

**Classical Unani Approach for
Steady Management of
Warm-e-Sho'batur Riya Muzmin
(Chronic Bronchitis)**

A View

Anwar Jamal¹ and Aisha Siddiqui²

¹LRIUM, Jamia Hamdard Campus,

²Department of Ilmul Advia, Faculty of Unani Medicine,
Jamia Hamdard, Hamdard University,
New Delhi-110062, India.

Primary Respiratory Diseases are responsible for a major burden of morbidity and untimely deaths, and the lungs are often affected in multisystem disease. *Warm-e-Sho'batur Riya Muzmin* (Chronic Bronchitis) and Emphysema are often grouped together and can be regarded as forming a spectrum with "Pure" Chronic Bronchitis at one end and pure Emphysema at the other.

Warm-e-Sho'batur Riya Muzmin (Chronic Bronchitis) can be described if sputum has been coughed up on most days of at least three consecutive months for more than two successive years, providing other causes of productive cough such as bronchiectasis and untreated chronic Asthma have been excluded. There are many efficacious Unani formulations, which are not only cost effective but also easily available in the present market and may be used to treat this type of condition. This is an attempt to collect various formulations used for this particular condition and simultaneously may be supportive in case of Emphysema.

Keywords: *Warm-e-Sho'batur Riya Muzmin* (Chronic Bronchitis), Emphysema, Compound formulations, Classical treatment.

Introduction

The lungs, with their combined surface area of greater than 500 m², are directly open to the external environment. Thus, structural, functional or microbiological changes within the lungs can be closely related to

epidemiological, environmental, occupational, personal and social factors. Each day our lungs are directly exposed to more than 7000 litres of air which contain varying amounts of inorganic and organic particles as well as potentially lethal bacteria and viruses. In general terms, physical mechanisms, including cough are particularly important in defence of the upper airways, whereas the lower airways are protected by complex mucociliary mechanisms and through anti-microbial properties of surfactant and the lung lining fluids by the resident alveolar macrophages. *Warm-e-Sho' batur Riya Muzmin* (Chronic Bronchitis) and Emphysema are pathologically distinct but they frequently co-exist as a syndrome, commonly termed Chronic Obstructive Pulmonary Disease (COPD) and it may be difficult or impossible to determine the relative importance of each condition in the individual patient. Generalised airflow obstruction is the dominant feature of both the diseases (Davidson's, 1995). Unani renowned physicians have described various lines of treatment in their classical texts, along with single and compound formulations prescribed for this condition.

Disease Concept

According to Unani theory, when excretory/putrefied matter of the brain infiltrate into the nasal cavity referred as *Zukaam* and when these matters come from the brain into throat and chest called *Nazla*. Some Unani physicians say, that both terms may also be used as *Nazla* (Ibn Sina, al-Majooosi, Azam Khan, Ajmal Khan, Sharif Khan and Ismail Jurjani).

Some physicians say that when putrefied matter drain into the nasal cavity and oozes continuously, closes the nasal orifice and alters the smell sensation its called *Zukaam* (Ibn Sina, Ismail Jurjani). The excretory matters of *Zukaam* may go into eyes or frontal part of the face, whereas *Nazla* infiltrate into the throat as well as in the lungs and stomach and occasionally causes ulcer at that particular part, where it is embossed (Ibn Sina).

According to Western medicine, *Zukaam* is a hot inflammation of mucus membrane of the nose, if it spreads to the throat is called *Nazla* (Ajmal Khan).

Nature of Spread

Nazla and *Zukaam* may spread to the lungs, oesophagus and stomach and produces ulcer at that site. It may produce *Shahwat-e-Kalbi*. Some time it penetrates into the nerves of the organ. It also causes *Zaat-ul-Janab* (Pleurisy), *Khunaaq* (Diphtheria), *Zaat-ur-Riya* (Pneumonia). *Nazla*, which is bitter and salty in nature causes *Wajaul Meda* (Gastralgia),

Ishaal (Diarrhoea) and *Sahaje Ama* (Ibn Sina). Mucoid form of it causes *Qolanj* (Colitis), *Warm-e-Gosh* (Ear Inflammation), *Warm-e-Sadr* (Chest Inflammation), *Warm-e-Wajha* (Facial Inflammation), *Warm-e-Luhaat* (Epiglositis), *Wajaul Dandan* (Toothache), *Ramad* (Conjunctivitis), *Falij* (Paralysis) etc. The associated features are cough, hoarseness of voice, fever, headache and rigor etc. (Ibn Sina, Ismail Jurjani, Azam Khan).

In Western Medicine, Rhinovirus is spread from person to person by direct contact usually with transmission by infected droplets. Subsequent bacterial infection by *Streptococcus pneumonia*, *H. influenza* or Staphylococcus is usual. With secondary infection, the secretion becomes thick and purulent and impedes nasal breathing (Cecil, Davidson).

Causes

Ibn Sina (Avicenna) stated that the cause of this disease is hot temperament or external heat (*Hararat*) e.g. sunlight, poisonous (polluted) wind, hot bath, inhalation of drugs like *Mushk*, *Jundbedaster*, *Zafran*, *Piyaz* etc. Massage of Hot *Roghans* (oils) on head which bring external heat affects on brain humours, which become liquefy and float. Use of hot and spicy food like *Lahsun*, *Piyaz* and *Khardal* also causes *Nazla*. Another cause of this disease is cold temperament or external cold e.g. cold water bath, exposure to cold wind, which adheres the skin pores of head and causes blockade of brain secretion. *Sue Mizaj Haar* and *Barid* is also one of the causes of this disease (Ibn Sina, Jurjani, Ajmal Khan, Zakaria Razi, Sharif Khan). Samarqandi mentioned eight types of causes. Out of which four types are from *Akhlaat-e-Arba'* and four types are from *Sue Mizaj-e-Dimaagh* (Samarqandi). In the temperate climate, cold occurs most frequently in the colder months of the year. Ibn Sina also mentioned that *Nazla* and *Zukaam* are mostly caused in cold season and hot temperament peoples are mostly affected by external causes of *Zukaam*. Whereas cold temperament people are affected by internal causes (Azam Khan). The various types of wind flowing from different directions (South and North) are one of the causes of this disease (Ibn Sina, Ismail Jurjani).

Pathogenesis

Mahiyat-e-Amraaz (pathology) of disease is based on *Sue Mizaj-e-Dimaagh* or any alteration or change in the equilibrium of *Akhlaat-e-Arba*, which derange the equality of the humours present in the body.

In Western Medicine, disease mechanism induced by a virus is not known. In the initial acute period of viral rhinitis, the nasal mucosa is

thickened and become oedematous; depending on the degree of hypermia is pale gray to red in colour and covered by a thin, watery mucoid discharge. The nasal cavities are narrowed by the enlargement of the turbinates. Histologically, there is extreme oedema of the mucosal tissue, which is also infiltrated socially with neutrophils, lymphocytes, plasma cells and eosinophils. Secretory hyperactivity of the mucus secretory sub mucosal glands is also observed (Cecil, Davidson).

Symptomology

The onset is usually sudden with a tickling sensation in the nose accompanied by sneezing. The throat often feels dry and sore, the head feels stuffed. The nose becomes blocked, dried and condition of sneezing arises. Thereafter, there is a profuse watery nasal discharge. These symptoms last for 1-2 days. After which, with secondary infection the secretion becomes thick and purulent and impedes nasal breathing.

If common Cold is due to the *Baroodat* (coldness), nasal discharge becomes white and purulent, burning sensation in nose or throat will be less. Sometimes nasal blockage occurs and pain is felt on the face. If it is due to the *Hararat* (Heat), the discharge becomes liquid and salty in taste. Flushing on face arises, eyes become red, throat congested and burning sensation in the nose takes place. The discharge is purulent and yellow in colour and there will be urging for thirst (Ibn Sina, Ismail Jurjani, Ajmal Khan). Nasal discharge becomes irritant in nature and burning sensation in the nose, throat irritation, inflammatory condition on face and around eyes indicates the feature of *Nazla-e-Haar*. *Nazla-e-Barid* gives the feature of viscid discharge, foul smell and cough. Pulse becomes heavy, rapid and continuous. Yellow colour of urine is also an indication of hot temperament (*Mizaj-e-Haar*) (Ibn Sina, Ismail Jurjani, Azam Khan, Ajmal Khan).

Usool-e-Ilaj (Principal of Treatment)

The following points should be taken into consideration:

- 1) The excretory matters must be maturative to make them viscous and moderate.
- 2) If excretory matter is cold and viscous, it should be made liquid by *Mulattif* drugs.
- 3) The use of *Munzijaat-e-Advia* (Concoctive drugs) is the best principle to maturate the matter either in cold or hot form.
- 4) *Mufattihat* and *Muharrikaat* drugs should be used in the condition of cessation of excretory matters for their drain out completely through brain.

- 5) Use of cold water and exposure in cold wind in *Nazla-e-Barid* should be avoided and use of *Amama* on head is advisable.
- 6) Avoid fumigation in running nose.
- 7) Use of sneezing drugs after complete Nujz of excretory matters.
- 8) Avoid dairy products (Azam Khan).

Ibn Sina (Avicenna) and Ismail Jurjani have mentioned six essential principles in their Classics:

- a) To flush out the causing factor by *Istifragh* (Evacuation) and *Mulayyinat*.
- b) To maintain the equilibrium of existing temperament of diseased person.
- c) To stop excretory matters by diverting its direction.
- d) To make moderate consistency of the matter.
- e) To turn out the matter in opposite direction.
- f) To combat the complication which may arise from this disease viz. Nasal Ulcer, Dryness of Throat, Dry cough and Lung Ulcer (Ibn Sina, Ismail Jurjani) etc.

Treatment

In Unani classics there are so many effective preparations to treat this disease.

- 1) From first day to third day, *Mazmazah* of *Arq-e-Gulab* should be given and should be wrapped with suitable cloth.
- 2) *Natool* (Pouring) with hot water should be taken on the frontal part of head with medicated drugs consisting of *Baboona* and *Banafsha-e-Khushk*.
- 3) The powder of *Kalonji* and *Anisoon* is mixed in *Arq-e-Gulab* and used as *Shamoom* (Inhalation) for *Nazla-e-Haar*.
- 4) *Ood-e-Kham* and *Kafoor* are burnt on fire and fumes of it are used as Inhalation (*Shamoom*). *Sandroos* may also be used for this purpose i.e. *Nazla-e-Haar* (Ibn Sina).
- 5) If *Khall* (Vinegar) is poured on the hot stone and its vapour is taken for inhalation, the excretory matters become viscid. Simultaneously, *Saboos-e-Gandum* is mixed with *Khall* (vinegar) and poured on hot stone and then vapoured, the excretory matter becomes chalked out (Majoosi, Akbar Arzani).
- 6) *Sharbat-e-Khashkhash* in a dose of 25 ml with water should be taken in excessive condition of thirst.
- 7) *Maa-ush-Sha'eer* in a dose of 25 ml may also be taken as *Muqawwi-e-Badan* (General Tonic).

- 8) *Nazla* and *Zukaam* associated with fever should be treated with relevant types of fever accordingly.
- 9) *Hab-e-Qouqaya* should be given in both types of *Nazla* (*Haar* and *Barid*), who have this type of sought throughout the year (Azam Khan, Jurjani, Majoosi).
- 10) Patient should sleep in prone position to avoid the entry of excretory matter from nose or throat in chest cavity.
- 11) To treat *Nazla-e-Haar*, *Mushil* drug (purgative) is used for purgation of hot humour (*Akhlaat-e-Haara*). Whereas, In *Nazla-e-Barid*, *Mukhrij-e-Balgham* (Expectorant) drug should be given and *Takmeed-e-Raas* (Fomentation of Head) with *Khurfa* or *Namak-e-Taa'm* (table salt), or *Aab-e-Bajra* or *Aab-Jao* (Barley water) may be carried out.
- 12) Massage with *Roghan-e-Haar* (oil having hot properties) like *Roghan-e-Shibt*, *Roghan-e-Baboona*, *Roghan-e-Marzanjosh*, *Roghan-e-Sudab* or *Roghan-e-Soosan* etc. may be used on affected part like nose or throat and adjacent part in case of *Nazla-e-Barid*.
- 13) Lozenges made from *Afyoon*, *Mayein*, *Kundur* and *Zafran* is kept in the mouth for chewing.
- 14) Fresh prepared *Sharbat-e-Khashkhash* is used for *Nazla-e-Haar*. Whereas, *Sharbat-e-Karnab* is used for *Nazla-e-Barid*. *Bakhuraat* (Inhalation) of *Qust* is also useful in *Nazla-e-Barid*.
- 15) Sugar, *Kafoor* and *Saboos* are soaked in *Khall* (Vinegar) and used as Inhalation in *Nazla-e-Haar*.
- 16) Massage on chest with *Roghan-e-Banafsha* with *Maa-ush-Shaeer* and *Aab-e-Anaar Shereen* is useful in *Nazla-e-Haar*.
- 17) Massage with *Roghan-e-Baan* on the chest is useful in *Nazla-e-Barid*.
- 18) Use of hot water in *Nazla-e-Barid* is very effective (Ibn Sina).
- 19) *Habb-e-Sual* is useful in cough, dryness and congestion of the throat.
- 20) Use of hot water as *Natool* (Pouring) on the head and as *Nashookh* (Insufflations) is effective in *Zukaam*.
- 21) Use of *Muhammir* (Rubefacient) drug is useful in *Nazla-e-Barid* viz. *Khardal*, *Anjeer*, *Pudina* and *Safisa*.
- 22) In primary stage of *Nazla-e-Haar*, decoction of *Behidana*, *Unnab*, *Sapistan*, *Tukhme Khatmi*, *Gaozaban* with *Sharbat-e-Banafsha* should be given. If symptoms do not subside then addition of *Samagh-e-Arbi* and *Kateera* (10 gm each) in this decoction with *Khamira-e-Khashkhash* proves very effective.
- 23) *Samagh-e-Arbi* and *Kateera* (10 gm each) in powder form mixed with *Safaidi Baize-e-Murgh* (white portion of egg) or *Aab-e-Koknaar* wrapped in plain paper used as *Latookh* on both of the temples of head.

- 24) Use of *Qurs* (pills) consisting of *Tukhm-e-Khashkhash*, *Kateera*, *Samagh-e-Arabi* and *Aab-e-Koknaar* and gargles made from *Anabus Salab*, *Kazmajaz*, *Kishneez Khushk*, *Post-e-Khashkhash* boiled with water is very effective.
- 25) *Asl-us-Soos*, *Behidana*, *Tukhm-e-Khubbazi* and *Gul-e-Nilofar* used as *Joshanda* (Decoction) in the condition of dry cough.
- 26) *Nazla* associated with cough is treated with *Asl-us-Soos Muqashhar* (7 gm), *Behidana* (17.5 gm), *Samagh-e-Arabi* (3.5 gm), *Kateera* (1.75 gm), *Darchini* (2 gm), *Sapistan* (17 in Number) and *Qand-e-Sufaid* (18 gm) boiled in *Arq-e-Gaozaban* used as *Kehwah*.
- 27) The compound formulations viz. *Tiryaaq-e-Nazla* (two tablets twice a day), *Habb-e-Shifa* (one tablet at night), *Khamira Khashkhash Koknari*, *Diyaqooza*, *Rubb-e-Khashkhash*, *Sharbat-e-Nazla*, *Sharbat-e-Faryaad Ras*, *Sharbat-e-Golar*, *Laoq-e-Nazla-e-Haar*, *Qurs-e-Nazla-e-Barid* are very useful in *Nazla-e-Haar* in their respective doses.
- 28) *Lu'aab Behidana*, *Sheera Unnab*, *Sheera Tukhm-e-Kahu*, *Arq-e-Shahtara* and *Sharbat-e-Nilofar* is given in case of having headache along with *Nazla*. *Khaksi* is sprinkled over these preparations, if fever is associated.
- 29) In *Nazla-e-Barid*, *Asl-us-Soos* (5 gm), *Gaozaban* (6 gm), *Qand-e-Sufaid* (24 gm) used as decoction or *Injeer zard*, *Maveez-e-Munaqqa*, *Parsiyaoshan*, *Zufa-e-Khushk*, *Badiyan* and *Asl-us-Soos* in the form of decoction with *Shehad* (Honey) is given.
- 30) *Kalongi Biryan* (2 gm), *Naushader* (2 gm), *Zanjbeel* (3 gm) mixed with *Khall* (Vinegar) and used as *Shamoom* (Inhalation) in *Nazla-e-Barid*.
- 31) The Compound formulations in *Nazla-e-Barid* e.g. *Habb-e-Nazla*, *Habb-e-Shangraf*, *Habb-e-Momyai*, *Habb-e-Jadwar*, *Habb-e-Mastagi*, *Habb-e-Shifa*, *Khamira Khashkhash Haar*, *Laoq-e-Bazrul Banj* are very effective in their respective doses (Azam Khan).
- 32) Decoction of *Gaozaban* (30 gm), *Gul-e-Gaozaban* (30 gm), *Unnab* (5 in Number) and *Qand-e-Sufaid* (24 gm) should be given at morning and *Laoq-e-Sapistan* (12 gm) and *Laoq-e-Motadil* (12 gm) is boiled in *Arq-e-Gaozaban* (24 gm), thereafter filtered and used as decoction at night. *Habb-e-Gul-e-Pista* (one pill) kept in the mouth for a while in *Nazla-e-Barid* is very effective.
- 33) If *Nazla-e-Haar* is due to *Zof-e-Dimaagh*, *Sheera-e-Maghz-e-Badam* (5 ml) is useful and *Khamira Gaozaban Jawahar wala* in a dose of 7 gm is taken before *Sheera-e-Maghz-e-Badam* (Ajmal Khan, Akbar Arzani).

Diet Recommendations

- 1) Due to the weakness in *Nazla-e-Haar*; Chick gravy (*Yakhni*) is given with *Kashk-e-Jao*. In *Nazla-e-Barid*, *Yakhni* of kid pigeon and he sparrow is given. These may be used in roasted form also.
- 2) Light diets should be given to the patients.
- 3) *Hareera* made from *Saboos*, Sugar and *Roghan-e-Badam* is given (Masihi, Ibn Sina, Azam Khan).
- 4) For initial three days, *Moong* pulse or spinach *Saag* should be given with bread.
- 5) Curry of Goat meat with fewer spices should be given with pulp of bread.
- 6) *Arq-e-Gaozaban* should be given instead of water.
- 7) After taking food, only lukewarm water or fresh water may be given in less quantity (Ajmal Khan).

Diet Restriction

- 1) Use of Alcohol should be avoided.
- 2) The diet/drug, which causes flatulence should be controlled, e.g. walnut, cheese, milk, garlic and *Jirjeer* (Masihi).
- 3) The excessive diet and drinks must be restricted as much as possible.
- 4) Buffalo meat and fat must be avoided.
- 5) Bitter and salty stuff, fruit juices, exposure to cold winds and walking near banks' river should be avoided (Azam Khan).
- 6) Day sleep, sleep in prone position and sleep after just taking food must be avoided.
- 7) Cold water bath must be restricted and use of potato, *Arvi* (colocasia), lady finger, *Mash* pulse should be avoided.
- 8) Exposure to excessive sunlight must be controlled (Ajmal Khan).

Role of Regimental Therapy

- 1) During the primary stage of the disease venesection may be carried out according to the age, temperament and suitable time for the patient (Masihi).
- 2) To resolve the excretory matters, venesection may be done and if cough is not associated with *Coryza (Nazla)*, venesection is not required and if cough is, associated with *Coryza (Nazla)* and impairs breathing, then light venesection may be performed.
- 3) Regimental Therapy like *Takmeed* (Fomentation), *Tareeq* (Sweeting) and *Ishaal* (Purgation) may be employed to various types of *Nazla* i.e. *Nazla-e-Haar* or *Nazla-e-Barid* according to their nature or causes (Ibn Sina).

Treatment Facilities for Treating Warm-e-Sho'batur Riya Muzmin (Chronic Bronchitis)

Treatment facility available at various centres of Central Council for Reserach in Unani Medicine (CCRUM), Deptartment of AYUSH, M/o Health and Family Welfare, Government of India.

Although, every Unani Physician is able to treat this disease at their respective general OPD. Many centres under the aegis of CCRUM are available in Delhi like, Unani OPD Centre at Ram Manohar Lohia Hospital, Deen Dayal Upaddiyae Hospital and Regional Research Institute of Unani Medicine, D-11, Okhla, New Delhi and at National Level like RRI's of Aligarh, Allahabad, Mumbai, Kolkatta, Srinagar and Bhadrak and CRIs of Hyderabad and Lucknow. The Addresses of Concerned institutes/Centres are available at Council's website www.ccrum.net

REFERENCES

1. Ibn Sina, (1998). *Al Qanoon fit Tibb* (Urdu Translation by Ghulam Hussain Kantoori), Idarah Matbu'at Sulaimani, Urdu Bazar, Lahore, Vol. 1, (Part 3rd), pp. 217-222.
2. Al-Majoosi, (1889). *Kamil-us-Sanah* (Urdu Translation by Ghulam Hussain Kantoori), Matba Munshi Naval Kishore, Lucknow, Vol. 2, pp. 357, 483-484.
3. Ismail Jurjani, (1996). *Zakhira Khwarzam Shahi*, Urdu Translation by Mohammed Hadi Hasan Khan, Matba Munshi Naval Kishore, Lucknow, Vol. 6, pp. 201-203.
4. Azam Khan, (1884). *Akseer-e-Azam* (Persian), Dar Matba Nami, Munshi Naval Kishore, Lucknow, Vol. 1, pp. 525-553.
5. Mohammed Sharif Khan, (1884). *Ilajul Amraz* (Persian), Munshi Naval Kishore, Hazrat Ganj, Lucknow, pp. 132-140.
6. Akbar Arzani, (1880). *Qarabadeen-e-Qadri* (Urdu Translation), Matba Nami Girami, Munshi Naval Kishore, Lucknow, pp. 113-116.
7. Azam Khan, (1885). *Al-Aksir* (Urdu Translation by Hakim Kabiruddin), Aijaz Publication House, 2861 Kucha Chalan, Darya Ganj, New Delhi, pp. 362-375.
8. Ajmal Khan, (ynm). *Haziq*, Beeswi Sadi Book Depot, 3583, Neetaji Subash Marg, New Delhi, pp. 73-78.
9. Wyngaarden and Smith, (1988). *Cecil, Textbook of Medicine*, Vol. 2, (18th Edn.), W.B. Saunders Company, pp. 1753-1757.
10. John Mackod (Ed.), (1978). *Davidson's, Principles and Practice of Medicine*, 12th Edn., pp. 266-269.
11. Staurt H. Ralston (Ed.), (1995). *Davidson's, Principles and Practice of Medicine*, ELBS Edition, 17th Edn., pp. 331-316.