INTRODUCTION

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

Although now a day medical sciences have achieved great success in the management of various illnesses through allopathic medicines and surgery; but the importance and effectiveness of Unani medicine cannot be ignored, especially in the management of chronic and recurrent illnesses.

Warm-e-lauztain (tonsilitis) 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, anti-pyretic and decongestant. Due to its dangerous and hazardous adverse effects, allopathic medicine cannot be given for a longer duration and very frequent as needed for the management of this chronic and recurrent ailment, and as soon as medications are switched off, all the symptoms reappear. That is why, at last, most of the patients are advised to go through surgical procedure for the removal of the tonsils.

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

**DIAGNOSIS**

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

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

"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 safraawi (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 safraawi muznin (chronic bilious tonsillitis) is seen when it is associated with acute exacerbation.1,2,3,4,5,6,7,8,9,10

If there is imbalance in the quality and quantity 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 pain and softness in the muscles of the tongue; 5,6,7,8,9,10. 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."

The characteristic features of tonsillitis due to the abnormality in the quantity and quality of khilt-e-souda (humour black bile) causing warm-e-lauztain saudawi (black bilious tonsillitis) are generalized dryness, dull coloured and lustreless skin and hard swelling of tonsils encroached into the tongue and surrounding tissues; 1,3,5,8, Ali Ihme 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 warn (acute inflammation)."

**Bed-side Examination**

Whenever you are going to examine the cases of tonsillitis you have to relax the patient as much as possible, and tell the patient about what you are going to do. Ask the patient to open his/her mouth as wide as possible. The examination should be done in very clear light. If there is much congestion and redness on the tonsils then surgical procedure should be avoided, similarly if it is black in colour and hard in consistency then it may be malignant, in this condition you also have to avoid surgery.1,2,3,4,5,6

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

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

**MANAGEMENT**

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 relive the patient; 2,3,4,8,9,10,15,18,22,28,29,30, as the author of “Kitab-al-Umdah Fil-jarahat” mentioned it:

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

**Medical Treatment**

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

- Khayar shambhar (Cassia fistula Linn.) is very useful for tonsillitis, 2,12,13,15,17,21,22,23,38
- Oral use of Asl-e-Khalis (Honey) is beneficial for the tonsillitis, 2,4,5,13,17,19,20,24,25,28
- Banafsha (Viola odorata Linn.) is used in the treatment of chronic tonsillitis, 5,6,7,9,14,15,19,20,21,23,24,26
- Gargle of Shibbe yamani (Potash alum) is incomparable thing for the treatment of tonsillitis, 2,4,15,27,28
- Gargle with Rubbut-toot (Morus indica Linn. extract) and Akhrot (Juglans regia Linn.) is important in the treatment of tonsillitis, 5,6,7,8,12,3,13,14,19,24,25
- The milk of Injeer (Ficus carica Linn., Mauz (Musa acuminate Colla), Methi (Trigonella foenum-graecum Linn.), Alsi (Linum usitatissimum Linn.) and Khayar shambhar (Cassia fistula Linn.) is ultimate drugs for the treatment of tonsillitis, 15,19,25,27
Minor Surgical Procedures

Venesction 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 venesction of different veins of the body that are more suitable and convenient to remove the morbid material responsible for diseased conditions of tonsils.

- Venesction of Rag-e-qatif (Cephalic vein) is very effective in the treatment of tonsillitis,1,2,3,5,6.
- Venesction of bilateral Rag-e-qatif (Cephalic veins) is beneficial for treatment of tonsillitis.5,7,8,9,10
- Venesction of sublingual vein is way of choice for immediate control in tonsillitis.5,6,7,8,9,10
- Abu Bakr Mohammad bin Zakariya Razi (850-925 AD) mentioned with reference to "Rofas" that Hijamah (cupping with scarification/ wet cupping) on calf produces immediate effect in tonsillitis.5,7
- Various Unani physician advocated tracheotomy when there is risk of respiratory arrest due to blockage of airways by huge enlarged tonsils.3,4,5,6,7,8,9,10,11.
- Hakeem Muhammad Akbar Arzani (Died 1772 AD) described Quinya (peritonsillar abscess) and its method of drainage.15

Surgical Intervention/ Jarahat

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 surgical intervention should be adopted in order to avoid much more harm to the patient,5,7,8,9,10,11,6 as the author of "Kitabul Umdah Fil Jarahat" 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."

The procedure of Tonsilllectomy

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

"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:6

"Before surgery, inspect the tonsils properly, when you find inflammation has been subdued completely and thin, than it is suitable time for tonsillectomy.6"

When you see that the acute inflammation has been subdued and the base of swelling is soft and thin, than it is suitable time for tonsillectomy.6

Ibn-e-Hubal Al Baghdadi says in his book "Kitabul Mukhtarat fit Tibb"16 says:

"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."

When the swelling is visible 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.6

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.5,6,10,16 Likewise, if tonsils are red, congested, painful and its base is hard in consistency, then this is also a contraindication for surgical intervention.6,7,8,10,16 As the author of “Kitabut Tasreef”6 mentioned it by saying:..
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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