huboob* or *Agras* made up of *neemkob Tukhm-i-Gul*, *Tukhm-i-Khurfa*, *Nishasta*, *Tabashir*, *Sumaq*, *Katera*, and *Kafoor* combined with *Luab-i-isabghol*, are effective in *Khunaq Khooni* and *Safrawi* or *Waram-i-lawzatayn damwi* and *safrawi* [11].

In the case of *waram-i-lawzatayn safrawi*, *joshanda* or *khisanda* of *maghziyat* or *mewajat* mixed with *amaltas* and *shira-i-khisht* can be used for *tanqiya* [11].

For *waram-i-lawzatayn balghami*, *istifragh* can be performed with *Habb Ayarij* and *Qoqaya* [11].

For *waram-i-lawzatayn sawdawi*, the decoction of *Aftimoon* and *Ayarij faiqra* [11]. *Luab bahidana*, *luab isabghol*, *shira unnab*, *shira maghz e tukhm-i-kaddoo sheerin* in *Arq Makoh* and *Arq Gauzaban* along with *sharbat Toot Siyah* can be given [20].

'Ilaj bi'l Tadbir (Regimenal Therapy)

Gharghara (Gargles)

Gargle with herbal decoctions such as *adwiya qabida* or warm saline [18]. Gargle with fresh milk [16]. Gargle with herbal decoction such as *Barg-i-shahtoot*, *Adas musallam*, and *koknar* [16] with *joshanda* of *kath safaid* and *phitkari* [16]. Gargle with decoction such as *Adas*, *Gulnar*, *Shayaf Mamisa*, *Zafran*, *Qust*, *rubb-i-toot* and *asal* (honey) [13].

In *Waram-i-Lawzatayn Damwi*, various therapeutic gargles are used to reduce inflammation and dissolve morbid matter. Effective formulations include gargles with *Sirka* and *Gulab*, or mixtures of *Sikanjanbin* and *Sharbat Unnab* with decoctions of *Adas*, *Tukhm-i-Kahoo*, *Tukhm-i-Kasni*, and *Kishneez Khushk*. Additionally, *Sirka* of *Rubb-i-Toot* with *wet Akhrot* is recommended. *Adwiya* with *Tahlil-e-Madda* (resolvent) properties such as *Anjeer*, *Maweez*, *Tukhm-i-Methi*, *Tukhm-i-Alsi*, *fresh milk*, and *Shira of Amaltas* are also beneficial, along with the use of soothing (*Musakkin*) agents [11]. *Rubb-i-Husram*, *Rubb-i-Tuffah*, *Rubb-i-Reebas*, *Joshanda-i-Masoor*, and herbal decoctions such as *masoor muqashshar*, *dhanian khushk*, *tukhm-i-Kasni*, and *tukhm-i-khas*, in addition to *Sharbat Unnab*, are particularly effective in cases of *waram-i-lawzatayn damwi* [10].

In the management of *Waram-Lawzatayn Safrawi* therapeutic gargles are commonly employed. Recommended formulations include decoctions prepared from *Post-i-Khashkhash* and *Kafoor* for their soothing & anti-inflammatory effects. Additionally, mixtures of *mari* or *kanji* with *asal* (honey) and *aehwa* (aloe) are beneficial. Potent decoctions using stimulating agents such as *Aqarqarha*, *Maweez*, and *Rubb-i-Inab* are also advised. Moreover, a *joshanda* made from *Zoofa Khushk*, *Usara-i-Sosan*, and *Maweez* serves as an effective local remedy [10].

In the management of *Waram-i-Lawzatayn Safrawi* following *Tanqiyah* (evacuation therapy), initial treatment

includes gargling with herbal decoctions such as *Adas*, *Rubb-i-Toot*, or mucilaginous extracts like *Shira Tukhm Kahoo* and *Shira Tukhm-i-Kasni*. After 2-3 days, once the acute phase subsides, *Mohallil Adwiya* are used for gargling. At the peak of the disease, a *Joshanda of Suboos Gundum* and *Amaltas* is recommended [11].

In the treatment of *Waram-i-Lawzatayn Balghami* gargling with a decoction of herbs such as *Anjeer Safaid*, *Baboona*, *Asal-us soos*, *Munaqqa*, and *Turanjabin*, mixed with *Rubb-i-Inab*, is considered beneficial. Additionally, in cases where there is no fever or difficulty in swallowing and *istifragh of madda* has already been achieved, gargles with cooling agents like *Aab-i-Inab-us-Salab*, *Aab-i-Kishneez*, and *Qabid sharbat* such as *Sharbat Aas*, *Sharbat Reebas*, and *Sharbat Husram* are recommended to aid in external elimination of morbid matter through the skin [10]. Gargle with *Abkama or Asal*, *Rubb-i-inab*, *Sikanjabin unsali*, *Aab mooli*, or *Khardal*, *Maweez or Aqarqarha*. with *Satt of Post-i-Akhrot*, *Aab sonf*. and Gargle with *Asal* and *Sirka* [11].

Waram-i-lawzatayn saudawi or sakht waram can both employ the same gargle nuskha as described in *warm e lawzatayn balghami* [10]. Gargle with *Joshanda Anjeer* mixed with *Luab Methi* or *Shira of Amaltas* [11]. Gargle with *Ma al asal* or *Joshanda of Nakhoona*, *Tukhm-i-Katan*, *Baboona* [11]. Gargle with decoction of *Hulba* [11].

Gharghara-e-Manfajar A gargle prepared with *Boora-i-Armani*, *Hilteet*, *Afgandha*, & *Khatatif* mixed with fresh milk and *Haar roghaniyat* is used to rupture the swelling. *Qabid Adwiya* like *Mazoo*, *Gul-i-Nar*, *Phitkari*, and *Post-i-Anar* are also employed to reduce the abscess (*Amas*). Once the inflammation subsides, soothing gargles with ghee, *Roghan Banafsha*, or lukewarm water are recommended to promote healing and restore normal function [11].

In the early stages of the illness, gargle with *Gul-i-Nar* and *Koknar* decoction in the case of *Waram Harr*, mix with milk and *Amaltas decoction* 1-2 days later [20].

Dimād (Paste)

It is applied externally to the neck and throat. Powdered *Mazoo* mixed with *Sirka* [18] and made with *Asal* and *Choona* in the case of *waram* due to *hararat* or *garmi* [16].

In the case of *Waram-i-Lawzatayn Damwi* during the peak stage of the disease, external application of *Roghan Gul* mixed with *Mom* on the throat region is considered highly effective for reducing inflammation & providing symptomatic relief [11].

In *Waram-i-Lawzatayn Safrawi* topical application of *Neemkob Baboona* mixed with *Roghan-i-Kheeri*, *Roghan iNardin*, *Roghan-i-Sosan* and *Roghan-i-Chameli* is beneficial [10]. Additionally, external use of agents like *Zuft*, *Nitroon*, *Khardal*, & *Suddab* is recommended to reduce inflammation and promote resolution of the swelling [11]. In *Waram-i-Lawzatayn Balghami* when *Shiddat* develops at the affected site, local application of *Neemkob Shakh-i-Kasni* mixed with *Roghan-i-Surkh* and *Khatmi* is recommended for its anti-inflammatory and soothing effects [10]. In case of *Waram-i-lawzatayn saudawi dimad* therapy should be avoided because these *waram* are hard [10].

Fasd (venesection)

In *Waram-i-Lawzatayn Damwi Fasd* is a key intervention to evacuate excess *Khilt-i-Dam*. If the patient has sufficient quwwat *Fasd of Qifal* (cephalicvein) is advised [10, 19]. In

cases of weakened *Quwa*, *Fasd of Rag-i-Sararoo* on both sides is performed cautiously in small amounts to prevent syncope, as described in *Tibb-i-Akbar*, where *Waram-i-Lawzatayn* is regarded as a form of *Khunaq*, a potentially life threatening condition [11]. When *Imtila* is localized under the tongue, *Fasd of Chahar Rag* is recommended [11]. For generalized *Imtila*, *Fasd of Basiliq* is used [11]. Additionally, venesection of *Rag-i-Safin* (saphenous vein) and *Rag-i-Akhal* may also be performed depending on the humoral imbalance [11, 19]. In the treatment of *Waram-i-Lawzatayn Safrawi*, *Fasd* is indicated to eliminate excessive bile [10, 11, 19].

For *Waram-i-Lawzatayn Balghami* venesection of *Rag-i-Qifal* and *Haft-i-Andam* is recommended [11].

In cases of *Waram-i-Lawzatayn Saudawi Fasd* of the *Rag-i-Basiliq* is advised to remove the excess black bile from the body [10, 11].

Huqna (Enema)

In *Waram-i-Lawzatayn Damwi*, *Huqna* prepared from *neemkob* ingredients like *BargChuqandar*, *Sapistan*, *Unnab*, *Baboona*, *BargKhubazi*, *Anjeer*, *Banafsha*, and *Suhaga* is recommended for its anti-inflammatory effects [10]. In patients with sufficient *Quwwat Harr Huqna* may also be administered [10]. *Narm Huqna* can be given after *Fasd* when *waram* is due to amenorrhoea and blood retention in piles [11].

In *Waram-i-Lawzatayn Balghami*, *Huqna* (Enema) is used for *Istifragh* particularly when there is evidence of *Taghayyur-e-Mizaj* [10, 11]. In *Waram-i-Lawzatayn Saudawi* evacuation through *Mutawassit Huqna* whether *Tez* (strong) or *Narm* (mild), is recommended to eliminate excess black bile and restore humoral balance [10, 11].

Hijama (Cupping)

Hijama bil shart (Wet cupping)

In *Waram-i-Lawzatayn Damwi*, wet cupping (*Hijama bil shart*) on the calf muscles is indicated to help remove the morbid blood [10, 11].

Hijama bila shart (Dry cupping)

Whereas in *Waram-i-Lawzatayn Balghami*, *Hijama bila shart* over the calf and additionally cupping below the chin is employed for evacuation [10, 11]. *Hijama* is contraindicated in *Waram-i-Lawzatayn Saudawi* as it may worsen the condition [10].

Dhuni (Fumigation) with wood of *shibbat* [18]

Tila' with *Adwiya Qabida* and *Tajweef qawi* [18]

Latookh Usara-i-Anar Sheerin and *Asal*.

Takmeed (Hot Fomentation)

Dalak (Massage) Gentle massage on lower limbs in case of *waram-i-lawzatayn balghami* [10].

Bed rest

1. Ilaj bi'l Yad (Surgery) [13, 18]

If *Waram-i-Lawzatayn* is not resolved by conservative treatment and recurrence is found then surgical removal of tonsils or tonsillectomy also described by *Ibn e Sina* and *Hakeem Mohd Azam Khan* in classical Unani literature.

2. Preventive Measures [16]

Prevention of contact with individuals who are ill or patients

who are immunocompromised are beneficial. Strengthening the immune system with Unani tonics (*Muqawwi-i-Badan*). Avoiding exposure to extreme cold. Avoid excessive use of *nafakh ghidha* and phlegm producing food. Avoid excessive use of *Harr Mizaj* food like *lehsun*, *pyaz*, *garam masala* and oily foods. Maintaining oral hygiene to prevent infections.

Conclusion

The review of *Waram al Lawzatayn* (tonsillitis) from both the Unani and modern medical perspectives reveals a significant convergence in understanding the aetiology, symptomatology, and therapeutic approaches to this common inflammatory condition. Tonsillitis is the third most infectious ear, nose and throat diseases after rhinopharyngitis and otitis. Tonsillitis can have local or general complications. Tonsillitis is a health problem in society because of its incidence, frequency, and many socioeconomic impact. In Unani medicine, tonsillitis is primarily attributed to humoral imbalance leading to inflammation and hypertrophy of the *lawzatayn* (tonsils). This pathophysiological insight parallels the modern understanding, which attributes tonsillitis to infectious agents, particularly viruses and bacteria, causing acute or chronic inflammation of the tonsillar tissue. Unani treatment principles emphasize *Ilaj bil Tadbir* (Regimenal therapy), *Ilaj bil Ghidha* (dietotherapy), and *Ilaj bil Dawa* (pharmacotherapy), focusing on detoxification, temperamental correction, balancing the humours and use of herbal formulations with anti-inflammatory, immunomodulatory, and antimicrobial properties. These approaches align closely with modern principles of supportive care, antimicrobial therapy. And when indicated, surgical intervention such as tonsillectomy. Its comprehensive and natural management techniques could serve as complementary approaches in modern medicine for managing tonsillitis effectively. This integrative review highlights the potential of Unani therapeutics as complementary or alternative modalities in the management of tonsillitis. Further scientific validation and pharmacological studies on classical Unani drugs may enhance their credibility and encourage their integration into contemporary healthcare systems. Thus, a multidisciplinary approach combining traditional wisdom with modern evidence-based practices may offer a more holistic and personalized treatment strategy for patients suffering from tonsillitis.

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