

**ROLE OF UNANI MEDICINE IN THE MANAGEMENT OF  
IRRITABLE BOWEL SYNDROME – A REVIEW****Mohammad Azam\***

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**ABSTRACT**

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities. IBS is the most common condition encountered in clinical practice but one of the least well understood. Until recently many physicians did not considered IBS to be a disease at all they viewed it nothing more than a somatic manifestation of psychological stress. It is frustrating condition for the patient because of poor quality of life and equally frustrating for the physician. IBS causes a lot of mental agony to the patients as well as the physicians who face a challenge treating this disease. The exact etiology IBS is still incompletely understood but

most common factors are psychological disturbances like anxiety, depression along with luminal factor such as diet and the gut microbiota thought to play a important role. The patients present with variable abdominal symptoms, but constipation, recurrent diarrhea, pain and distention of abdomen are predominant clinical features. The diagnosis is confirmed on the basis of clinical observation, otherwise most of the investigations are found in normal limit. No specific treatment is presently available in any system of Medicine. But most of the Unani physicians have recommended different single as well as compound drugs for the treatment of various functional and organic gastro intestinal tract disorders. In this review the author have tried to highlights the curative and preventive aspects of disease and formulations used in Unani system of medicine.

**KEYWORDS:** Irritable bowel syndrome (IBS), Unani system of medicine, psychological stress, microbiota.

## INTRODUCTION

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities.<sup>[1]</sup> IBS is the most common condition encountered in clinical practice but one of the least well understood. Until recently many physicians did not consider IBS to be a disease at all they viewed it nothing more than a somatic manifestation of psychological stress.<sup>[1][2]</sup> IBS is also known as nervous indigestion, spastic colon, intestinal neurosis, functional colitis, irritable colon and mucus colitis.<sup>[3]</sup> About 10-15% of the population is affected at some time but only 10% of these consult their doctor because of symptoms. It is the most common cause of gastrointestinal referral and accounts for frequent absenteeism from work and impaired quality of life. Young women affected 2-3 times more often than men.<sup>[4]</sup> Throughout the world, about 10–20% of adults and adolescents have symptoms consistent with IBS, and most studies show a female predominance. IBS symptoms tend to come and go over time and often overlap with other functional disorders such as non ulcer dyspepsia, chronic fatigue syndrome, fibromyalgia, dysmenorrhoea, headache, backache and genitourinary symptoms.<sup>[1][4]</sup> Between 5-10% of the patients have a history of physical or sexual abuse.<sup>[4]</sup> Some researchers suggested that IBS is a type of low grade inflammatory bowel disease (IBD). The others have suggested that IBS and IBD are interrelated diseases.<sup>5</sup> In *Unani* system of medicine no such disease is mentioned in classical literature with the name of Irritable Bowel Syndrome (IBS). But most of the symptoms described by the ancient *Unani Tabeeb* (physician) under the heading of different diseases such as *Sahj-e-Ama* (Catarrhal Enteritis), *Zalqul Ama*, *Zaheer Kazib* (Dysentary), *Ishal* (Diarroea) in various *Unani* classical text books looks somewhat resembles to the symptoms of Irritable Bowel Syndrome. The treatment of such diseases is not only mentioned in *Unani* literature, but also successfully treated by *Unani* physicians. Although no specific and satisfactory treatment is present in conventional medicine, only symptomatic treatments were prescribed by most of modern physicians. However, psychotherapy contribute major role in the treatment of Irritable Bowel Syndrome and some physicians prefer to advice antidepressant drug like Amitriptyline.<sup>[4]</sup> No doubt the antidepressant drugs give temporary relief, but produce long-term side effects. However no radical cure is achieved so far. In such circumstances, the *Unani* system of medicine provides a better option to treat the disease successfully.

## CAUSES

The fundamental disturbance in the IBS involved bowel motility. There is disruption in normal rhythm and peristalsis. Sometimes there is too little peristalsis, which can slow the passage of undigested material through the colon and causes constipation.

Sometimes there is too much motility, which has the opposite effect and cause diarrhea.

Stress is an important factor in IBS because of the close nervous system connections between the brain and the intestines. Feeling mentally and emotionally tense, troubled, angry or overwhelmed can stimulate colon spasm in people with IBS. Although researchers don't yet understand all of the links but just as healthy people can feel nauseated or have an upset stomach when under stress, people with IBS react the same way. Many other studies attest to the fact that anxiety, mental depression and other type psychological distress are more likely in IBS patients than in those with organic disease. Both anxiety and depression were found in IBS patients. The person who remain emotionally upset or in conflicts may suffer from IBS.<sup>[5]</sup>

Dietary factors also important. Some patients have chemical food intolerances (not allergy) to poorly absorbed, short chain carbohydrates (lactose, fructose and sorbitol, among others), collectively known as FODMAPs (fermentable oligo,- di- and monosaccharide's, and polyols). Their fermentation in the colon leads to bloating, pain, wind and altered bowel habit.<sup>[4]</sup>

Use of toxic drugs and purgatives may stimulate IBS like symptoms. Use of excessive alcohol may stimulate IBS. Some kinds of foods and drinks appear to play a key role in triggering IBS attacks. Chocolate, milk products, caffeine (in coffee, tea, colas and other drink) are some of the chief culprits.<sup>[5]</sup>

The causes described in Unani system of medicine are:

- Excessive falling of bilious and phlegmatic matter on intestine (*Tez Safravi madde aur Balgham ka Ama par Insebab*)
- Fall of Sauda-e-Mohtraq on the intestine
- Scratching of intestinal surface by salt phlegm (*Bagham Shor*)
- Passing of hard and dry remnants (*Sufl*) from the intestine
- Use of toxic drugs like *Noshadar* and *Lime*, which produce irritation (*Sehaj*) on intestine

- Use of strong purgatives (Qavi Mushil drugs)
- Collection of acute humour ( Khilt Had) on the intestine.
- Coldness of the stomach ( Barudat-e-Meda)
- Sharabnoshi (Alcoholism)
- Indigestion (Su-e-Hazm).<sup>[6][7]</sup>

## TYPES OF IBS

IBS can be classified into 4 subtypes:

1. IBS with predominant diarrhea (IBS-D)
2. IBS with predominant constipation (IBS-C)
3. IBS with mixed bowel habits (IBS-M)
4. IBS unclassified (IBS-U).<sup>[9]</sup>

## CLINICAL FEATURES

IBS is a disorder that affects all ages, although most patients have their first symptoms before age 45. Older individuals have a lower reporting frequency. Women are diagnosed with IBS two to three times as often as men and make up 80% of the population with severe IBS.<sup>[1][2]</sup>

**Abdominal pain or discomfort-** The most common presentation is recurrent abdominal pain or discomfort. The pain is usually colicky and cramping in nature, felt in the lower abdomen and relieved by defecation.

**Abdominal bloating-** Abdominal bloating worsen throughout the day, the cause is unknown but it is not due to excessive intestinal gas.

**Alteration in the Bowel habits-** Alteration in the Bowel habits is the most consistent clinical features in IBS. It usually begins in adult life.<sup>[2]</sup> The most common pattern is constipation alternating with diarrhea, but it is useful to classify patient with predominantly constipation or predominantly diarrhea. Patient with constipation tend to pass infrequent pellet stools, usually in association with abdominal pain or proctalgia. Patient with diarrhea have frequent defecation but produce low volume of stool and rarely nocturnal symptoms. Passage of mucus is common but rectal bleeding does not occur. Patients do not lose weight and are constitutionally well. Most patients also experience a sense of incomplete evacuation, thus leading to repeated attempts at defecation in a short time span.

**Upper Gastrointestinal Symptoms** Between 25 and 50% of patients with IBS complain of dyspepsia, heartburn, nausea, and vomiting. This suggests that other areas of the gut apart from the colon may be involved.<sup>[1][2][4]</sup>

### SYMPTOMS DESCRIBED IN UNANI SYSTEM OF MEDICINE

Flatulence, Indigestion, abdominal pain, Constipation, Loose or watery or hard or lumpy stool, Mucous in the stool, Presence of Longing (*Tishnagi*), Severe pain around umbilicus and restlessness, abdominal fullness, flatus and bloating are various symptoms that IBS patients may experience. Depending upon the humour involved in the causation of *Sahaj* (irritation) the symptoms may be

- If *Safra* is the cause of *Sahaj* (Irritation) then the bile and mucous pass in the stool there is burning in the anus and the colour of stool is yellow, with presence of Longing (*Tishnagi*) and restlessness.
- If *Balgham* is the cause of *Sahaj* (Irritation) then salty phlegm (*Shor balgham*) and sticky phlegm (*Lazij balgham*) pass, and limited mild pain occurs.
- If *Sauda* is the cause of *Sahaj* (Irritation) then severe pain and restlessness is present and the colour of stool is black, sometimes patient may become syncopic.
- If the cause of *Sahaj* (Irritation) is present in caecum and colon then a sticky material (*Lazij mawad*) comes out from anus along with the mucous membrane (*Ghisha-e-Mukhati*) of intestine.<sup>[6]</sup>

### DIAGNOSIS

The diagnosis is clinical in nature and can be made confidentially in most patient using the Rome criteria combined with the absence of alarm symptoms ( Age >50 yrs, male gender, Weight loss, Nocturnal symptoms, Family history of colon cancer, Anaemia, and Rectal bleeding). IBS generally diagnosed on the basis of a complete medical history that includes a careful description of symptoms and a physical examination. There is no specific test exist for IBS, although diagnostic tests may be performed to rule out other problems. Full blood count and faecal calprotectin, with or without sigmoidoscopy are usually done and are normal in IBS. Colonoscopy should be undertaken in older patients (over 40 yrs of age) to exclude colorectal cancer. Endoscopic examination is also required in patients who report rectal bleeding to exclude colon cancer and IBD. If the test results are normal then the IBS may be diagnosed based on symptoms, including how often the abdominal pain or discomfort occur during the previous year, when the pain starts and stop in relation to bowel function, and how

bowel frequency and stool consistency have changed, equally important are patients interpretation of personal problems and overall emotional state. The quality of the patient-physician interaction is a key to diagnostic and therapeutic efficacy.<sup>[1][2]</sup>

## ROME CRITERIA

The Rome criteria are standardized symptom based criteria for the diagnosis of IBS.

### Rome II Criteria

At least 12 weeks, which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two of following three features

1. Relieve by defecation
2. Onset associated with changes in stool frequency
3. Onset associated with changes in stool form.<sup>[2][4]</sup>

In 2006, the Rome II criteria for the diagnosis of IBS were revised to Rome III Criteria.

### Rome III Criteria

Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with *two or more* of the following:

1. Improvement with defecation
2. Onset associated with a change in frequency of stool
3. Onset associated with a change in form (appearance) of stool.<sup>[1]</sup>

### Rome IV Criteria

Recurrent abdominal pain for at least 4 day per month over at least 2 months, associated with One or more of the following:

1. Related to defecation
2. A change in frequency of stool and/or
3. A change in form or appearance of stool.<sup>[9]</sup>

## DIAGNOSIS (TASHKEES) IN UNANI SYSTEM OF MEDICINE

If there is pain or discomfort and complexity in intestine (*Ama*) and mucous passes with stool (*Baraz*) then it is due to irritation (*Sehaj*). So it is essential to confirm whether the irritation is in the upper (*Balai*) and lower (*Zeri*) part of intestine. Examine the mucoid substance.

- If mucoid substance passes with stool and it is less in amount and without fatty (*Dasumat*) substance, severe pain felt around and above to the umbilicus with anxiety dominated then irritation will be in the upper part of intestine (*Ama-e-Ulliya*)
- If mucus passes before stool or with stool and not mixed well and pain is felt below the umbilicus then irritation will be in the lower part of intestine (*Ama-e-Sufla*)
- If fatty particles are mixed with mucus then irritation will be in the rectum (*Ama-e-Mustaqeem*). If it is devoid of stickiness but elastic secretion (*Lazij ratoobat*) is seen then irritation will be found in colon (*Qulon*) and caecum (*Awar*).<sup>[6]</sup>

## MANAGEMENT

### USOOL-E-ILAJ ( PRINCIPLE OF TREATMENT)

- Reassurance of the patients
- Removal of excess humour (*Khilt-e-Ghalib*).
- For the protection of power fruit juice should be prescribed.
- *Mugharri* (Mucoid), *Mughallizat* (Viscositive) drugs should be prescribed.
- Use of *Advia Qabiza* (Astringent drugs).
- *Gil-e-Makhtum* is useful in all types of Irritations (*Sehaj*).
- If the Irritations (*Sehaj*) are caused by the use of toxic drugs and strong purgative, then Enema (*Huqna*) of pure and fresh ghee of cow with *Damm-ul-akhwain* is beneficial.
- If the irritation (*Sehaj*). in the upper part of intestine (*Ama-e-Ulliya*) then Drinks (*Mashroobat*) should be prescribed, and if it is in the lower part of intestine (*Ama-e-Sufla*) then Enema (*Huqna*) with *Mugharri drugs* is prescribed. If the irritation in between then both Drinks (*Mashroobat*) and Enema (*Huqna*) are used.
- *Muzalliq* (Lubricant) and *Mullayyin* (Laxative) drugs should be prescribed to remove the remnants (*Sufl*).<sup>[6][7]</sup>

For this purpose the following drugs should be prescribed

*Tukhm-e-Khatmi* 5gm, *Badyan* 7gm, *Mako Khushk* 5gm, *Gul-e-Banafsha* 5gm, *Gul-e-Gaunzaban* 5gm, *Maweez Munaqqa* 7 pieces, *Sapistan* 11 pieces.

Boil all the above drugs in water, and when the water is left one fourth, add *Maghz-e-Fuloos Kheyarshambar* 50gm, *Gulqand* 30gm, in it and mash & filter, after that mix in *Roghan-e-Badam* and given to patient for use.<sup>[7]</sup>

### TREATMENT (ILAJ)

Unani Ilaj of Irritable Bowel Syndrome (*Sehj-e-Ama*) can be broadly classified into following



therapies.

1. *Illaj Bil Ghiza* (Dietotherapy)
2. *Illaj Bil Dawa* (Pharmacotherapy)
3. *Illaj Bil Tadbeer* (Regimental Therapies)

#### **ILLAJ BIL GHIZA (DIETOTHERAPY)**

- In fruits Pomegranate and Grapes should be suggested.
- In vegetables Turai, Spinach, Kakdi, Cucumber, Tinda and curry of mutton cooked in fewer chillies should be given to the patients.
- Cold and light diets such as milk, rice, soft khichri of moond ki dal and sagudana should be recommended.
- Use of Curd is beneficial.
- Fresh water or ice cool water should be given.
- Use of Pickle, red chillies, spices, meat, eggs, fish, brinjal and linctus (Chatni) of Vinegar (Sirka) etc. should not be used.
- Patient should avoid acidic, salty, and hot foods.
- Coffee, Tea, Sour and Sweet dishes should be avoided.<sup>[6][7][11]</sup>

#### **ILLAJ BIL TADBEER (REGIMENTAL THERAPIES)**

- IBS patients should be recommended to perform moderate physical activity, such as yoga, brisk walking, cycling, or swimming, for at least 30 min a day, on 5 d of the week or more.<sup>[9]</sup>
- Avoid vigorous and hard works and walking in sunlight.
- Message therapy should be recommended to all patients with IBS.<sup>[11]</sup>

#### **ILLAJ BIL DAWA (PHARMACOTHERAPY)**

##### ***Mamulat-E-Matab Nuskha* ( Prescriptions)**

- *Luab-e-risha-e-khatmi 3gm, Shirah-e-badyan 3gm, Shirah-e-tukhm-e-khurfa siyah 3gm, Shirah-e-tukhm-e-khayarain 3gm, Arq-e-gaozaban 100ml.* Mix with *Sharbat-e-banafsha* 20ml and sprinkle *Ispghol musallam 6gm* and use it twice daily.
- *Qurs-e-Khubsul hadeed 1 tablet* and *Jawarish Mastagi 6gm* twice daily.
- *Qurs-e-Malti Basant 1-2 tablet* and *Jawarish Amla / Jawarish Shahi 10 gm* twice daily
- *Sufoof-e-Muqliyasa Itsf* after food intake twice daily
- *Indmali (Thukhm Kanocha, Thukhm Bartang, Thukhm Rehan, Ispaghool) 2tsf* at bed time.<sup>[6][7][10]</sup>



**Other Formulations**

- *Jawarish Anarain*
- *Jawarish Mastagi*
- *Jawarish Amla*
- *Jawarish Shahi*
- *Sharbat-e-Anar*
- *Anushdaru*
- *Habb-e-Pappita*
- *Habb-e-Hilteet*
- *Sufoof-e-Muqliyasa*
- *Sufoof-e-Moya*
- *Majoon Sangdana Murgh.*<sup>[12]</sup>

**CONCLUSION**

Irritable bowel syndrome is the most common functional gastrointestinal disorder. The condition is mentioned under different names like nervous indigestion, spastic colon, intestinal neurosis, functional colitis, irritable colon, mucus colitis and functional bowel disorder. The etiopathogenesis and the treatment of the disease have been mentioned in classical texts in detail. Unani system of medicine might play an important role to treat the disease. Various modes of treatments, dietary recommendations and abstinence are described in details in Unani medicine. Unani medicines are effective in the treatment of irritable bowel syndrome. It is the need of the hour that the efficacy of Unani methods of treatment has to be tested on scientific parameters.

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