

# INTERNATIONAL JOURNAL OF UNIVERSAL PHARMACY AND BIO SCIENCES

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Bio Sciences

REVIEW ARTICLE.....!!!

## A REVIEW OF SINUSITIS IN THE UNANI MEDICINE

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### KEYWORDS:

*Nazla Wa Zukam;*

Sinusitis; Unani;

Respiratory allergy.

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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.<sup>1</sup>

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.<sup>2</sup>

Rhinosinusitis is a term commonly used synonymously to it which means inflammation of paranasal sinuses along with nasal mucosa.<sup>3</sup> 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.<sup>4</sup>

It has been suggested that the term rhinosinusitis may be more accurate than the term sinusitis, for the following reasons:<sup>2</sup>

- (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.<sup>5</sup>

*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.<sup>6</sup> According to him both *Nazla wa Zukam* exhibit the complex state, i.e. falling of *mad'da* from the brain<sup>6</sup>. Father of medicine, Buqrat (Hippocrates) had differentiated them by defining *Nazla* and *Zukam*<sup>7</sup>. 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<sup>7, 8</sup>. 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.<sup>9</sup>

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<sup>10</sup>. Jurjani in his book *zakhirah khwazam shahi* states that the *mawad* may sometimes be hot and thin and sometimes cold and thick.<sup>11</sup>

### **Etiopathogenesis**

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

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.<sup>5,6</sup>

### **Extrinsic factors**

- Exposure to cold and humid environment<sup>3,8</sup>
- Environmental conditions like immoderate hot and wet, excessive hot and dry, undue cold and dry conditions<sup>3,8</sup>
- 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.<sup>3</sup>
- Microbes like bacteria, viruses, fungi etc. come under the heading of extrinsic factors.<sup>13</sup>
- Local irritant like pollens, cotton, fur, feathers, dust, grit and soil particles also come under this heading.<sup>12</sup>

### **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 brain<sup>5-6</sup>. 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 (rhinorrhoea) <sup>6,12,14,15</sup>

Nasal congestion <sup>6, 16</sup>

Sneezing <sup>6, 12</sup>

Hyper sensitivity <sup>14</sup>

Redness of face and eyes <sup>6, 8, 11</sup>

Lacrimation <sup>17</sup>

Burning, irritation, and itching in the nose, eye and throat <sup>8, 11, 14, 16, 18</sup>

Mild headache <sup>6, 11</sup>

Hot to touch <sup>6, 8</sup>

Excessive thirst <sup>6</sup>

Fatigue <sup>6, 10</sup>

Lethargy <sup>10</sup>

*Nabz* (Pulse) – *Azeem, Saree', wa Mutawatir* <sup>9,19</sup>

*Qarura* (Urine) – Yellowish <sup>9</sup>

### 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* <sup>9</sup>
- Correction of temperament (*mizaj*) <sup>9</sup>
- Stop the flow of morbid matter <sup>9</sup>
- Measures to modify consistency of morbid matter <sup>9</sup>
- Measures to change the flow of matter to opposite side <sup>9</sup>
- Measures to minimize the complications <sup>9</sup>

### *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-shaeer*<sup>17</sup> 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*,<sup>17</sup> and apply *fateela* in the nose to divert the *madda* from throat or chest.<sup>9,6</sup>
- Sneezing with the help of luke warm *shoneez* and *zeera*.<sup>17</sup> 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.<sup>9</sup>
- *Fasd* is advisable if *damavi khilt* is involved<sup>9, 17</sup> and it is followed by *mushilat*.<sup>17</sup>
- According to Jalinoos and Zakaria al Razi, cupping over the nape of the neck is advisable for itching in the nose and sneezing.<sup>15</sup>
- Sleeping at day hours should be avoided.<sup>9</sup>

## 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*.<sup>9</sup> *Hammam* by luke warm water<sup>17</sup> is advisable before prescribing *munzijat*.<sup>15</sup>

## 5. *Muqawwiyate dimagh wa meda*

*Hakim Azam Khan* had advised the use of *Muqawwiyate dimagh wa meda advia* along with other regimens used in the treatment of *Nazla Wa Zukam*.<sup>9</sup>

### Single Drugs used for management

*Beeh Dana* (*Cydona oblonga*), *Unnab* (*Ziziphus jujuba*), *Sapistan* (*Cardolia latifolia*), *Tukhm khatmi* (*Althaea officinalis*), *Gaozaban* (*Borago officinalis*), *Banafsha* (*Viola odorata*), *Zafran* (*Crocus sativus*), *Tukhm khashkhash* (*Papaver somnifareum* seeds), *Khaksi* (*Sismbrium irio*), *Neelofar* (*Nymphaea lotus*)

### Compound drugs used in *Nazla*:<sup>6,13,18,17</sup>

*Sharbate khashkhash*, *Sharbate Banafsha*, *Khameere khashkhash*, *Laooqe Sapistan*, *Tiryaaqe Nazla*, *Laooqe Khashkhash*, *Sharbate Unnab*, *Habbe Shifa*, *Khameere Gaozaban*, *Sharbate Faryadris*.

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