



# EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

<http://www.ejbps.com>

ISSN 2349-8870  
 Volume: 5  
 Issue: 8  
 548-551  
 Year: 2018

## UNANI PERSPECTIVE OF CHRONIC TONSILLITIS

**Abdul Aziz<sup>\*1</sup>, Mahfooz Alam<sup>2</sup>, Mohd Shoaib<sup>3</sup> and Mohd Mohsin<sup>4</sup>**

<sup>1</sup>Assistant Professor Dept of Moalijat UUMCH, Haridawar.

<sup>2</sup>Assistant Professor Dept of Uzn Anaf Halaq Wa Asnan UUMCH, Haridawar.

<sup>3</sup>Assistant Professor Dept of Ilaj Bit Tadbeer AKTC AMU, Aligarh.

<sup>4</sup>Assistant Professor Dept of Jild Wa Taziniyat, AKTC AMU, Aligarh.

**\*Corresponding Author:** **Mahfooz Alam**

Assistant Professor Dept of Uzn Anaf Halaq Wa Asnan UUMCH, Haridawar.

Mail ID: [drmahzni@gmail.com](mailto:drmahzni@gmail.com)

Article Received on 20/06/2018

Article Revised on 10/07/2018

Article Accepted on 31/07/2018

In Unani medicine the description of tonsils and its related diseases are very old. Almost all classical Unani books described it with short or detail under the chapter of disease of the throat. In some books it is mentioned in accordance of Zabha by name of Zabha-e- Mutlaq, whereas in some books it is written in accordance with Khannaqe [Diphtheria] and it is named as khannaq-e-Lauzia [Tonsillar diphtheria] and Some Classical Unani physician described it with separate heading of Lauzatain [Tonsils] covering its anatomical, physiological description and every aspect of its diseases[ aetiology, pathophysiology, sign & symptoms and bed side examination] with details of conservative as well as surgical management. If all pearls of knowledge scattered in various classical Unani books are assembled and integrated with each other along with its necessary descriptions in the light of modern scientific information than a better therapeutic beneficial result can be obtained. It will be a good option in the treatment of tonsillitis especially for those patients who have no way except to go through surgical procedure. In this regard an effort has made to go through classical Unani books and to collect all necessary description about the tonsils and its related disease that will be more convenient for understanding.

### **Anatomical description of Tonsils (Lauzatain)**

Tonsils have been a field of interest of unani physician. They have described anatomy of tonsil the Ibne Seena say. Tonsils, they are two muscles located upward at the root of the tongue, they look like two small ears, they are two neuromuscles like two glands, so that they will be more strong. On the other hand they are roots for two ears and way of esophagus.<sup>[1]</sup>

**Sabit bin Qurrah** says "Tonsils are located bilaterally at the root of the tongue where roots of the ears are present"<sup>[2]</sup>

In "kaamilussanaya" some diseases of throat are involved the two glands that are called Lauzatain "Tonsils" which are located bilaterally in the throat.<sup>[3]</sup>

**Kitabul Mukhtarat fittib** describes "At the root of the tongue, close to larynx there are two pieces of muscles that are called Lauzatain [Tonsils].In between these two tonsils there is the opening of esophagus."<sup>[4]</sup>

In "Attalweeh ila Asrarittanqeeh" Lauzatain [Tonsils] are two pieces of the muscles located at the root of the tongue and looks like two small ears.<sup>[16]</sup>

A renowned Indian Unani physician **Hkm Azam khan** says "Lauzatain [Tonsils] are two glands which are

located at the root of the tongue and they are looks like a small ear".<sup>[5]</sup>

### **Physiological Description**

#### **Ibne seena says**

The beneficial effect of these Lauzatain [Tonsils] is to collect air at head of the trachea as these are like a reservoir, and they prevent air to enter collectively when the heart get oxygenation.<sup>[1]</sup>

**Hakeem Akber Arzani** described as "The physiological function of Lauzatain [Tonsils] is to prevent air to enter abruptly in the throat and they release air slowly in trachea.<sup>[6]</sup>

### **Tonsillitis (Warm-e- Lauzatain**

From various classical Unani literatures it is very evident that almost all Unani Atibbas have described the tonsils and its related diseases with short or details covering all necessary clues regarding tonsils and its related pathological conditions.

In "Hawi fittib" Abu Bakar Zakriya Razi wrote with reference of "Almiyah written by Hippocrates" that every swelling in the throat that causes difficulty in drinking and swallowing, is called Zabah ,and he added that diphtheria also causes difficulty in breathing. Razi is also referring from "Kitabul Falaha" tonsillitis is

examined by asking the patient to open his mouth as much wide as possible, there will be a clear bulge on the both side of inner part of throat.<sup>[7]</sup>

**Ibne Habal Albaghadi** says that ‘‘Due to the tonsillitis [warmer Lauzatain] there will be very severe pain in the throat and difficulty in swallowing and breathing and it may lead to complication of diphtheria, and further added by saying that if there is pus accumulation in the tonsils [Quinsy] then there will be softness in the swelling.<sup>[8]</sup>

**Sabit bin Qurrah** says “If the swelling of Khannaq is confined to Lauzatain [Tonsils] then the safe feature of it is the swelling will be visible on examination when patient is asked to put out his tongue from mouth, and if it not so then it indicates unsafe condition.<sup>[2]</sup>

In **Zakheerah Khawarizm Shahi** “Let it know that the Zabha is a hot swelling [Warm Har] of those muscles located at the head of esophagus bilaterally in the throat. In Arabic language these specialized type of muscles are known as Nghtahan and Lauzatan.<sup>[9]</sup>

The author of “**Firdausul Hikmat**” wrote  
Zabha is one of the diseases of the throat. It produces hindrance in the respiration. It is classified in to five

1. Warm-e-Lauzatain Damvi
2. Warm-e-Lauzatain Safravi
3. Warm-e-Lauzatain Balghami
4. Warm-e-Lauzatain Saudavi

Temperament	Distribution of Patients according to Temperament					
	Test Group A		Test Group B		Total	
	No. of Patients	%age	No. of Patients	%age	No. of Patients	%age
Sanguineous ( <i>Damvi</i> )	13	43.33	16	53.33	29	48.33
Phlegmatic ( <i>Balghami</i> )	13	43.33	12	40	25	41.67
Bilious ( <i>Safravi</i> )	4	13.34	2	6.67	5	8.33
Melancholic ( <i>Saudavi</i> )	0	0	0	0	0	0
Total	30	100	30	100	60	100

A study conducted in the department of Moalijat AKTC AMU, according to temperament of the patients the maximum number of patients (48.33%) were from Damvi mizaj, followed by Balghami 41.67% and then Safravi (8.33%). No patient was found to be from Saudawi mizaj. The possible reason behind the maximum patients lie in group of Damvi temperament is that according to basic Unani fundamental the natural temperament of this age group peoples in which chronic tonsillitis is more common is Damvi. The other thing we can say that this is more common in those people who have allergy to various substances and the allergic component develops both in blood as well local cells (Azlaat). Also we can say that as it is chronic and recurrent disease and it can be supposed to be from Balghami disease, but when the patients visit OPD to seek the treatment, they were in the acute or chronic stage or in the state of Damvi- balghami (Sanguineous phlegmatic), that is why inspite of it is a Balghami

types. Two of them are encountered to tract of food, one of them is caused to airway, and two of them are involved to those muscles which are located at bilateral of these two tracts.<sup>[10]</sup>

The author of ‘‘**Moalijat-e-Boqeatiyah**’ mentioned the etiologies and pathogenesis of warmer Lauzatain by name of Zabha as he said “The disease of throat namely Zabha, is a hot swelling [warmer Har] caused by falling of the hot, viscous and morbid blood on the muscles located at the opening of esophagus bilaterally in the throat.<sup>[11]</sup>

A very renowned Indian physician of Unani medicine **Hkm Akber Arzani** described warm-e-Lauzatain [Tonsillitis] in the chapter of Khannaq. He classified “Khannaq” into five types, and wrote about the first type, that is “Khannaq Mutlaq”. It involves Khannaq-e-Mutlaq when the swelling of affected part will be visible on putting out of the tongue, and when it is not so, then the swelling will be unsafe or “Khannaq-e-Kalbi”.<sup>[6]</sup>

#### **Classification of Warm-e-Lauzatain (Tonsillitis)**

Most of the classical Unani books have no discussion about the classification of warmer Lauzatain. But on the basis of the body humors some Unani physicians classified it into four types<sup>[10,12]</sup>

disease the ratio of Damvi patients is more than Balghami patients.

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

1. Acute [Haad]
2. Chronic [Muzmin]

Warm-e- Lauzatain Damvi & Safravi are included into acute whereas Warm-e-Lauzatain Balghami and Saudavi are considered as chronic form tonsillitis.

Warm-e-Lauzatain Damvi is caused by any abnormality in the quantity or quality or both in the blood [Dam] and its abnormal accumulation into tonsils. It is characterized by acute occurrence of the illness with presence of sign & symptoms of the abnormal over following of the humor of Dam. As the author of very imminence book Unani medicine.

**"Firdausul Hikmat" says.<sup>[10]</sup>**

The characteristic feature of the over flowing in the humor of Dam, is vascular overfilling and increased intensity of pulsation in the blood vessels and redness in the face.<sup>[10]</sup>

Warm-e- Lauzatain Safravi [Bilious tonsillitis] is encountered due to the disproportion into the quality and quantity of Safravi humor in the body and its abnormal falling on the tonsils and it is characterized by very severe acute occurrence of the illness, like very severe pain in the throat, difficulty in the swelling, high grade fever and dryness and feeling of hotness in the body especially in the throat.

Warm-e- Lauzatain Balghami [Phlegmatic tonsillitis] is complained when there is imbalance in the quantity and quality of the phlegmatic humor of the body due to the endogenous abnormal over production of phlegm or over use of phlegm producing food. It is characterized by bilateral soft whitish swelling of the tonsils associated with paresis and softness in the muscles of the tongue, salty test in the mouth and increased salivation, as author of "**Firdausul Hikmat**" says.

The characteristic of the Phlegmatic tonsillitis is the soft swelling and paresis in the tongue, salty test in mouth and excess salivation.<sup>[10]</sup>

Warm-e-Lauzatain Saudavi [Black Bilious Tonsillitis], however it is very rarely found, it is encountered due to the abnormality in the quantity and quality of black bile humor .It may be either due to the endogenous production of black bile by combustion of other humors e.g. blood, bile and phlegm, or due to over use of black bile producing item. It is characterized by its chronic form associated with hard swelling of tonsils hooked into the tongue and surrounding muscles. Ali Ibne Rabban Tabri described it as.<sup>[10]</sup>

Warm-e-Lauzatain [tonsillitis] due to the black bile is rarely found, and it is due to the transformation from haarr warm.<sup>[10]</sup>

**Etiology**

- Any abnormality in the four humors of the body<sup>[1,10,12]</sup>
- Weakness in the body defense system[Quate Tabiyah]<sup>[1,9,10]</sup>
- Chronic cold and crazy,<sup>[1,9,12]</sup>
- Irregularity in the food habit<sup>[12,13]</sup>
- Allergic to various food and substances.<sup>[12]</sup>
- Good Bohran<sup>[1,10,14]</sup>
- Swallowing of poisonous drugs.<sup>[1,10,11]</sup>
- Accumulation of morbid material and its falling on the tonsils,<sup>[2,62,7,6]</sup> as the author of "**Firdausul Hikmat**" wrote<sup>[10]</sup>

However the tonsillitis, sometime it is good bohraan, indicates towards the resolution of morbid material, and

sometime tonsillitis is caused by the materials that it attracts.<sup>[10]</sup>

**Clinical Features**

- Pain in throat<sup>[1,6,10,9,17]</sup>
- Dysphagia [usrul bala]<sup>[710,16]</sup>
- Breathlessness [ usre tannafus]<sup>[1,7,16]</sup>
- Bad breath<sup>[78,75]</sup>
- Choking of throat<sup>[1,7,10,16]</sup>
- Fullness in the throat<sup>[6,14,16]</sup>
- Abnormal felling in the throat<sup>[10,14,16]</sup>
- Other symptoms and signs depend upon the humors involved in causing of the disease e.g. in case of the tonsillitis due to abnormality in the humor of the blood then there will be flushing of face, congestion and redness in the oral cavity sweetish test in the mouth, and increased sweetish salivation, moderate to severe pain in the throat and headache. The pulse [Nbz] will be hyper voulumic [Mumtali] and fast. and if the humor of phlegm is responsible then there will be light pain or only heaviness in the throat, oral cavity will be pale in colure, excessive test less salivation and swelling in the tonsils and oral cavity. In case of the tonsillitis due to the abnormality in the quantity and quality of safra [bile] there will very severe pain in the throat, dryness in the oral cavity, bitter test in the mouth, very sever dysphagia, extremely local tenderness and high grade fever. And if the imbalance in the quantity and quality cause tonsillitis than the swelling will very less visible, tonsil will be hard in consistency encroaching the muscles of the throat, difficulty in the swelling initially solid later on solid is very characteristic feature of black bilious tonsillitis. On local examination mild tenderness, hard in consistency, less or immobile of jugulodiagastric lymph nodes.

**EXAMINATION**

Unani physicians described the method of throat examination especially tonsils with details, they point out very important clinical points in the diagnosis of various diseases of the throat, as the author of "Kitabul Umadah filjarahat" has mentioned.

"Whenever you are going to examine the cases of tonsillitis you have to relax the patient as much as possible, and tell him about what you are going to do, ask him to open his mouth as wide as possible. The examination should be done in very clear light. If there is any congestion and redness at the tonsils than don't touch it for operation, like this if it is black in colure and hard in consistency than it may be malignant, in this condition you also have to avoid operation"<sup>[18]</sup>

Abul Qasim Alzahrawi says describing the bed side examination of tonsils.

It should be understood that if the swelling is hard in consistency, muddy in colour and hyposensitive than

avoid instrumentation or do not do any instrumentation. And if the swelling is congested and red in colour with hard base than also do not interfere avoiding bleeding due to congestion. When the swelling is yellowish in colour with soft base than it is suitable time for operation.<sup>[14]</sup>

### CONCLUSION

The physicians have described various aspect of it. They put light and shared ample information of the diseases like etiopathogenesis, humors involved, methods of examinations, handling etc. Apart from its clinical evaluation and managements Abul Qasim Al-Zahrawi has clearly mentioned when not to go for surgical intervention.

In this modern Era of antibiotic resistance, the method and concept of management may be a hope for the people in need.

This article is an attempt to put important concepts of unani physicians for their work and share knowledge to the physicians now days. It may give opportunity for further scientific studies on it.

### ACKNOWLEDGEMENT

I highly in debt to those who have encouraged me to compile this valuable information in nut shell. Apart from them I am also very thank to my beloved teachers and colleagues.

### REFERENCES

1. Ibn-e-Seena "Al Qanoon fittib" Arabic. 111rd, Attaba wa Tahqeeq. Jamia Hamdard Hamdar Nagar, New Delhi, 311-315.
2. Sabit Bin Qurrah "Zakheerah Sabit Bin Qurrah" Urdu translated by Hkm S. Ayyob Ali Muslim University Aligarh, 136-137.
3. Majoodi A. B. A., 'Kamil-us-Sanaā' urdu translation, Ghulam Husain Kintoori, Idara Kitab-us-Shifa, Koocha Chehlan, Darya Ganj, New Delhi, 2010; 104-106.
4. Baghdadi I. H., "Kitabul Mukhtarat Fit Tibb", (Urdu Translation), CCRUM, New Delhi, 2005; 1: 154,155.
5. Yusuf M.M (1312 H) "Attalweeh Ila Asrarittanqeeh" Matba Mujtaba(Delhi) 101(Cf),127(sp),137(Ca),97(Ao),172(Zv),206(CL).
6. Khan A. "Akseer Azam" Urdu Translation(Hkm Kabeeruddin)
7. Arzani M. Akbar, "Tibb-e-Akbar", (Urdu Translation), Hakeem M. Husain, Idara
8. Zakaria Razi M. B., "Al-Hawi-fit-Tibb" (Urdu Translation), CCRUM, New Delhi, 1999; 3: 187-193
9. Jurjani S. Ismail, "Zakhira Khawarzam Shahi", (Urdu Translation), Hakim Hadi Hasan, Idara Kitab-us-Shifa, Koocha Chehlan, Darya Ganj, New Delhi, 2010; 6: 241-243&320-321.
10. Tabri R., "Firdaus-al-Hikmat" (Arabic Urdu), Translated by Hkm. Rasheed Ashraf, Diamond Publication Lahaur, 546-549.
11. Tabri, A.A. Bin. M. "Al-Moalejat Alboqratiya" Urdu Translation, Central council for research in Uanani Medicine, New Delhi., 117-121.
12. Arzani M. Akbar, "Tibb-e-Akbar", (Urdu Translation), Hakeem M. Husain, Idara Kitab-us-Shifa, Koocha Chehlan, Darya Ganj, New Delhi, 2010; 270-276.
13. Jilani Ghulam "Makhzanul Elaaj Almaroof Bihi Baya-z-Jilani" Idara Kitabushshifa, Darya Ganj New Delhi, 1.262-265.
14. Al-Zahrawi A.K.A."Attasreef Liman Ajza Anittaleef" Publisher Annami, Lucknow, 49-71.
15. Ibnu'l Quf "Kitabul Umdah Fil Jarahat", Urdu translation. CCRUM, New Delhi, 1.11: 218-219.