



ORIGINAL RESEARCH PAPER

Unani Medicine

UNANI MEDICINE- A GUIDING TOOL FOR THE MANAGEMENT AND CONTROL OF SU-UL-QINIYA (ANAEMIA)

KEY WORDS:Anaemia, hepatoprotective/ haemopoietic, Unani.

Dr. Noman Khan*

Research Associate, CCRUM Ministry of AYUSH Govt of India.
*Corresponding Author

Dr. Rahat Raza

Research Officer, CCRUM Ministry of AYUSH Govt of India

Dr. Rashidullah Khan

Research Officer, CCRUM Ministry of AYUSH Govt of India

ABSTRACT

Anaemia is a global public health problem most often associated with iron deficiency—the most widespread nutrient deficiency in the world. Iron Deficiency Anaemia (IDA) is one of the most common nutritional disorders and it has public health importance in developing countries. It is the most common cause of nutritional anaemia in adolescents and women of reproductive age. Globally 50% of anemia is attributed to iron deficiency and accounts for approximately 841,000 deaths annually [1]. In India alone 80% of women are iron deficient. IDA is the most prevalent disorder among Indian women in the reproductive age (15 to 45 years) from the lower socio-economic strata. The important etiologies may include GI blood loss due to intestinal worm infestation, NSAIDs, malignancies, multiple pregnancies, menstrual irregularities, growth spurts, etc. It is characterized by stomatitis, glossitis, swollen & inflamed gums, pallor on conjunctiva and nails, fatigue and exertional dyspnoea. The management of the disorder comprises dietary/drug supplementation containing iron in different forms. Despite availability of iron supplements, anemia is still a health challenge across the globe. The Unani drugs being safe, efficacious, easily available, cost effective and above all free from after effects of medications can play an important role in eradication of this problem if properly researched. Unani system of medicine uses holistic approach, most of the medicines employed for anaemia comprise iron on one hand and having hepatoprotective/ haemopoietic activity on the other. Our aim is to prove the statements of great Unani physicians on scientific parameters and to prove the efficacy of iron rich diet mentioned in Unani literature in the light of modern parameters.

INTRODUCTION

Anaemia is a Greek word, Where “an” stands for not, and “haemia” stands for blood, i.e. It can be defined as, a condition in which there is reduction in the quantity of RBC, haemoglobin and Packed cell volume. Anaemia is a major public health problem worldwide. It is one of the most common disorders encountered during pregnancy. It is estimated to affect nearly two thirds of pregnant and one half of non-pregnant women especially in developing countries. Iron deficiency anaemia is said to be more prevalent in developing than in developed countries. The incidence of iron deficiency anaemia is highest among women and young children varying between 60-70% (2). Iron deficiency anaemia is the most prevalent nutritional deficiency and hematologic disorder in the world today. It is estimated that 30% of the global population or more than 1.5 billion people are anemic, more than half of those anemics believed to have iron deficiency. [3] In India, surveys have shown high prevalence of anaemia. [9] Anaemia prevalence was 56.2 percent in women of 15–49 yrs of age, 79.2 percent among children aged 6-35 months, 57.9 percent in pregnant women and 24.3 percent in men aged 15-49 yr. Sex prevalence shows that 55% of women and 25% of men suffer from anaemia. [10]

SEVERITY OF ANAEMIA:

According to ICMR, depending upon the haemoglobin levels, anaemia can be

Categorised as follows (3)

Category Anaemia severity Hb gm/dl

1 Mild	10-10.9
2 Moderate	7.0-10.0
3 Sever	< 7.0
4 Extremely severe	< 4.0

Anaemia (Su-ul-Qiniya) is preventable, adequate diet and iron supplementations are the cornerstone in eliminating this menace. It is evident from ancient Unani literatures, written by eminent Unani physicians Anaemia, that consumption of iron rich diet is a great weapon to fight against anaemia.

According to Unani physicians (Ibn Sina (980-1037 AD), Ismail Jurjani (1041-1136A.D), Ibn Hubal Baghdadi (1117-1213 AD) and Hakim Azam Khan (1813-1902A.D), blood is considered to be the vital fluid of human body which is formed in the liver. Due to derangement of the liver functions and weakness of hepatic faculties or sometimes due to associated diseases, the resultant formation of blood is not normal for nourishment (nuqs taghzia) there by leading to anaemia with sign and symptoms such as; pallor body complexion of patient, oedematous face, eye lids and upper or lower limbs and some time generalized swelling all over the body with pitting oedema due to raddi bukharat (obnoxious gases), sometimes gingivitis, disturbed sleep and sometime excessive sleeping, loss of appetite, indigestion, flatulence, delayed healing of wound or ulcers [5,6,7,8].

CONCEPT OF SU-UL-QINIYA (ANAEMIA) IN USM

According to Unani medicine, various synonyms of anaemia are:

- Faqr-ud-dam
- Su-ul-qinya
- Qillat-ud-dam
- Kami-e-khoon
- Bhus and Fasad-e-dam.

The term Faqr-ud-dam was coined in 20th century. Before this period the term 'Su-ul-qinya' was used, as its synonym. 'Su-ul-Qiniya' is an umbrella term stands for “lack of vital treasure-blood”.

According to philosophy of Unani System of Medicine (USM), ingested nutriment undergo a phase wise digestion until it becomes the part of organ. First level of digestion takes place in alimentary canal followed by digestion in liver, vessels and organs. These are known as gastric, hepatic, vascular and organ digestion respectively. Second stage of digestion i.e. hepatic phase results in formation of akhlat (humours) i.e. blood, and deficient formation of blood is known as su-ul-qiniya.

ETIOLOGY/ASBAB

Amraz-e- kabid (Liver Disorders)

- Sue mizaj jigar barid wa haar (abnormal temperament of liver cold or hot)
- Zof-e-jigar (enfeeble hepatic functions)

Amraz-e- Meda wa Amá (Gastrointestinal disorders)

- Zof-e-meda (gastric debility)
- Azm-e-tihal (splenomegaly)
- Bawaseer (piles)
- Zarb wa khilfa (Frequent motions/ diarrhoea)
- Deedan-e- Amaá (Intestinal worms)
- Meda ka amal-e- jarrahi (Stomach surgery)
- Qai-ud-dam (Haematemesis)
- Qabz-e- muzmin (Chronic constipation)

Amraz-e- Kulliya (Renal Diseases)

- Baul-ud- dam (Haematuria)
- Iltehab-e-kuliya muzmin (Chronic nephritis)

Hadd/Mutaáddi amraz (Acute and infectious diseases)

- Diq wa sil (Tuberculosis)
- Humma-e- ejamia (Malaria)

Amraz-e- Aaza-e- Tanasul (Genital Disorders)

- Kasrat-e- Jimaa (Excessive Coitus)
- Jalaq (Masturbation)
- Usr-e- tams (Dysmenorrhoea)
- Kasrat-e- tams (Menorrhagia)

Adwia wa Sammiyat (Drugs and Poisons)

- Para ke murakkabat (Compounds of Mercury)
- Seesa (Lead)

Mutafarrebat (Miscellaneous)

- Ahtabas-e-Tams (amenorrhoea)
- Excess use of ratab wa ghaleez aghzia (moist and hardly digestible)
- Dushwar Hazm aur lesdar aghzia (spicy and oily diet) [5,6,7,8].

ALAAMAAT (Signs and Symptoms)

- Fatigue
- Pale coloration of body
- General weakness
- Irritability
- Loss of appetite
- Breathlessness
- Palpitation
- Puffiness of face

MANAGEMENT of SU-UL-QINIYA IN USM

USOOL-E-ILAAJ

- Treat or Remove the main cause. [9]
- Use of Iron supplements/compounds and Vitamins like Folic acid and Vit.b₁₂[9]
- Use of Hepato-protective and immunomodulatory Unani herbs to strong Liver. [9]
- Vitamin 'c' is given for sometimes to help the body to absorb Iron.
- Excess use of dark green leafy vegetables like Spinach
- Use of cereal like Peas, Soybean, Lentils etc.
- Dried Fruits, such as Prunes, Raisins, and Apricots

Ilaaj bil Dawa (Pharmacotherapy)

Some single Unani medicines having hemapoietic/hematogenic property. These are as follow:

Common Name	Scientific Name
1. Anar	Punica granatum Linn
2. Amla	Emblica officinalis
3. Angoor	Vitis vinifera
4. Badam	Prunus amygdalus
5. Baranja sif	Artemisia vulgaris

6. Chiraeta sheereen	Swertia chirata
7. Chukandar	Beta vulgaris
8. Chilghoza	Pinus gerardiana
9. Date palm	Acer sacrum
10. Fundaq	Corylus avellana
11. Ganna	Saccharum officinarum
12. Gajar	Daucus carota
13. Gul-e-surkh	Rosa domescena Mill
14. Injeer	Ficus carica
15. Khurma	Phoenix dactylifera
16. Kunjud	Sesamum indicum
17. Khubs-ul-hadeed	Iron rust
18. Kela (Banana)	Musa acuminata
19. Kasni	Chicorium intybus
20. Kasoos	Cuscuta reflexa/ indica
21. Qandsiyah	Jaggery
22. Sammul far	Arsenic
23. Mako	Solanum nigrum
24. Marjan	Coralium rubrum
25. Mawizmunaqqa	Vitis vinifera
26. Pumbadana	Gossypium arboreum
27. Pista	Pistacea vera
28. Unnab	Zizyphus vulgaris
29. Zafran	Crocus sativus
30. Zanjabil	Zingiber officinalis
31. Shahad	Honey
32. Satawar	Asparagus recemosus
33. Seb	Malus domestica

Experimental as well as clinical trials have been conducted for antianaemic properties of some commonly used Unani drugs and the efficacy of these drugs have been proven.

Some **compound medicines** (Unani) used for the treatment of **Su-ul-Qiniya** (Anaemia):

1. Tab. Damvi
2. Sharbat Faulad
3. Sharbat Deenar
4. Sharbat Afsanteen
5. Jawarish Amla
6. Jawarish Jalinus
7. Dawa e Kurkum Kabir
8. Kushta Marjaan
9. Kushta Khabs ul Hadeed
10. Qurs Gulnar
11. Majoon Dabeed ul ward
12. Majoon Fanjnoos
13. Ma-us-shaeer
14. Ma-ul-Laham
15. 15. Majoon Arid e Khurma

DISCUSSION

In anaemic patients main cause of the disease is considered to be as 'Sue mizaj barid Jigar' in which hepatic processing of blood becomes disturbed and 'Liver' fails to prepare mature blood, instead more phlegm is formed. So with passage of time more and more phlegm accumulate in blood as well as in body. This phlegm interferes with normal blood flow as a result nutrition to different parts of the body get disturbed. As per Unani concept adequate heat is required in Liver, to prepare mature blood/ humours. Sometimes, this phlegm may cause hepatic obstruction which predispose to putrefaction as well as free flow interferes with free flow of humours and as a result, these humours may split over and admix with blood.[6,8] Therefore, Unani drugs/compound formulations which correct Liver functions and provide haematogenic action were given.

CONCLUSION

Unani drugs are found to be very effective in 'Iron Deficiency Anaemia'. If guidelines of USM for diagnosis and treatment are followed, then the outcome is satisfactory. Further clinical trials with good methodology are recommended to prove a better effect of Unani formulations up to a great extent for the

management of Su-ul-Qiniya.

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