

## Unani Management of Recurrent Tonsillitis in a Pediatric Patient: A Case Report

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Cite this paper as: Dr. Uzma Bano (2023). Unani Management of Recurrent Tonsillitis in a Pediatric Patient: A Case Report. *Frontiers in Health Informatics*, Vol.12(2023), 527-530

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### Abstract

#### Background:

Recurrent tonsillitis is a common pediatric condition that can adversely affect quality of life and school attendance. Conventional management often involves repeated antibiotic courses and, in some cases, tonsillectomy. Alternative therapeutic approaches that are safe and effective are of clinical interest.

#### Case Presentation:

A 9-year-old male presented with a 3-year history of recurrent sore throat, fever, and dysphagia, occurring 4–5 times annually. After getting an unsuccessful course of allopathic treatment, the patient shifted towards Unani oral drugs for getting better results. An Unani therapeutic protocol, comprises oral *Sharbat Toot Siyah* with *Lauq Sapistan khyar shambari*, administered over 2 months. The treatment aimed to reduce inflammation, correcting humoral imbalance, and enhancing immunity through herbal formulations and lifestyle modifications.

#### Conclusion:

The patient confirmed marked symptomatic improvement without recurrence during follow-up. No adverse events were reported throughout the treatment. This case highlights the potential supportive value of Unani medicine alongside standard care in managing tonsillitis, especially in children experiencing recurrent infections. Further controlled trials are necessary to explore the findings.

#### Keywords:

Recurrent tonsillitis; Unani medicine; *Waram al-Lawzatayn*; Complementary therapy.

#### Introduction

Chronic tonsillitis, characterized by recurring or persistent inflammation of the tonsils, commonly affects older children and young adults. [1] Chronic inflammatory changes in the tonsils often result from recurrent acute infections that are treated inadequately. [2] Chronic tonsillitis is a prevalent condition globally, particularly among school-aged children. Prevalence is from 11.0 to 12.3% with marked family burden and risk of many serious complications especially

in developing countries. [3] It is quite challenging to manage chronic tonsillitis, especially in refractory cases. [4,5] Recurrent episodes of tonsillitis are conventionally managed by antibiotics and, in refractory cases tonsillectomy is preferred, which is quite painful, expensive and leads to further complications. To overcome such type of consequences there is need of hour to find out some alternative mode of treatment like herbal medicine. In Unani medicine, *Waram-i-lawzatayn* (Tonsillitis) refers to *waram harr* which involves *Halqum* (Throat) and *Lawzatayn*. [6,7] 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*, *Safra*, *Sawda*. [8] Management focuses on reducing inflammation, correcting humoral imbalance, and enhancing immunity through herbal formulations and lifestyle modifications. This case report documents the clinical course and outcome of a child with recurrent tonsillitis treated with a standardized Unani regimen.

### Case Report

A 9-year-old male (weight: 30 kg) presented with complaints of recurrent sore throat, fever, and painful swallowing of 3-years' duration. Episodes occurred approximately every 2–3 months, each associated with tonsillar enlargement and lymphadenopathy. Previous antibiotic regimens provided only temporary relief. There was no history of any systemic illness. There was no related family history. On presentation, the child was afebrile. There was bilateral tonsillar enlargement (Grade II–III) with mild erythema and cryptic debris observed on Oropharyngeal examination. Cervical lymphadenopathy was palpable. There were no signs of peritonsillar abscess, dehydration, or any systemic infection. Diagnosis was based on clinical history and physical examination persistent with recurrent tonsillitis. Routine hematological investigations were within normal limits. Differential diagnosis including adenoiditis and allergic pharyngitis were considered and excluded clinically. The Unani treatment protocol included: Oral therapy: *Sharbat Toot Siyah* with *Lauq Sapistan khyar shambari* administered orally twice daily before meals with lukewarm water for 12 weeks. The formulation comprised herbs traditionally indicated for reducing inflammation and maintain balance between all humors. Weekly outpatient reviews were conducted for the first month, followed by monthly visits up to 2 months. By the fourth week, the patient demonstrated noticeable reduction in tonsillar size and resolution of pain and fever. During the 3-month period, no new episodes of tonsillitis occurred. The patient taken the regimen well, no adverse events documented throughout the treatment period.

### Discussion

Recurrent tonsillitis poses significant challenges due to frequent antibiotic use and the need for surgical intervention. This case emphasizes the potential role of Unani therapy as a complementary modality in reducing symptom severity and recurrence in pediatric patients.

Unani formulations such as *Laoq Sapistan Khyar Shambari* and *sharbat toot siyah* are traditionally employed to restore humoral balance, alleviate inflammation, and enhance local immune defense. *Lauq Sapistan Khyar Shambari* is a polyherbal formulation, prepared as thick semisolid linctus. The formulation has following ingredients: *Sapistan* (*Cordia latifolia* Roxb.), *Amaltas* (*Cassia fistula* Linn.), *Unnab* (*Zizyphus vulgaris* Linn.), *Khatmi* (*Althaea officinalis* Linn.), *Barg-e-sana* (*Cassia angustifolia* Vahl.), *Katan* (*Linum usitatissimum* Linn.), *Banafsha* (*Viola odorata* Linn.), *Leemu* (*Citrus lemon* Linn.), *Shakkr surkh* (jaggery) and *Sharbat Toot Siyah* is decoction of *Toot Siyah* (*Morus nigra* L.) into sugar-based syrup. The improvement in signs

and symptoms of chronic tonsillitis may be attributed to the combined *Muhallil-e-auram* (anti-inflammatory), *Musakkin* (sedative), *Dafa-e-alam* (analgesic), and *Mulattif* (demulcent) effects of *Toot siyah* and *Qabiz* (astringent), *Dafe suaal* (cough relieving) activity present in different ingredients of *Laoq Sapistan Khyar Shambari*. [9-12]

The satisfactory clinical outcome and absence of adverse effects observed in this case warrant further systematic evaluation of this therapeutic approach. Limitations include the single-case design and lack of comparative controls. Larger observational studies and randomized controlled trials are needed to establish safety and efficacy.

### Conclusion

Unani therapy provided substantial clinical benefit in a pediatric patient with recurrent tonsillitis unresponsive to conventional treatments. This suggests a role for integrative approaches in managing chronic or recurrent ENT conditions. Further controlled studies are recommended.

**Disclaimer:** The views expressed in this article are solely those of the authors and do not necessarily reflect the official policy or position of the institution.

**Source(s) of support.** No specific funding was received.

**Conflict of Interest:** There is no conflict of interest

**Competing Interests:** The authors declare no competing interests.

**Acknowledgements:** The authors sincerely thank the patient and her family for their cooperation and trust throughout the treatment process.

**Informed Consent:** Verbal consent was obtained from the patient's legal guardian for the publication of this case report.

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