



ORIGINAL RESEARCH PAPER

Unani Medicine

NAZLA-E-MUZMIN (CHRONIC RHINOSINUSITIS) AND ITS MANagements IN UNANI SYSTEM OF MEDICINE

KEY WORDS:

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ABSTRACT

Chronic rhinosinusitis (CRS) is a common inflammatory disease, affecting the quality of life of patients and representing an important burden for the society. The signs and symptoms of Warm-e-Tajaweef Anaf Muzmin Nazlabarid in Unani system of medicine which depend on the involvement of paranasal sinuses. About 5-15% of the worldwide population is affected with chronic rhinosinusitis. The present study was designed to scientifically evaluate the efficacy of poly herbal Unani formulation in the management of Warm-e-Tajaweef Anaf Muzmin Rhinosinusitis).

INTRODUCTION

Nazla is a disease in which moist waste of the brain is drained towards the throat from the frontal regions of the brain 1,2 . It can also be defined as inflammation of the paranasal sinuses. The infections of maxillary sinuses are the most common followed by ethmoidal or sphenoid sinuses and less frequently by frontal sinuses.3

Paranasal sinuses are the spaces filled up with air in certain skull bones in relation to nose. They develop as out pouching of the mucous membrane of the nasal fossae. 6 Sinusitis is a result of impaired drainage and aeration of sinuses which make it prone to infections. Every time a person breathes the sinus opening gets oxygen and the sinus is able to produce mucus which is drained from its draining tubes. In case of blocked sinus, the mucus remains in the cavity leaving the rest of the lining dry 15 . Vasomotor changes due to altered temperature or improper aeration result in increased humidity making it prone to infections. Persistent infection causes narrowing and obstruction of nasal passage predisposing to sinusitis.

Another route of sinus infection is via dental infections.6 Sinusitis can be a result of exposure to heat, cold or obstruction in the nasal passage. The causes can be extrinsic or intrinsic. Due to exposure to heat the head gets influenced leading to the liquefaction of the cerebral secretions. Alternately, an increased temperature of the cranial cavity attracts secretions towards the brain. These accumulated secretions then start flowing in the direction of the nose. 1, 2, 3, 4

In case of extrinsic coldness the secretions are trapped in the brain and start flowing from the nose. Intrinsic coldness causes constriction of brain which squeezes the secretions from it. 1

Sinusitis is of two types: Acute and Chronic. Sinusitis for a period of less than 4 weeks is called as acute sinusitis. There maybe rhinorrhoea, pain, heaviness and other signs of infection; however it subsides within 2-3 weeks. 1, 3, 4 Sinusitis extending for more than 12 weeks is termed as chronic sinusitis. Chronic inflammation of the sinuses leads to impairment of ciliary activity and thickening of mucous membrane. The symptoms are intermittent cold, unpleasant taste or bad smell in nose. 6

There will be headache, heaviness in head and rhinorrhoea. It may also cause sore throat and irritation in throat. 7, 8

Symptoms of chronic rhinosinusitis can be disabling and lead to significant impairment of quality of life. The most common

reported symptom in chronic rhinosinusitis is nasal congestion/obstruction 8 .This symptom is accompanied by nasal discharge (anterior or posterior), reduction or loss of olfaction, facial pain or pressure and headaches, which were reported as the most disabling 9 . Chronic rhinosinusitis is a disease with a high incidence, which significantly affects the quality of life. Quality of life of patients is negatively influenced not only by Chronic rhinosinusitis symptoms of nasal congestion, discharge, facial pain and pressure, headache, anosmia, but it is also accompanied by elevated rates of depression, anxiety, sexual and sleep disturbances and fatigue 10 .

Chronic Rhinosinusitis affects nearly 15% of the population 11,12,13,14 The National Institute of Allergy and Infectious Diseases & #39; (NIAID) estimates 134 million Indians suffering from Chronic rhinosinusitis that is one person in every eight people. The incidence of this disease is more than diabetes, asthma or coronary artery disease in Indians 15 In classical Unani Literature, the term Nazla derived from 'Nuzool', which is in response to any stimulus in the higher part (anterior part of the brain), produces its effect on lower part (nose) resulting production of Balgham (phlegm). It has been mentioned Nazla is a condition where there is watery irritating nasal discharge dripping down towards the throat, if the secretions flow towards the nasal passage it is considered as zukam. 18,19

Eminent Unani Physicians like Ibn Sina, Zakariya Razi, Ali Ibn Majoosi, Ibn Rushd, have described the role of intrinsic as well as extrinsic factors in the development of disease. In this regard, they have mentioned that exposure to cold conditions in which haemostatic system is completely involved leads to excessive production of phlegm. 18, 19, 20, 21, 22

Ali Ibn Abbas Majoosi has also mentioned sue mizajbarid of brain, which is responsible for the liquefaction and increase in the brain secretions, and these secretions come towards the nasal passage and nostrils. 19

Ibn Sina has quoted that cold conditions causes nazlawazukam easily as compared to hot and also state that hot temperament people are more prone to be affected by extrinsic factors and cold temperament by intrinsic factors as barid brain is more vulnerable to produces khambukharat. 13 When ghiza reaches to the brain of cold dominant person (as in old age) or the one who is having zoofedimagh or sue mizajbarid of brain; ghiza is not able to get nuzuj (metabolized) completely (due to zoof) and adamenuzj leads to excessive production of fuzla or secretions and quwatedafe'a of brain expels these secretions towards nose and throat.

Depends on cause and quality of fluid which expels from the brain, it appears to be irritant, watery, salty, thin and viscid. 8,11,13,14 Exposure to cold environment, imtala, tukhma and sleep after hamam also lead to excessive production of rutubat in brain. 23,24

Unani physicians have described symptoms of nazlabarid as feeling of congestion in the anterior part of brain (forehead), sore throat, hoarseness of voice, impaired sense of smell, nasal obstruction and thick nasal discharge. Tanqiya of brain and the use muqawwi e dimaghadvia is recommended. 18,23

Things that should be avoided in Nazlamuzmin (Chronic rhinosinusitis) are excessivewakefulness, consuming cold items and alcoholism. 2

The Usūl-i 'Ilāj (Principles of treatment) for Nazla Muzmin (chronic sinusitis) are Taskhīn (To produce warmth), Taghliz-i Mādda (To make the matter thicker) and Tanqiya (Evacuation) 2, 3

The drugs beneficial are Tiryāq-iNazla, Sharbat-iKhashkhāsh, La'ūq-iSapistān, La'ūq-iKhashkhāsh, Sharbat-iNazla 5

The 'Ilājbi'l-Tadbīr (Regimenal therapy) that are beneficial are TakmidHārand Inkibāb (Steaminalation). 2

The diets recommended are Āghziyamujaffifa, Harīra made of Ārd-iBāqla (Flour of Phaseolus vulgaris, Linn.) and honey, Zardī-i Bayza-i Murgh (egg yolk) and Fish 2

Clinical Features Of Chronic Sinusitis

The main clinical manifestation of chronic sinusitis is headache. The sinus pain shows following peculiarities. Infection or blockage of paranasal sinuses is accompanied by pain over the affected maxillary or frontal sinuses. Usually it is associated with tenderness of the skin in the same distribution. Pain from the ethmoid and sphenoid sinuses is localized deep in the midline behind the nose or occasionally in the vertex (especially in the disease of sphenoid sinus) or other part of the cranium. The mechanism in these cases involved is pressure and irritation of pain sensitive sinus walls. The sinus pain may have two remarkable properties: When throbbing, it may be abolished by compressing the carotid artery on the same side. It reoccurs and subsides periodically depending upon the drainage. With frontal and ethmoidal sinusitis, the pain tends to be worse on awakening and gradually subsides when person is upright. The opposite pertains with maxillary and sphenoidal sinusitis. Frontal headache is usually severe and localized over the affected sinuses. It comes up on waking, gradually increases and reaches its peak by about mid-day and then starts subsiding. It is also called "office headache", because of its presence during the office hours. Tenderness-Tapping over the anterior wall of the frontal sinus in the medial part of supraorbital region. Oedema of upper eye-lid with stuffed conjunctiva and photophobia. Nasal discharge-A vertical streak of mucous is seen high up in the anterior part of the middle meatus.

Other clinical symptoms of chronic sinusitis are:

Malaise, Body ache, Fever Pain-Typically it is situated over the upper jaw but may be referred to gums and teeth.

- Redness and oedema of cheeks-The lower eye-lid may become puffy.
- Nasal discharge-Anterior Rhinoscopy shows pus or mucous in the middle meatus, mucosa
- of middle meatus appears red & swollen. Postural test-If no pus is seen in the middle meatus the patient is made to sit for 15 to 20
- minutes with the affected sinus turned up, will show discharge in the middle meatus. Postnasal discharge-Pus

may be seen on the upper soft palate on posterior rhinoscopy.

- Sneezing- it may be mild to moderate or so severe, that could hamper the routine works.

Complications Of Chronic Sinusitis Intracranial Complications

- Orbital complications
- Osteomyelitis
- Descending infection
- Focal infection.
- Intracranial Complications: Frontal sinus, ethmoidal sinus and sphenoidal Sinuses are very closely related to cranial fossa and infection from these can cause .
- Meningitis
- Encephalitis
- Extradural abscess
- Subdural abscess
- Brain abscess
- Cavernous sinus thrombosis

Orbital Complication:

Orbit and its contents are closely related to the ethmoid, frontal and maxillary sinuses but most of the complications follow infection of ethmoid as they are separated from the orbit only by a thin membrane or lamina of bone, Lamina papyracea.

- Orbital complications include;
- Inflammatory oedema of lids.
- Subperiosteal abscess.
- Orbital cellulites
- Orbital abscess.

Laboratory Investigations

The following laboratory investigations will be done at baseline, first follow up and on completion of the protocol therapy. The laboratory findings will be recorded in the follow-up sheet.

Pathological Investigations

- Heamogram

Biochemical Investigations

- Blood Glucose (fasting):and PP

Others

X-Ray PNS (Water's view)
CECT PNS

Laboratory Parameters

CBC (Hb%, TLC, DLC, ESR), Absolute Eosinophilic count (AEC)

Surgical management:

may be indicated in cases refractory to medical management. In a randomized controlled study comparing medical versus combined medical and surgical treatment of nasal polyposis, medical treatment alone was often sufficient to treat most symptoms. However, if the, primary complaint is nasal obstruction, despite corticosteroid treatment, surgical intervention is indicated

Unani Treatment:

Usool-e-Ilaj of Nazla i Muzmin: The treatment consists of general, local and prophylactic treatment or preventive measures.

- General treatment consists of moderating the altered humours and correction of imbalanced temperament. In chronic cases concoctive, anti-inflammatory, antiseptic drugs are used to dissolve
- inflammation and to correct altered cold temperament and dominant phlegmatic humour. Local treatment

consists of repeated inhalations, inkebab (fomentation) and local

- application of anti-inflammatory (Mohalil-e-auram) agents which may liquify the viscid humours (which blocks the ostium of the sinuses) they reduce the inflammation. According to the Unani system of medicine the treatment of warm (inflammation) consists of treatment of acute inflammation (ilthehab-e-haad) and treatment of chronic inflammation (iltihab-e-muzmin). The treatment of warm-e-muzmin (chronic inflammation) consist of detection and removal
- of the causative agent, giving rest to affected part, concoction, use of anti-inflammatory, antiseptic and local anti-inflammatory drugs, use of inkebab, inhalation and improvement in the Tabiat-emudabbir-e-badan or Tabiat

Compound Drugs:

1-Itrifal Zamani

2-Itrifal Ustukhuddus

3-Joshanda Sinuguard

4-Arq e Ajeeb

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