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Chronic rhino sinusitis: A review study

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Abstract

Chronic Rhino Sinusitis is one of the most commonly diagnosed ailments of the upper airways in primary care not only in western countries but also in Asia [1]. It causes significant morbidity, often compels the patient to take off from work. It is one of the commonest reasons for a general practitioner to prescribe antibiotics [2]. The incidence of chronic rhino sinusitis in India is 136,657,953 out of 1,065,070,607 [6]. Unani medicine claims to possess effective treatment for the management of chronic rhinosinusitis and suggest an array of medicament for the purpose [8]. The World Health Organization has reported that more than half of the population in developing countries rely on traditional medicines for their primary health care needs [10]. For last few years developed countries have also been showing interest in traditional herbal medicines. The Unani system of medicine is very common traditional system and has large-scale reach among people. Many compounds Unani Formulations like Itrifal Ustkhudus is of the standard parameter as given in Unani Pharmacopoeia [11]. There is no separate description of chronic rhino sinusitis in Unani Literature. The clinical features of CRS bear resemblance with Nazla-e-Barid [6]. Avicenna, Nafisi, Abul Hasan Raban Tabri and others described the abnormal phlegm or ColdMoist temperament as one the causes of phlegmatic diseases. Is not able to clear the infection (chronic rhinosinusitis) [6]. The term chronic rhino sinusitis encompasses all inflammatory disorders of the nose and paranasal sinuses for a minimum duration of 12 weeks. This definition was put forth in 1996 by the Rhinosinusitis Task Force (RSTF), which was established by the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) [7, 15]. The diagnosis of chronic rhinosinusitis is based largely on symptomatic criteria, with anterior rhinoscopy or endoscopy and computed tomography imaging [7].

Usoole Ilaj: Elimination of source of cold and heat, concoctions, purgation and eradication of cause. Correction of the altered temperament should be done. The flow of Madda (Mucus) should be altered from the throat towards the nose. The Madda should be altered in such a way that it gets excreted easily [17].

Keywords: Ustkhuddus chronic rhino sinusitis, unani medicine, itrifal

Introduction

Chronic Rhino Sinusitis is one of the most commonly diagnosed ailments of the upper airways in primary care not only in western countries but also in Asia [1]. It causes significant morbidity, often compels the patient to take off from work. It is one of the commonest reasons for a general practitioner to prescribe antibiotics [2].

Chronic sinusitis can reduce one's quality of life; ability to get restful sleep and ability to work [3, 4], it is challenging to treat the cases of chronic rhinosinusitis [1]. Up to 75% of orbital infections are attributable to sinonasal disease. Similarly, Frontal sinusitis may lead to osteomyelitis of the frontal bone (Pott's puffy tumour) and may also destroy the posterior table of the sinus, leading to extradural and subdural emphysema. Sinusitis may also lead to meningitis, intracranial abscess, and cavernous sinus thrombosis, the latter occurring via hematogenous spread through the superior orbital veins or pterygoid venous plexus [2, 5]. The incidence of chronic rhino sinusitis in southern Asian countries like India is 136,657,953 out of 1,065,070,607 [6]. Despite its widespread prevalence and substantial impact on the population, there are no Food and Drug Administration-approved drugs for the management and treatment of the chronic rhinosinusitis. This is due largely to the lack of research into safe and effective treatments [6, 7]. Since the drugs available in modern medicine produce varying adverse effects in the human body, therefore natural, herbal or traditional medicines including Unani medicine are now being valued by the general public with pronounced interest and anticipation. Unani medicine claims to possess effective treatment for the management of chronic rhinosinusitis and suggest an array of medicament for the purpose [8]. As in India 65% of the population in rural areas use Traditional Complementary and Alternative medicines to treat or prevent diseases and chronic illnesses and to improve quality of life [9].

Even though, the World Health Organization has reported that more than half of the population in developing countries rely on traditional medicines for their primary health care needs [10]. For last few years developed countries have also been showing interest in traditional herbal medicines. There is an urgent need to ensure the quality of these medicines to expand its acceptability worldwide [10]. The Unani system of medicine is very common traditional system and has large-scale reach among people. In order to enhance its reliability, several Unani Formulations for numerous diseases have been clinically tested so far and the exercise is constantly continued. Present work is based on this rationale [10]. For thousands of years, natural products have been used in traditional medicine all over the world. It is also believed that plant derived drugs are safe and more dependable and have little side effects than the costly synthetic drugs and many of which have adverse effects and beyond the reach of poor patients [11]. The compound Unani Formulation Itrifal Ustukhudus used in the present study is of the standard parameter as given in Unani Pharmacopoeia [11]. Itrifal Ustukhudus is a safe and effective compound Unani formulation with high therapeutic value in warme Tajaweefe anaf [10-12]. Hence it has been selected to validate its efficacy scientifically in Unani system the main constituent Ustukhudus is described as “Jaroobe dimagh” which means “broom of brain” because of it removing the black bile from the brain, it strengthens and improves the intellect [16-12]. Mostly used in Iltehab Tajaweefe anaf and its associated symptoms [12]. There is no separate description of chronic rhinosinusitis in Unani literature. The clinical features of CRS bear resemblance with Nazla-e-Barid [6]. Avicenna, Nafisi, Abul Hasan Raban Tabri and other described the abnormal phlegm or Cold Moist temperament as one of the causes of phlegmatic diseases. Is not able to clear the infection (chronic rhino sinusitis) [6] Patients with cold temperament have a positive history of Nasal discharge, Nasal obstruction, voice change and feeling of heaviness in the forehead, which corresponds to the symptoms of chronic rhino sinusitis.

Sources of literature: Literature has been searched on Medline for recent papers using “sinusitis”, “rhinosinusitis”, “acute”, “chronic”, “diagnosis”, and “management” as keywords. Also searched on the Cochrane Database of

systematic reviews using the keywords “sinusitis” and “rhinosinusitis”. In addition, we used a personal archive of references relating to clinical experiences and updates written for Clinical Evidence.

Literature review

The term chronic rhino sinusitis encompasses all inflammatory disorders of the nose and paranasal sinuses for a minimum duration of 12 weeks. This definition was put forth in 1996 by the Rhinosinusitis Task Force (RSTF), which was established by the American Academy of Otolaryngology-head and Neck Surgery (AAO-HNS) [7, 15]. According to the European Academy of Allergology and Clinical Immunology, the definition of chronic rhinosinusitis is nasal congestion or blockage lasting more than 12 weeks and accompanied by one of the following three sets of symptoms: facial pain or pressure; discolored nasal discharge or postnasal drip; or reduction or loss of smell [2]. As suggested by the European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS 2007 and 2012), from an epidemiological standpoint, chronic rhinosinusitis (with or without nasal polyps) in adults is defined as: presence of two or more symptoms one of which should be either nasal blockage/obstruction/congestion or nasal discharge (anterior/posterior nasal drip); ± facial pain/pressure; ± reduction/loss of smell; and symptoms must be present for more than 12 weeks [15].

Although commonly known as ‘chronic sinusitis’, the term ‘chronic rhinosinusitis’ is now being used more frequently, due to the involvement of the entire nasal and sinus passages [7] genetic and environmental factors contribute to its pathogenesis [15]. The complications of sinusitis are largely to the proximity of the paranasal sinuses to the anterior cranial fossa and orbit, as well as to the venous drainage of the mid-facial structures into the intracranial venous sinuses.

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Conflict of interest: None

Table 1: Factors associated with diagnosis of rhinosinusitis (RSTF 1996) [7]

Major factors					Minor factors	
Facial pain/pressure*					Headache	
Nasal obstruction/blockage					Fever (all no acute rhinosinusitis)	
Nasal discharge/purulence/discolored postnasal drainage					Halitosis	
Hyposmia/anosmia					Fatigue	
Purulence examination					Dental pain	
	in	nasal	cavity	on	Cough	
Fever (acute rhinosinusitis only)					Ear pain/pressure/fullness	

Table 2: Operational definitions

Chronic rhinosinusitis	According to the European Academy of Allergology and Clinical Immunology, the definition of chronic rhinosinusitis is nasal congestion or blockage lasting more than 12 weeks and accompanied by one of the following three sets of symptoms: facial pain or pressure; discolored nasal discharge or postnasal drip; or reduction or loss of smell.2
Warme tajaweefe anaf muzmin	All inflammatory disorders of the nose and paranasal sinuses for long duration having symptoms ie. Nazla, lassitude, irritation, heaviness of the head and eyes, sneezing, dryness of throat, headache is warme tajaweefe Anaf.
Sinusitis questionnaire	a list of symptoms, functional limitations, and emotional consequences of patient’s rhinosinusitis, to know more about these problems and how they impact their life, in form of Scores from 0 to 5.18
Itrifal ustukhuddus	Itrifal Ustukhudus is a safe and effective compound Unani formulation with high therapeutic value in warme tajaweefe anaf.14

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