



Commonly used Unani formulations in jaundice patients attending Jarahiyat section: A case series

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Abstract

We have studied in this study three patients who attended Jarahiyat OPD with complaint of yellow discoloration of eyes and yellowish urine, low appetite, malaise, heaviness in right side upper abdomen, nausea and vomiting (off and on). On examination they were suspected of suffering from hepatobiliary derangements. Their USG-Scan reports showed oedematous GB wall and mild hepatomegaly with raised LFT profile but the viral marker report was non-reactive. Keeping in mind the safety to hepatobiliary system, Unani formulations were given to them. They showed good response to the given Unani treatment. Clinically their condition improved dramatically and their raised LFT profile and oedematous GB wall were normalised.

The aim of the report is to acknowledge the effectiveness of Unani formulations in treating jaundiced patients attending Surgery OPD having flawed hepatobiliary tract.

Keywords: jaundice, LFT profile, hepatobiliary tract, unani formulations

Introduction

In Unani System of medicine, *Yarqan* (jaundice) is not considered as a symptom but a disease in which the sclera of the patient and other body tissues show yellowish tints [1, 4, 5]. It is of two types; *Yarqan-e-safaravi* and *Yarqan saudavi* [1, 2]. In the *Yarqan-e-safaravi*, eyes have lemon yellow tint while in *Yarqan-e-saudavi*, it has slight dark greenish or slight black tint [6]. Occurrence of *Yarqan-e-saudavi* is very rare. In Unani literature many causes are mentioned for occurrence of this disease, change in liver temperament (*mizaj*), excessive bile production, inability of gall bladder to absorb bile (non-functioning GB), obstruction to the hepatobiliary passage (*sudda*), food causing excessive bile production etc [1, 2, 3, 4]. According to the description of the same in the literature of the modern system of medicine; it is of prehepatic (haemolytic/non-obstructive), intrahepatic and post-hepatic type of jaundice (non-haemolytic/ obstructive) [4, 5]. The yellow tint sclera of eyes indicates the manifestation of the hepatobiliary system. Along with this, there may be constitutional symptoms like mustered colour of urine, decreased appetite, malaise, mild grade fever, pruritis

(obstructive jaundices), heaviness or dull pain in right hypochondrium; stool may be clay coloured along with off and on nausea and vomiting [1, 2, 3, 5].

The Unani system of Medicine has a lot of effective formulations in the liver diseases that have their holistic approach to treat it. Like *majoon-e-dabeedul ward*, *sharbate-deenar*, *sharbate-buzoori*, *dawa-ul-kurkum*, *arq mako* and *arq kasni* etc. We describe here, the cases attended Jarahat OPD and were suffering from jaundice. They were managed conservatively by Unani formulations as per the classical texts.

Case-1

A patient 21 years old male, attended Jarahat OPD, with complaints of dark yellowish/greenish discoloration of eyes, heaviness in the right hypochondrium, malaise, mild grade fever, loss of appetite. On examination of the abdomen, there was no tenderness, no rigidity/guarding all over abdomen. But his USG-scan and LFT were abnormal except hepatitis virus marker that was found to be negative as following.

Table-1

Date	USG-Abdomen	SGOT (U/L)	SGPT (U/L)	Urine	Bilirubin mg/dl	HBsAg
21-12-10	-	980	1086	Yellow turbid	-	Negative
22-12-10	Oedematous GB wall with hyperechoic shadow in liver	-	-	-	-	
24-12-10	-	-	-	-	T.Bil = 6.83	
27-12-10	-	410	518		T.Bil = 6.04	
29-12-10	-	140	175	Clear, non-turbid	T.Bil = 2.12	
19-2-11	Resolved	-	-	Do	T.Bil = 0.84 Direct = 0.43 Indir. = 0.41	

Case-2

A patient 11 years old male student attended Jarahat OPD, with complaints of yellowish discoloration of eyes, loss of appetite, malaise, mild grade fever and nausea (off and on). On examination of the abdomen, there was no superficial

tenderness, no rigidity/guarding all over abdomen except dull deep tenderness in right upper abdomen. But his USG-scan and LFT were abnormal except hepatitis virus marker that was found to be negative as following.

Table 2

Date	USG-Abdomen	SGOT (U/L)	SGPT (U/L)	Alk. Phosp.	Urine	Bilirubin (mg/dl)	HBsAg
15-7-11	-	-	-	-	Slightly yellow	T.Bil = 3.0 Dir. = 1.8	Negative
20-7-11	Oedematous GB wall with hyperechoic shadow in liver and mild hepatomegaly	287	589	471	clear	-	-
27-7-11	Resolved	71	172	305	Do	T.Bil. = 0.99	

Case-3

A male patient, 30 years old came with deep icterus (+++), yellowish green tint in eyes, loss of appetite, malaise, mild grade fever and nauseas (off and on). On examination of the abdomen, there was no tenderness on superficial palpation, no

rigidity but guarding present in the right hypochondrium and mild tenderness present on deep palpation. But his USG-scan and LFT were abnormal except hepatitis virus marker that was found to be negative.

Table 3

Date	USG-Abdomen	SGOT (U/L)	SGPT (U/L)	Alk. Phosp.	TLC (Cell/mm ³)	Urine	Bilirubin (mg/dl)	HBsAg/HIV/HCB
8-06-16	-	-	-	-	-	Slightly yellow	T.Bil = 20	Negative
14-06-16	Oedematous GB wall with hyperechoic shadow in liver and hepatosplenomegaly	71	133	255	12400			
16-06-16	-	-	-	-	-	-	T.Bil = 9.5	
24-06-16	-	-	-	-	-	-	T.Bil=6.63	
21-06-16	-	-	-	-	8100	-	T.Bil = 3.3	
28-06-16	Hyperechotexture with mild splenomegaly	-	-	-	-	-	T.Bil = 1.1	

Diet regime and medicine schedule

- Bed rest
- Fat free diet and plenty of oral fluid.
- Arq Mako + Arq Kasni (50 ml each, empty stomach)
- Dawa-ul-Kurkum 6 g x BID
- Majoon-e-Dabeedulward 6 g x BID
- Sharbat-e-Deenar 20 ml x BID
- Sharbat-e-Buzoori 20 ml x BID

Discussion

As per the Unani literature the diseases due to *soo-e-mizaj* and *soo-e-tarkeeb* of different important organs of the body may be treated by utilising following efficacy of Unani formulations;

- *Tanqiyae mawad* (Evacuation of morbid humours)
- *Imalae Mawad* (Diversion of Humours to site from where it can be easily excreted)
- *Mussakin* (*hararat* and *Wajaa*)
- *Muhallil-e-waram* (anti-inflammatory)

Tanqiyae-mawad means painless evacuation of morbid *mawad* from the whole body or locally, reducing its load over the tissues that give way to act *Tabiyat*. *Tabiyat* maintain qualitative and quantitative homeostasis of all the four humours of the body that actually maintain the normal health^[1]. *Imala-e-Mawad* is the process in which the diversion of

morbid *mawad* takes place from affected organ and tissues to the site from where it can be easily excreted from the body tissues (kidneys, liver, skin and intestine).

The Unani formulations, *arq-e-mako* and *arq-e-kasni* have good anti-inflammatory effect especially to the liver (*kabid*). In *dawa-ul-kurkum*, having the main ingredient *crocus sativus* (Saffron), known for its antioxidant property which provides safety to the hepatobiliary structures from toxic radicals produced during various metabolic reactions^[7]. *majoon-e-dabeedul ward*, has nice effects in *warm-e-kabid* and *Zuaf-e-Kabid* and it is also mild laxative and bulk forming substance, as the bile has affinity to bind with fibres (cellulose) so it also help in excretion of bile along with stool^[8]. *Sharbat-e-deenar* has anti-inflammatory, antipyretic and *mufatte sudad* efficacy, so it helps in reducing the inflammation, clearing the biliary channels to establish free circulation of bile that helps in healing of injured liver^[7, 8]. Apart from these, *sharbt-e-buzoori* has diuretic efficacy that flushes out water soluble bile via urine. This further reduces the load of bile and protects liver from back pressure of bile. It might be possible that it helps to convert unconjugated bilirubin into conjugated one, this form is water soluble, flushes easily the bile out from the kidneys. Thus it can be seen that the Unani formulations have very good healing effect in jaundice. The patient reports show that there is very surprising result of the Unani formulations to cure jaundice.

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