

PRELIMINARY CLINICAL STUDY OF SHARBAT – E – UNSUL IN ZEEQUN – NAFAS - BALGHAMI

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ABSTRACT: *Sharbat-e-Unsul, a Unani medicine was found to cure zeequn – nafasbalghami or “difficulty in breathing due to narrowing or obstruction of air passage”. The drug did not cause any adverse effect.*

INTRODUCTION

Even after tremendous advancements in medical science **ZEEQUN – NAFAS** (asthma) still remains a problem to the clinicians. In spite of continuous efforts and long list of known anti asthmatic drugs, physicians are unable to find out permanent cure.

The word **ZEEQUN-NAFAS** is comprises of two Arabic words. **ZEEQ** and **NAFAS**, means “narrowing” and “breathing” respectively. In other words, it is defined as difficulty in breathing due to narrowing or obstruction of air passage, particularly in expiration (1,2).

In Unani system of medicine different types of **ZEEQUN-NAFAS** have been described and are based on their causative factors, for example, if it is caused by cessation of phlegmatic humours (thick sticky sputum) in tracheo – bronchial tree, known as **ZEEQUN – NAFAS BALGHAMI** or **NAZLI** (Phlegmatic asthma); if caused by

Tazhannuj-e-shobatur Ria (Narrowing of Bronchial tree), known as **ZEEQUN-NAFAS SHOABI** or **ASBI** (Bronchial asthma); is caused by congestion of fluid in respiratory tract due to other disorders, like heart (Qalb), known as **ZEEQUN NAFAS SHIRKI**. The first and second types are very common in India due to air pollution and last two due to poor hygienic conditions resulting from low body resistance (3, 4, 5).

ZEEQUN NAFAS BALGHAMI affects men and women in all ages. This is an unpredictable and long term diseases. There are various factors in the environment and the body of individual itself which provoke the diseases. According to Unani medical theory, it mainly predisposes in those individuals having phlegmatic temperament. The treatment of the disease based on **NUZUJ** (Cocotion), **TAFTEESH-UROOQE-KHASHINA** (Bronchodialation) and **TANFEES** (Expectoration) (6,7).

TABLE – 1**Shows the age and sex medicine**

Age Group	Percentage	Sex	
		Male (%)	Female (%)
31 to 40	26.7	26.7	-
41 to 50	20.6	20.0	-
51 to 60	26.7	13.3	13.3
61 to 70	26.6	26.7	-

There are a large numbers of single and polypharmaceutical Ayurvedic, Unani and Allopathic preparations which are useful in this diseases. A Unani preparation **SHARBAT-E-UNSUL** (Syrup of **Urginea indica**) which possesses anti-asthmatic effect by dialating the trachea-bronchial tree and expelling out the phlegm. Regarding the usefulness of **Unsul**, Abu Bakar Mohammad bin Zakaria Razi (841 – 923 AD), an eminent Arab Physician said, “it is an effective and potent drug for **ZEEQUN-**

NAFAS-BALGHAMI and acts by expelling out the phlegmatic humours of the lungs” (8,9).

MATERIALS AND METHODS

The study was conducted at Ajmal Khan Tibbiya College Hospital Aligarh Muslim University, Aligarh on 36 patients. The following exclusive and inclusive criteria was adopted for the selection of patients.

TABLE 2**Shows the history of previous illness**

Disease	Percentage
Pneumonia	26.7
Chronic Bronchitis	26.7
Rhinitis	33.3
Allergy	13.3

TABLE 3

Shows the temperament of the patients

Temperament	Percentage
Sanguinic (Damvi)	6.6
Phelgmatic (Balghami)	73.4
Choleric (Safravi)	20.0
Melencholic (Saudavi)	-

Patients having acute and chronic stage of paroxysm of dyspnea with or without cough, expectoration and wheezing. They were not less than 20 years of age, of both sexes and were not suffering from any other systematic disease causing breathlessness. The diagnosis was made on complete

clinical history including temperamental, physical, and systematic examinations along with haematological, radiological and routine laboratory tests. Pulmonary function test was also conducted before and at the end of the study.

TABLE 4

Shows the stages of symptoms before treatment

Symptoms	Server (%)	Moderate (%)	Mild (%)
Breathlessness	86.7	13.3	-
Cough	60.0	40.0	-
Expectoration	-	20.0	80.0

SHARBAT—E-UNSUL was prepared in sugar-based syrup and was given in the dose of 10 ml 12 hourly (morning and evening) up to 4 weeks orally (10).

Observation and Results

It is observed at the end of the study that the age incidence of the patients was 26.7% in 31 – 40 years, 20.0% in 41 – 50 years, 26.7% in 51- 60 years, and 26.6% in 61-70 years of age group respectively. In the sex incidence, male patients were 26.7% in 31 – 40 years, 20% in 41-50 years, 13.4% in 51-

60 years, and 26.0% in 61-70 years of age group while female patients were 13.3% in 51-60% years of age group only (Table 1).

These results reveal that male are more prone than female.

TABLE 5

Shows percentage relief in symptoms after treatment

Symptoms	Complete Relief	Moderate Relief	Partial Relief	No Relief
Breathlessness	26.70	35.00	30.00	8.35
Cough	23.32	46.70	28.32	1.65
Expectoration	15.00	35.35	65.51	-

According to the history of previous illness. The pneumonic patients were 26.7%, chronic Bronchial diseased 26.7%, Rhinitic 33.3% and allergic 13.3% (Table 2). The temperamental study showed 6.6% **DAMVI** (Sanguinic), 73.4% **BALGHAMI**

(Phegmatic) 20% **SAFRAVI** (Choleric) and no patient was recorded **SAUDAVI** (melancholic) temperament (Table 3). It showed that the majority of the patients had phlegmatic temperament.

TABLE – 7

Pulmonary function test before and after treatment

Group	Before Treatment (%)	After Treatment (%)
Vital Capacity Test (V. C.):		
2000 to 2500 ml	73.4	21.6
3001 to 3500 ml	13.3	16.7
3501 to 4000 ml	13.3	61.7
Forced Expiratory Time Test (F.E.T)		
Forced Expiratory Time Test (F.E.T)		

3 to 4 Seconds	13.4	68.4
5 to 6 Seconds	80.0	28.3
7 to 8 Seconds	6.6	3.3

According to the stages and degree of symptoms before treatment, severe breathless was 86.7%, moderate breathlessness was 13.3% and no any case was mild stage. In relation to severity of cough 60% (severe), 40 (moderate) and non of mild stage were observed patients had moderate (20%), mild (80%) and no any case of severe expectoration. In relation to improvement and relief after treatment complete 26.70%, moderate 35%, partial 30% and no relief 8.35% was recorded. In relation to cough, complete (23.32%), moderate (46.70%), mild (28.32%) and no relief (1.65%) respectively and in relation to expectoration 15%, 35.35%, 65.5% of severe, moderate and mild relief respectively was found (Table 5). The relief in rhonchi before treatment recorded as general 46.7% zonal 53.3%. After treatment, rhonchi remained as general 5%, zonal (23.3%), partial (58.3%) of cases and in 13.3% of cases rhonchi disappeared (Table 6). In pulmonary function tests was 73.4% in 2000ml – 2500 ml group, 13.3% in 3001 – 3500 ml. group , 13.3% in 3501 – 4000 ml. group and after completion of treatment and

was 21.6% in 2000 ml – 2500 ml. group, 16.7% 3001 ml. – 3500 ml. group 61.7% 2501 ml – 4000 ml. group and FET test (Forced expiratory time) at the beginning of the study in the group 3 – 4 seconds, 13.4%, in 5 – 6 seconds, 80% and in 7 – 8 seconds, 6.6% while at the end of the study it is recorded as 68.4%, 28.3%, 3.3% respectively (Table 7).

CONCLUSION

The overall percentage of relief in symptoms and sign after four weeks of study was 91.75% in breathlessness, 98.35% in cough, 85.00 in expectoration and 86.7% in wrhonci. It reveals that **Sharabat-e-Unsul** is an effective drug for **ZEEQUN-NAFAS-BALGHMI**, which clears the passage by dialating the trachea-bronchial leumen and expelling out the phlegmatic homous from the lung. It reduces the intensity of the symptoms like breathlessness and cough and sign like wrhonchi and wheez, and increases expectoration. It does not show any adverse effects in this study.

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