

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558

P-ISSN: 2616-454X

IJUM 2020; 4(1): 26-29

Received: 17-11-2019

Accepted: 18-12-2019

Dr. Aslaaf N Shaikh

HOD & Associate professor of
Moalajat Al- Farooque Unani
Medical College Indore,
Madhya Pradesh, India

Dr. Sabahat Aafreen

Postgraduate Department of
Physiology Deoband Unani
Medical College, Uttar
Pradesh, India

Clinical evaluation of Unani pharmacoeial formulation laiq sapistan khayashambari in Waram-E-Halaq (Pharyngitis)

Dr. Aslaaf N Shaikh and Dr. Sabahat Aafreen

Abstract

Waram-i-Halaq is synonymously known as Pharyngitis. It is defined as the inflammation of Ghisha-e-mukhati (mucous membrain) of halaq (Pharynx). According to the 2000 National Ambulatory Medical Care survey, the pharyngitis accounts for 1.1 percent of visits to the primary care settings and ranked in the top 20 reported primary diagnoses. There is a general perception that Unani treatment provides relief only in chronic diseases and has nothing to offer relief in acute diseases as compared to allopathic treatment. However, this is absolutely incorrect and there are certain Unani formulations which can provide instant symptomatic relief in acute diseases. Keeping this in view, the drug “laiq sapistan khayashambari” was selected for its clinical validation in Waram-i-Halaq.

Keywords: Humours, Inflammation, Throat, laiq sapistan khayashambari, Waram-i-Halaq

Introduction

Waram-i-Halaqis mentioned in classical Unani literature as “Pharyngitis”. Itis inflammation of Ghisha e mukhati (mucous membrane) of Halaq (Pharynx) (Kabeeruddin, 1956; Saunders, 2002) [2, 7]. According to Unani system of medicine, Waram-i-Halaq (Pharyngitis) can be of four types on the basis of Akhlat (Humours): Damwi, Sfrawi, Balghami and Sawdawi. Waram-i-HalaqDamwi (Sanguineous Pharyngitis) is characterized by Imtilaa-i-Uruq (congestion of vein), Shiddai-i-Zarban (strong pulse) and flushing of face. There will be Karb (restlessness) and more Hararat (heat) in Waram-i-HalaqSafrawi (Bilious Pharyngitis). In Waram-i-HalaqBalghami (Phlegmatic Pharyngits), there will be the Waram (inflammation) and the Istirkha (paralysis) in the tongue and the taste of the tongue will be salty and spitting may be increased. The prevalence of Waram-i-HalaqSawdawi (Melancholic Pharyngitis) is very rare (Rabban, 1994; Rhazi, 1996) [5, 6]. On the basis of severity of the conditions, there are two types of Waram-i-Halaq (Pharyngitis) as described below:

Waram-i-Halaq Had (Acute Pharyngitis)

It is mainly caused by Nazla-o-Zukam (Common Cold), Waram al-LawzatynRaji (recurrent tonsillitis), Humma-i-Surkh (scarlet fever), dusty atmosphere, entry of Jism Gharim (Foreign body) in the throat and Tasammum Dam (toxaemia) (Kabeeruddin, 1956) [2]. Clinical features of Waram-i-Halaq Had (Acute Pharyngitis) include HumamaBul um (Pharyngeal Erythema), Suda (headache), Usr al-Bala (Dysphagia), pain in throat, Buhha al-Sawt (Hoarseness of voice), Rhinorrhoea and fever with mild rigors (Davidson, 2010; Kabeeruddin, 1956; Khan, 1987; Kumar, *et al.* 2004) [1, 2, 3, 4].

Waram-i-Halaq Muzmin (Chronic Pharyngitis):

It is caused by constantuse of spicy food, chewing tobacco, alcohol, shouting and the people who use the throat beyond the limits like singing etc. Sil (Phthisis), Niqris (Gout), Su al-hadm (Dyspepsia) andHurqa al-Mi ‘da (Hyperacidity) can also lead tochronic Pharyngitis. But mostly chronic Pharyngitis is the later stage of the acute Pharyngitis. In Waram-i-HalaqMuzmin (Chronic Pharyngitis) Surkhi (redness) and Tarashshuh (dripping of fluids) in the pharnxwill be lesser in comparison to acutethe pharynx Pharyngitis. Absence of fever, sputum comes after efforts, small round and superficial ulcers if caused by II stage of Athsak (Syphillis) (Kabeeruddin, 1956) [2]. The objective of the study was to assess the safety and efficacy of Unani Pharmacopoeial formulation laiq sapistan khayashambari in case of Waram-i-Halaq (Pharyngitis).

Corresponding Author:

Dr. Aslaaf N Shaikh

HOD & Associate professor of
Moalajat Al- Farooque Unani
Medical College Indore,
Madhya Pradesh, India

Material & Methods

The study was designed as an open clinical trial to evaluate the efficacy of Unani Pharmacopoeial formulation on twenty nine patients of Waram-i-Halaq. The patients were

treated for a period of one week with regular follow-up on 3rd day and 7th day of treatment at Al Farooque Unani tibbiya college Indore MP. The duration of the protocol therapy was one week.

Treatment Details

Sr.No.	Drug Name	Botanical Name	Uses Nafa Khaas	Temparament
1	Sapistan	Common sebesten	Expectorant, khushunathalaq	Wet1, motadil
2	MaghzKhayashanbar	Cassia fistula L.	Anti-inflammatory, cough	Hot, dry1/hot, dry2
3	Sanamakki			
4	Gul-e-Banafsha	Sweet violaceae	Expectorant, cough, through disease	Cold, wet 1
5	Turanjabeen	Camel thorn	exoejectant	Cold, dry 1
6	TukhmKhatmi	<i>Althaea officinalis</i> L	Expectorant, munzijbalgham, antiinflammatory	Cold, wet 1
7	Unnab	jujube	Cough, cold,	Wet, motadil
8	Sat-e Lemo			
9	RoghanAlsi			

The study protocol comprises of following headings Criteria for selection of cases:

Dosage and Administration

All the patients were selected as per inclusion and exclusion criteria of Waram-i-Halaq (pharyngitis). Unani Pharmacopoeial Drug laiq sapistan khayashambari (paste) was given orally. No concomitant treatment was followed

Place of Study

The present open level study was carried out after obtaining the approval of Institutional Ethics Committee of Al Farooque Unani Tibbiya College Indore MP in the patients attending the General Outpatient Department of the college.

Selection of Patients

The patients were selected on the basis of inclusion and exclusion criteria as given below.

Inclusion Criteria

Patients of either sex in the age group of 18-60 years
Presence of all the following signs and symptoms of Waram-i-Halaq

- *Buhha al-Sawt* (Hoarseness of Voice)
- *SurfaYubsiyya* (Dry Cough)
- *Usr al-Bala* (Dysphagia)
- *HumamaBulum* (Pharyngeal Erythema)
- *Waja-e-halaq* (Pain in throat)
- *Khushuna al-Halaq* (Irritation in throat)

Exculsion Criteria

Presence of any one of the following:

Patients with all four classical symptoms of Group A streptococcal pharyngitis:

- Pharyngeal or Tonsillar exudates
- Swollen anterior cervical nodes
- History of fever more than 38°C
- Absence of cough.
- Known cases of Renal/Hepatic/Cardiac ailments/Diabetes mellitus
- Pregnant and lactating women
- Oral candidiasis
- Epiglottitis,
- Herpes simplex
- Mononucleosis
- Gastro esophageal reflux

Safety Assessment

The safety was monitored on the basis of the laboratory investigations such as CBC (Hb%, TLC, DLC, ESR), Absolute Eosinophil Count (AEC), LFT (S. Bilirubin, SGOT, SGPT, S.Alkanine Phosphatase), KFT (S. Urea, S. Creatinine, Uric Acid) and Urine R/M done at the baseline and end of the study. Blood Glucose (Fasting) was carried out only at the baseline. The safety of the drug was also assessed clinically on the basis of adverse events as reported by the patients or observed clinically on the follow up. No adverse effect of the Unani Pharmacopoeial drug laiq sapistan khayashambari was observed during the course of the study and at the end of the study. The drug was found safe in the patients of Waram-i-Halaq.

Efficacy Assessment

The patients were assessed clinically on 3rd and 7th day of the treatment. The efficacy of the Unani Pharmacopoeial drug laiq sapistan khayashambari was evaluated on the basis of reduction in the sign and symptoms as mentioned in the Case Record Form. The severity of symptoms was recorded in numbers as per the Visual Analogue Scale (VAS).

Statistical Analysis

Clinical subjective parameters, pathological and biochemical parameters were statistically analyzed by using student's 't' test and paired 't' test. The results were expressed as Mean ± SEM. $P < 0.05$ has been considered as statistically significant and $P < 0.001$ considered as highly significant.

Study design

The study was open observational clinical study

Allocation of Subject:

- Group A-Sanguine (Damwi)
- Group-B-Phlegmatic (Balghami)
- Group-C-Bilious (Safravi)
- Group-D -Melancholic (Saudavi)

After the diagnosis of mizaj we followed and observed the patients. From this study we find out the symptoms of Hyper Acidity in different temperament.

Results and Discussion

Study Design: An observational clinical study

Table 1: Age-wise Distribution of the Cases

Sr.No.	Age	No of Subjects	%
1	18-30	04	30
2	31-40	08	10
3	41-50	06	60
4	51-60	05	0
Total		23	100

Interpretation**It was observed that**

In the present study, the maximum number of patients belonged to the age group of 31-40 years (34.78%).

Table 2: Sex-wise Distribution of the Cases

Sr.No.	Religion	No of Subjects	%
1	Male	14	61
2	Female	09	39
Total		23	100

Interpretation**It was observed that**

It was also found that maximum number of patients 14 (61.00%) were male and 9 (39.00%) patients female.

Table 3: Distribution of the Cases According to the Mizaj (Temperament)

Temperament	No of Cases	%
Sanguine (Damwi)	12	52.17
Phlegmatic (Balghami)	05	21.73
Bilious (Safravi)	05	21.73
Melancholic (Saudavi)	01	04.34
Total	60	100

Interpretation:**Total No of Patients were 23.**

In the study, maximum number of patients observed possess

Damwimizaj (52.17%), followed by

Balghami (21.73%) and

Safravi (21.73%).

One patient of Saudavimizaj (4.34%) was enrolled in the study

Table 4: Effect of Unani Pharmacopoeial Formulation, laiq sapistan khayashambari on: Different Symptoms Associated with *Waram-i-Halaq* (Pharyngitis)

Signs and Symptoms	Before Treatment	1st Follow Up	After Treatment	Improvement (%)
	Mean±SD	Mean±SD	Mean±SD	
Buha-al-Sawt (Hoarseness of Voice)	5.74±0.37	3.74±0.25	1.61±0.26*	71.95 %
SurfaYubsiyya (Dry Cough)	5.22±0.37	3.52±0.32	1.57±0.16*	69.92 %
Usr-al-Bal (Dysphagia)	4.52±0.31	2.43±0.25	0.7±0.15*	84.51 %
Humama-Bull-um (Pharyngeal Erythema)	3.78±0.27	2.22±0.26	0.43±0.14*	88.62 %
Waja-e-halaq (Pain in throat)	4.61±0.39	2.61±0.35	0.65±0.20*	85.90 %

Interpretation

In the present study, efficacy of laiq sapistan khayashambari was evaluated over a period of seven days on the basis of symptom-wise improvement. The mean scores of hoarseness of voice, dry cough, dysphagia, pharyngeal erythema, pain in throat and irritation in throat before treatment were 5.74, 5.22, 4.52, 3.78, 4.61 and 4.35 respectively while after treatment they were 1.61, 1.57, 0.7, 0.43, 0.65 and 0.91 respectively. So the improvement in hoarseness of voice, dry cough, dysphagia, pharyngeal erythema, pain in throat and irritation in throat was 71.95%, 69.92%, 84.51%, 88.62%, 85.90% and 79.08% respectively which is statistically significant

Table 5: Hb, ESR and TLC at the Baseline and After Treatment

Investigation	Base Line Mean±S.E.M	After Treatment Mean±S.E.M
Hemoglobin (Hb) (gm%) Erythrocyte	11.53±0.52	12.18±0.44*
Sedimentation Rate (ESR) (mm/hr) 1st Hour	28.39±4.57	19.43±3.50**
Total Leucocyte Count (TLC) (cmm)	7252.17±195.42	7363.18±108.84*

Table 6: DLC at the Baseline and After Treatment

Investigation	Base Line Mean±S.E.M	After Treatment Mean±S.E.M
Neutrophils (%)	57.96±1.66	66.43±1.05*
Lymphocytes (%)	37.57±1.51	36.35±1.03*
Eosinophils (%)	3.04±0.24	2.13±0.13**
Monocytes (%)	1.39±0.10	1.35±0.14*

Conclusion

On the basis of the above observations, it can be concluded that Unani Pharmacopoeial formulation laiq sapistan khayashambari is effective in the treatment of *Waram-i-Halaq* (Pharyngitis). Moreover, the drug is cheaper, easily available and well tolerated by the patients without having any side effect.

Acknowledgement

Greatfull to my co auther Dr Sabahat Afreen deoband Unani medical college Deoband who supporting me in all my reasearch work on clinical evaluation of unani pharmacoeial formulation laiq sapistan khayashambari in waram-e-halaq (pharyngitis)

References

1. Davidson SS. Davidson's Principle and Practice of Medicine, 21st edition, Elsevier Health Sciences, 2010, 680-681.
2. Kabeeruddin HM. SharahAsbab, Shaukat Book Depot, Shaukat Bazar, Gujarat, part-II, 1956, 89-91.
3. Khan HA. Haziq, BeeswinSadi Book Depot, Ruby Printing Press, Delhi, 1987, 185-189.
4. Kumar P, Clark M. Clinical Medicine, Printed in UK by Bath Press Limited, 5th edition, 2004, 860.
5. Rabban Tabari, Abu Hasan, Ali ibn Sah. Firdausul Hikmat (Translated by Hakim Rasheed Ashraf Nadawi), NadeemYunus Printers, Lahore, 1994, 546-550.
6. Rhazi, Abu Bakar Muhammad Bin Zakariya Kitab Al Hawi. Central Council for Research in Unani Medicine, Ali Corporation, New Delhi, 1996, 186-188.
7. Saunders WB. Dorland's Medical Dictionary, W.B. Saunders Publishing Company, Philadelphia, 28th edition, 2002, 1272.