A REVIEW OF SINUSITIS IN THE UNANI MEDICINE
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ABSTRACT
Sinusitis is one of the commonest allergic manifestations all around the world. Among Indians this disease is more widespread than diabetes, asthma or coronary heart disease and one in eight Indians suffer from chronic sinusitis. The prevalence of the disease as a result of respiratory allergy is constantly increasing and is recognized as a major public health burden that causes major illness and disability worldwide. In unani system of medicine, no direct description of the clinical entity is available but symptoms, up to a greater extent are similar to Nazla and Zukam as described by ancient unani scholars. Therefore, this paper aims at reviewing the classic unani literature for better understanding of disease condition and effective management.
INTRODUCTION:

Sinusitis is one of the common day to day illnesses one faces in his life; it has been estimated in a survey by The National Institute of Allergy and Infectious Diseases (NIAID) that 134 million Indians suffer from chronic sinusitis; this estimate does not even includes of those who suffer from acute sinusitis. Among Indians, this disease is more widespread than diabetes, asthma or coronary heart disease and one in eight Indians suffer from chronic sinusitis.\(^1\)

Basically, it is an inflammatory condition of paranasal sinuses most commonly involving maxillary sinus; the next most common sites are the ethmoid, frontal, and sphenoid sinuses.\(^2\)

Rhinosinusitis is a term commonly used synonymously to it which means inflammation of paranasal sinuses along with nasal mucosa.\(^3\)

The prevalence of the disease as a result of respiratory allergy is constantly increasing and is recognized as a major public health burden that causes major illness and disability worldwide.\(^4\)

It has been suggested that the term rhinosinusitis may be more accurate than the term sinusitis, for the following reasons:\(^2\)

1. Rhinitis typically precedes sinusitis.
2. Sinusitis without rhinitis is rare.
3. The mucosa of the nose and sinuses are contiguous.
4. Symptoms of nasal discharge are prominent in sinusitis.

In unani system of medicine no direct description is available but symptoms, up to a greater extent are similar to Nazla and Zukam as described by ancient unani scholars.

One of the eminent Unani scholars ‘Ghulam jeelani’ stated the term Nazla is derived from Arabic term “Nuzool” which means to descend; he defines nazla as a condition in which there is nasal secretion along with irritation, dripping along larynx or thorax.\(^5\)

Nazla wa Zukam were used synonymously by most of the Unani physicians, but some of them have difference of opinion, however, in both ailments, the mad’da drips from the brain. Ibn Sina in his treatise “Al Qanoon Fit Tibb”, considered Nazla wa Zukam as two separate disease entities.\(^6\)

According to him both Nazla wa Zukam exhibit the complex state, i.e. falling of mad’da from the brain.\(^6\). Father of medicine, Buqrat (Hippocrates) had differentiated them by defining Nazla and Zukam\(^7\). As the Nazla is a condition in which the nasal mucosa gets inflamed and always associated with excessive nasal discharge, while Zukam is a Nazla of nasal mucosal lining.\(^7\, 8\). Hakeem Abul Hasan Bin Ahmad Tabri and Ali Ibn Abbas Majoosi had also defined zukam as a condition
associated with collection of *ratoobat* (secretions) from *batan* (ventricles) and *jauf* (cavity) of brain and this *ratoobat* discharges from eyes, ears, and nostrils.⁹

Majoosi under the heading of diseases of nose described that nasal mucosa can be affected by *warm haar* or *barid* and produces symptoms like *Girani* (lethargy) and *Tamaddud* (congestion). Despite of above symptoms *warm har* is also associated with headache and body ache while *warm barid* spares this.⁰ Jurjani in his book *zakhirah khwazam shahi* states that the *mawad* may sometimes be hot and thin and sometimes cold and thick.¹¹

**Etiopathogenesis**

Unani scholars described both extrinsic (external environmental factors) and intrinsic factors (factors within human body) responsible for sinusitis.⁶

According to Shaikhurrais Abu Ali Ibn Sina, people of hot temperament are more susceptible to develop Nazla due to variation in environmental conditions and other extrinsic factors in comparison to the cold temperament people, who are more likely to develop Nazla due to intrinsic factors *viz.* changes inside the body.⁵,⁶

**Extrinsic factors**

- Exposure to cold and humid environment³,⁸
- Environmental conditions like immoderate hot and wet, excessive hot and dry, undue cold and dry conditions³,⁸
- Use of food and dietary supplements which are not available in one’s own country or the diets that may further increase his temperament from moderate to extreme or the diet that may further decrease their temperament from normal to imbalance state.³
- Microbes like bacteria, viruses, fungi etc. come under the heading of extrinsic factors.¹³
- Local irritant like pollens, cotton, fur, feathers, dust, grit and soil particles also come under this heading.¹²

**Intrinsic factors**

*Balghami mizaj* (phlegmatic) population is more prone to develop the disease by intrinsic factors as the digested diet, which goes into the brain of cold temperament people, fails to yield complete *Nuzuj* i.e. cannot be changed into particles useful and suitable for brain⁵,⁶. This may lead to the beginning of harmful changes including hormonal, homeostatic, enzymatic, inflammatory etc. These provide the prime drive and stimulus to the brain, endocrine system and enzymatic changes. The consequence of changes varies according to the type of stimulus. If the stimulus is irritant and catalyst for the excessive production of phlegm, it may produce allergic condition and especially
involves nasal mucosa, skin near elbow, intestine, joints, heart and leads to respective conditions, e.g. nasal discharge.

**Symptoms**

Nasal discharge (rhinorrhrea)\(^6,12,14,15\)
Nasal congestion\(^6,16\)
Sneezing\(^6,12\)
Hyper sensitivity\(^14\)
Redness of face and eyes\(^6,8,11\)
Lacrimation\(^17\)
Burning, irritation, and itching in the nose, eye and throat\(^8,11,14,16,18\)
Mild headache\(^6,11\)
Hot to touch\(^6,8\)
Excessive thirst\(^6\)
Fatigue\(^6,10\)
Lethargy\(^10\)

*Nabz* (Pulse) – *Azeem, Saree*, *wa Mutawatir*\(^9,19\)
*Qarura* (Urine) – Yellowish\(^9\)

**Management**

According to eminent scholar and writer of ‘The Canon of Medicine’ Ibn Sina and Allama Qarshi, the aim of treatment of *Nazla Wa Zukam* is based on following six principles:

- Decrease the morbid matter responsible for *Nazla*\(^9\)
- Correction of temperament (*mizaj*)\(^9\)
- Stop the flow of morbid matter\(^9\)
- Measures to modify consistency of morbid matter\(^9\)
- Measures to change the flow of matter to opposite side\(^9\)
- Measures to minimize the complications\(^9\)

**Usule Ilaj (Line of Treatment)**

In general the *usool* *ilaj* may be sub divided into following headings:

1. **Izale sabab (Elimination of the cause)**

Exposure to intrinsic and extrinsic factors should be avoided.
2. Ilaj bil Ghiza:
Use of Ghizae Lateef like ma-us-shaer 17 and avoidance of oily, ghaleez lesdaar and delayed digestible foods, meat, alcohol, mustard, tea, onion, garlic, pistachio. Abstinence from Sour things like curd along with ghaleez and saqeel ghiza is prescribed.

3. Tadabeer:
Fasd (venesection), Inkebab (steam inhalation), Takmeed (fomentation) and use of suitable oils for Qutoor (nasal drops).

- It is mentioned with reference to Jilani and Azam Khan that during the initial stage, one should try to expel the mad’da by Inkebab performed with Banafsha, Nilofar, Nakhuna and Babuna, 17 and apply fateela in the nose to divert the madda from throat or chest.9,6
- Sneezing with the help of luke warm shoneez and zeera.17 is advised. It is mentioned that medicines, used to arrest sneezing, should be avoided, as they may interfere with the nuzj of the mad’da, leading to collection of fuzlat in the brain.9
- Fasd is advisable if damavi khilt is involved 9,17 and it is followed by mushilat.17
- According to Jalinoos and Zakaria al Razi, cupping over the nape of the neck is advisable for itching in the nose and sneezing.15
- Sleeping at day hours should be avoided.9

4. Ta’deele mizaj

a) Sue mizaj sada should be corrected with use of appropriate regimen.

b) Sue mizaj maddi should be modulated through munzijat followed by Tanqia. 9 Hammam by luke warm water 17 is advisable before prescribing munzijat.15

5. Muqawwiyyate dimagh wa meda
Hakim Azam Khan had advised the use of Muqawwiyyate dimagh wa meda advia along with other regimens used in the treatment of Nazla Wa Zukam. 9

Single Drugs used for management
Beeh Dana (Cydona oblanga), Unnab (Ziziphus jujuba), Sapistan (Cardolia latifolia), Tukhm khatmi (Althaea officinalis), Gaozaban (Borago officinalis), Banafsha (Violo odorata), Zafran (Crocus sativus), Tukhm khashkhash (Papaver somnifarem seeds), Khaksi (Sismbrium irio), Neelofar (Nymphaea lotus)

Compound drugs used in Nazla: 6,13,18,17
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