

CONCEPT OF DIQ AL-NAFAS (BRONCHIAL ASTHMA) AND ITS MANAGEMENT IN UNANI MEDICINE

Dr. Azra Anjum*

Medical Officer Unani, New Delhi Municipal Council (NDMC), New Delhi.

*Corresponding Author: Dr. Azra Anjum

Medical Officer Unani, New Delhi Municipal Council (NDMC), New Delhi.

DOI: <https://doi.org/10.17605/OSF.IO/K93QM>

Article Received on 30/11/2020

Article Revised on 20/12/2020

Article Accepted on 10/01/2021

ABSTRACT

Dīq al nafs (Bronchial Asthma) is mentioned in unani classical literature under various terms e.g. *dīq al nafs*, *Intisab al-Nafas*, *Rabw*, *Buhr* and *dama*. It is a chronic inflammatory paroxysmal disease characterized by spastic contraction of smooth muscles in bronchioles, which can cause extreme difficulty in breathing. According to the Global Asthma Report 2018, about 6% of children and 2% of adults in India are known to be living with asthma. The objective of this review paper is to compile all the information available in Unani system of medicine on *dīq al nafs* as well as the similar disease condition in contemporary system of medicine. Unani classical literature were searched for disease description, causes, sign symptoms, investigation for diagnosis, treatment modalities and single and compound Unani formulations mentioned for its treatment. All the information on the topic has been showcase here for its cheap cost effective and adverse effect free treatment to the community.

KEYWORDS: *Dīq al nafs*, *Intisab al-Nafas*, *Rabw*, *Buhr*, *dama*, Bronchial Asthma, Unani medicine.

INTRODUCTION

Dīq al nafs/Intisab al-Nafas/Rabw/Buhr/dama (Bronchial Asthma), is not a new disease for health care system. The clinical sign and symptoms of the disease is traces since last more than 3 thousand years as recorded in Egyptian manuscript known as *Eberus papyrus*. All most every Unani scholars have mentioned bronchial asthma is his treatises under the name mentioned above like Buqrat (Hippocrates-460 BC), Jalinoos (Galen-130-200 AD), Rabban Tabri (810-875 AD), Razi (Rhazes-860- 932 AD), Ibn Sina (Avecenna-980-1037), and Ismail Jurjani (death 1140 AD) etc. its causes, sign, symptoms, treatment and other related issues with the disease.^[1-4] According to them that asthma is caused by *Ghaleez khilt* or *ghaleez Balgham* (thick phlegm), which is adhered on the inner layer of bronchioles and develops narrowing of the airways, resulting in hypoventilation of the lungs and ultimately breathlessness.^[5-13] Some Unani Scholars like, Abbas Majoosi, Ismail Jurjani and Rabban Tabri, described that asthma is caused by *Barid* and *Raqeeq khilt* (cold and dilute fluid). They believed that such fluid develops more severe form of breathlessness.^[7,9-10]

Methodology

The main objective of this review is to compile all information on *Dīq al nafs/Intisab al-Nafas/Rabw/Buhr/dama* (Bronchial Asthma) available in Unani classical literature and allopathic system of medicine. Unani classical books were searched for its

philosophy, sign & symptoms, investigations, and treatment modalities. All the information on *Dīq al nafs* (Bronchial Asthma) available in Urdu, Persian, Arabic and text books of allopathic medicine were surveyed for better understanding the disease condition in Unani system of medicine and similar condition in allopathic system of medicine.

Types of DIQ AL-NAFAS

Great Unani scholar *Rabban Tabari* (838-923 AD) has described various types of *Diq al-nafas* in his treatise such as:^[14]

1. *Diq al-nafas Qasir*: caused by weakness of the respiratory muscles
2. *Diq al-nafas Mutataba'e* : caused by inflammation of the diaphragm or excessive heat
3. *Diq al-nafas Mustaqeem*: caused by weakness or atony of the respiratory muscles.
4. *Diq al-nafas Qawi*: caused by *Iltehab* and *hararat*.
5. *Diq al-nafas Zaeef*: caused by *Baroodat*.
6. *Diq al-nafas Aseer*: caused by accumulation of viscid secretions in the bronchial tree or gaseous collection in the chest putting pressure on the bronchial tree externally.

Pre independence era in India the great scholar of Unani Medicine *Hakim Ajmal Khan* has described the following types:

1. *Diq al-nafas Yabis* (Bronchial Asthma without expectoration) due to spasm in the bronchial tree and the respiratory muscles.
2. *Diq al-nafas Martoob* (Bronchial Asthma with expectoration) due to spasm with accumulations of phlegm in the bronchial tree.

Eminent physician of Unani system during Mughal period *Hakim Azam Khan* has described the following types:^[14]

1. *Rabw Nazli* (Allergic Asthma)
2. *Rabw Balghami* (Catarrhal Asthma)
3. *Rabw Dukhani* (Asthma due to pulmonary insufficiency)
4. *Rabw Istarkhai* (Asthma due to paresis of respiratory muscles)
5. *RabwYabusi* (Asthma due to fibrosis of lungs)
6. *Rabw Barid* (Asthma)
7. *Rabw Warmi* (Potter's Asthma)
8. *Rabw Haar* (Hot type Asthma)

Alaamaat (Symptoms and Sign)

According to *Ismail Jurjani*, *Diq al-nafas* is characterized by paroxysm of breathlessness with or without cough, cold and fever. Symptoms may be mild, moderate and sometimes severe. Patient looks restless and weak, face become red and pulse become *Azeem* (magnus), *Saree* (rapid) and *Layyin* (soft), sometimes sweating, low body temperature and increased respiratory rate. Bouts of breathlessness and cough may remain for 2-3 hours to 24 hours.^[9,14,17]

Usool-e-Ilaj (Principles of Treatment)^[4-17]

- Patient should be kept in clean, calm and airy room free from air pollution during attack.
- *Tadeel Mizaj* (correction of altered temperament).
- *Tanqia Mawad* (cleansing of morbid material) *Mulattif*, *Munaffis Balgham* and *Mukhrij Balgham* drugs are recommended.
- Sometimes *Muqi* (emetics) are recommended for evacuation of *Balgham*.
- *Mohallil Auram* and *Daf Tashannuj* are also recommended.
- Treat the underlying cause in case of *Diq al-nafas Shirki*.
- Avoid exposure to excessive heat and cold.
- Avoid constipation.
- Avoid mental and physical stress.
- Avoid use of citrus fruits, oily food and red chillies

Avoid use of diuretics because it may increase the consistency of *Balgham*.^[4,6,8,16]

In modern medicine *Diq al-nafas* is described under the heading of bronchial asthma. The word Asthma is derived from Greek word meaning short drawn breath, panting or labored breathing. Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. The chronic inflammation is associated with airway hyper

responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or in the early morning. These episodes are usually associated with wide spread, but variable, air flow obstruction within the lung that is often reversible either spontaneously or with treatment.^[18-20] It has been identified as one of the 5 most pressing global lung problems.^[21] The prevalence of asthma is rising and 5-9% of general population in India is suffering from Bronchial asthma.^[22]

The important currently available anti-asthma drugs can be classified as controllers (required for maintenance treatment) and relievers (required for quick relief, rescue drugs). Inhaled corticosteroids constitute the cornerstone of maintenance therapy.

Controllers (Prophylactic, Preventive, Maintenance)

- Taken daily to keep asthma under control
- Steroids, Long-acting beta-2 agonists, Sustained-release
- Theophyllines, Leukotriene receptor antagonists, and Cromones

Relievers (Quick relief, Rescue)

- Rapid-acting drugs that relieve broncho-constriction

Short-acting beta-2 agonists, anticholinergics, theophyllines, short-course oral steroids.^[18-20]

Causes

According to USM the causes of *Dīq al nafs* (Bronchial Asthma) are viscous, thick phlegm (*balgham-e-ghaleez*) due to *nazla-e-balghami*.^[8] Sometimes the bronchus of lungs fills with pus or *balgham-e-ghaleez muzmin* resulting *imtila* (fullness) of vessel *Urooq e Khasna*.^[10]

According to modern system of medicine Asthma is defined as a chronic inflammatory disease of airways that is characterized by increased responsiveness of bronchial tree to a multiplicity of stimuli.^[14-16] Health professionals do not know exactly what causes asthma, but genetic and environmental factors both seem to play significant roles:

Sensitization to an allergen. Once the sensitization has taken place, the person will be susceptible to an allergic reaction each time they come into contact with the substance.

smoking during pregnancy appears to increase the risk of the fetus developing asthma later in life.

Obesity

Active Smoking tobacco: Cigarette smoking can trigger asthma symptoms.

Passive smoking tobacco: Asthma, even without smoking, can cause damage to the lungs.

Air pollution, both inside the home and outside of it, can affect the development and triggers of asthma.

Some allergens inside the home include:

- Mold
- Dust
- Animal hair and dander
- Fumes from household cleaners and paints
- Cockroaches
- Feathers
- Other triggers in the home and outdoors include:
- Pollen
- Air pollution from traffic and other sources
- Ground-level ozone

Stress

Stress can give rise to asthma symptoms, but so can several other emotions. Joy, anger, excitement, laughter, crying, and other emotional reactions can all trigger an asthma attack.

Genetic factors

There is evidence to suggest that asthma runs in families. Recently, scientists have mapped out some of the genetic changes that may play a role in its development. In some cases, epigenetic changes are responsible. These occur when an environmental factor causes a gene to change.

Hormonal factors

Around 5.5% of males and 9.7% of females have asthma. In addition, symptoms may vary according to a female's reproductive stage and point in the menstrual cycle. For example, during their reproductive years, symptoms may worsen during menstruation, compared with other times of the month. Doctors call this perimenstrual asthma. During menopause, however, asthma symptoms may improve. Some scientists believe that hormonal activity may impact immune activity, resulting in hypersensitivity in the airways. People with intermittent asthma may also have symptoms only some of the time. Learn more about intermittent asthma here.

Clinical Feature

- Wheezing during exhaling
- Breathlessness
- Chest tightness or pain
- Coughing, particularly at night or in the early morning

Principal of treatment

Unani system of medicine is based on holistic and vitalistic concepts and popular among the common people of many Asian countries and it caters the health problems through its various treatment modalities e.g. *Ilaj bit Tadbeer* (Regimenal therapy),^[23] *Ilaj bil Ghiza* (Dieto-therapy),^[24] *Ilaj bil Dawa* (Pharmacotherapy)^[25] and *Ilaj bil Yad* (surgery). More than 80% of Unani single drugs are from herbal sources and very less from animal and mineral source. Unani drugs showed a good

result in many disease conditions where allopathic system does not have a curable results or having adverse effect on the body. In cases of many chronic diseases e.g. CKD, Arthritis, filariasis, splenomegaly, chronic skin diseases, allopathic medicine gives a symptomatic relief and expensive e.g. transplant of organ and dialysis, which are not up to the reach of common people, while some Unani single drugs gives cost effective, good result without any adverse effect on the body.^[26-32]

Management should be done by the drugs which dry and expel the humors causing the constriction and airway alongwith symptomatic treatment. Constipation should be avoided and diet should be prescribed accordingly. Apart from pharmacotherapy some other treatment modalities also beneficial in cases of *Diq al-nafas* such as *dalk* (massage), *hammām* (Turkish bath), *qay* (emesis) and *mushil* (laxative) drugs may be utilized as necessary for expulsion of humors.^[4-14]

Compound formulations

Compound formulation mentioned in national formulary of Unani medicine for management of *Diq al-nafas* are: Habb-e-Ghariqoon, Habb-e-Hindi Zeeqi, Kushta Abrak Safaid, Kushta Abrak Siyah, Kushta Shankh, Laooq Abhal, Looaq Hulba, Laooq Katan, Laooq Zeequn Nafas, Majoon Kalkalanaj, Sharbat Sadar, Safoof Dama,^[33] Hab-e-Filfail, Habb-e-Sultani,^[34] Hab-e-Zeequn Nafas, Laooq Motadil, Laooq Zeequn Nafas Qawi, Laooq Zeequn Nafas Balghami,^[35] Habb-e-Jaosheer, Habb-e-Ushq,^[36] Kushta Hartal Qawi, Habb-e-Seen, Halwa Gheekawar, Laooq Rabu,^[37] Sharbat Arusa.^[38]

CONCLUSION

Diq al-nafas (Bronchial asthma) is one of the major chest health problems in India due to various allergens and increased air pollution. Allopathic medicines have bronchodilators and corticosteroids for the treatment for asthma, which has toxic effects to other organs. Several researches have showed that Unani drugs have proven anti asthmatic activity, although there is a need of more elaborative research to establish the efficacy of these drugs in bronchial asthma. Unani material medica has number of compound formulations for the same. These are safe and effective, so the need of that is to validate these drugs on large sample size.

REFERENCES

1. Anonymous, Al-Munjid (Arabic-Urdu) Markaz Idarah Tabligh Diniyat Delhi, 104: 367-599.
2. Baliyavi A.F.A.H. Misbah-ul-Lughat. (Arabic-Urdu) Maktaba Burhan Delhi, 1986; 277.
3. Elias, A. Al-Qamoos Al-Asri (Arabic-Eng) Elias Modern Press Cairo, and Egypt, 1925; 7: 239.
4. Avicenna B.A, Al-Qanoon Vol 3 Pub Malba'a Nami Waqiey Lucknow, 1906; 176-8.
5. Ali, W. Shifaul Abdan Munshi Naval Kishor Lucknow, 236-41.

6. Arzani, A. Tibb-e-Akbar, Aadab Printing press, Lahore, 1988; 313-319.
7. Majoosi ABA, Kamil-Us-Sana'a Munshi Naval Kishor Lucknow, 1889; 1st: 491.
8. Razi MBZ, Al Hawi (Urdu translation) CCRUM, New Delhi, 1998; 9-21.
9. Jurjani SI. Tarjumah Khwarizam Shahi Naval Kishor Lucknow, 1878; 1: 257-60.
10. Tabari A.A.B.S., Firdausul Hikmat Fit-Tib, Mutarjam-Nadvi R.A., Hamdard Foundation Press Karanchi, Pak, 1981.
11. Tabari A.A.B.M., Moalejat-e-Buqratiyah; CCRUM, New Delhi, 1997; 470- 5.
12. Hussain M.A, Moalejat-e-Nafeesi, Munshi Naval Kishor Lucknow, 1906; 244-246.
13. Hasnain GS. Tarjumah Qanoon vol-1. Matbah munshi navwal kishor Lucknow, 1882; 152-8.
14. Azhar MU, Mustehasan, Adhami SM, Siddiqui KM, Khan MA, Ahmad MN. Clinical Study of A Polyherbal Unani Formulation in Zeequn Nafas (Bronchial Asthma), CCRUM publication, 2014; 7-10.
15. Kabiruddin, M. Tarjuma Kabir, part-2, Matba Daftarul Maseeh, Delhi, 1960; 557-558.
16. Khan, H.M.A. Haziq, Siddiqui Kitab Ghar, Lahore, 1978; 137-139.
17. Khan, M.A. Akseer-e-Azam, Matba Nizami Kanpur, 1289H; 126-128.
18. Colledge, N.C.; Walker, B.R.; Ralston, S.H. Davidson's Principles and Practice of Medicine, 21 Edition. Churchill Livingstone, 2010; 662-671.
19. Kumar, P.; Clark, M. Kumar & Clark Clinical Medicine, 5th Edn. W. B. Saunders, London, 2004; 874-884.
20. Stein, J.H. Internal Medicine, 5th Edition, Mosby, Inc., St. Louis, Missouri, 1998; 1185-1193.
21. Barnes, P.J. Is immunology for Asthma worth while, N Engl. J. Med, 1996; 334: 531-532.
22. Gupta, K.B.; Tondon, S. Nocturnal Asthma, Lung India, 1999; 1: 1-5.
23. Azhar MU, Ayub S, Anjum N, Ahmad S. Role of dieto-therapy in weight and dyslipidemia management-a case study. International Journal of Scientific Research in Biological Sciences, 2020; 7(1): 17-19.
24. Azhar MU, Ayub S, Anjum N, Ahmad S. Effect of *Jawarish Bisbasa* on dyslipidemia-a case study. International Journal of Scientific Research in Biological Sciences, 2020; 7(1): 20-23.
25. Akhtar F, Azhar MU, Aslam M, Javed K, Nephroprotective effect of *Khar-e-Khasak Khurd* (*Tribulus terrestris* linn) on gentamicin-induced experimental nephrotoxicity in rats, Asian Journal of Research in Nephrology, 2020; 3(3): 6-13.
26. Alam MMA, Javed K, Jafri MA. Effect of *Rheum emodi* (Revand Hindi) on renal functions in rats. Journal of Ethnopharmacology, 2005; 96(1-2): 121-125.
27. Javaid R, Aslam M, Javaid R, Nizami Q, Javed K, Azhar MU. Extract of *Ferula foetida* regel reverses gentamicin induced nephrotoxicity in rats. EXCLI Journal, 2012; 11: 760-766.
28. Alam MI, Ahsan SM, Salam M, Ahmad T, Azhar MU, Arfeen S. Clinical evaluation of Unani drugs Majoos Suranjan, Safoof Suranjan and Raughan Suranjan in Wajaul Mafasil (Rheumatoid arthritis)-a preliminary study. Hippocratic Journal of Unani Medicine, 2014; 9(4): 73-84.
29. Alam M, Mustehasan, Khan HU, Azhar MU. A scientific recent trend for the management and treatment of Filariasis (Daul feel). World Journal of Pharmaceutical Research, 2019; 8(8): 384-397.
30. Akhtar F, Azhar MU, Aslam M, Javed K, Nephroprotective effect of asgand powder (*Withania somnifera* Dunal) on cisplatin induced renal injury in rats, Journal of Drug Delivery and Therapeutics, 2020; 10(6-s): 22-25.
31. Azhar MU, Ansari RI, Ahmad S. Clinical effect of Barg-e-Jhao (*Tamarix articulata* vahl.) in hepatosplenomegaly-a case study. International Journal of AYUSH Case Reports (IJA Care), 2019; 3(2): 128-135.
32. Azhar MU. Effect of Herbal Unani Formulation on nephrotic syndrome: a case study. Indian Journal of Traditional Knowledge, 2018; 17(4): 807-810.
33. Anonymous. National Formulary of Unani Medicine. Part-I, Vol-I, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 2006; 14,18,68,77,113-116,131,224,234.
34. Anonymous. National Formulary of Unani Medicine. Vol-I, Part-II, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 2007; 11: 24-25.
35. Anonymous. National Formulary of Unani Medicine. Vol-I, Part-III, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 1999; 46-47,85,87-89.
36. Anonymous. National Formulary of Unani Medicine. Vol-I, Part-IV, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 2003; 28-29,79-80,86.
37. Anonymous. National Formulary of Unani Medicine, Vol-I, Part-V, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 2008; 14,18,53,67-68,84-85.
38. Anonymous. National Formulary of Unani Medicine. Vol-I, Part-VI, New Delhi, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India, 2011; 124.