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A review on Qai: Unani medicine's approach to healing through emesis

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Abstract
Qai, or therapeutic vomiting, is a traditional Unani practice designed to expel morbid materials from the gastrointestinal tract using emetics, known as Muqiyat. This ancient therapy is believed to offer numerous health benefits, including improved digestion, inflammation reduction, and weight management, particularly for individuals with specific body types. Qai operates through central and local mechanisms that facilitate the expulsion of humors and detoxification of internal organs. The procedure is most effective when conducted in appropriate seasons (preferably spring and summer) and requires careful consideration of individual physiological responses. This paper provides a comprehensive overview of the indications, procedural guidelines, classification of emetics, and therapeutic applications of Qai, demonstrating its significance in Unani medicine and potential implications for broader health practices.

Keywords: Qai, Unani medicine, therapeutic vomiting, healing

Introduction
Qai, also known as therapeutic Vomiting or Emesis, is the induced expulsion of stomach contents through the mouth. The aim of Qai is to remove the morbid material from the GIT. Emetics, also known as Muqiyat, are the medications employed in Qai, an ancient Unani way of treating bodily ailments [1]. Balghami followed by Safravi in jurjani's view accounts for most of the humor expelled in qai. Rarely is sauda excreted except if patient has post-menopausal syndrome, splenomegaly or alcoholism[1]. Initially, this expulsion mostly occurs from the stomach's contents (tanqiya-e-ula, or primary excretion), but its secondary effects can be observed on all organs of the body, including in the brain and lower extremities (tanqiya-e-saniya, or secondary excretion) [2].

Qai has the benefit over other therapies because it clears the stomach and removes or mobilizes the morbid material in the distant viscera. It also eliminates plethora [3]. Hippocrates (460–377 BC) believed that Qai is the most effective method of expulsion for both preventing and curing diseases of the lower body, particularly those affecting the kidneys and lower limbs. It is the most effective way to remove Balghami waste from these areas. In addition, when used in moderation, qai improves eyesight, digestion, and appetite; it also aids in the treatment of leprosy, melancholia, tremors, paralysis, gout, and some forms of epilepsy. It also helps reduce oedema and inflammation. When used properly, qai aids in natural weight gain [4].

Hippocrates stated, "I guarantee that a person who follows this therapy (emesis) properly will have his health preserved." This statement highlights the significance of qai in maintaining health. Qai is believed to be especially beneficial as a preventive procedure for thin-built individuals with safravi mizaj. However, Razi states that in order to prevent dryness, such individuals ought to consume ratab diet before qai [5]. Once or twice in a month, healthy individuals should routinely undergo qai procedures. Unani physicians advise doing qai on two days in consecutive days if possible. So, if some matter is left behind on the first day, it can be expelled on the second day. Furthermore, this helps in the excretion of those humors that might subsequently be pulled into the stomach as a result of increased movement during QaI [6].

The most ideal person for qai is one with strong abdominal muscles and a wide thorax, spring and summer are the ideal seasons for qai. Because the humors are less viscous during these seasons and can be easily expelled by Emesis. Additionally, the thoracic and abdominal muscles are relaxed, allowing for forceful movements to be performed with little

effort. Furthermore, the summer season causes an increase in Safra production, which enhances the emetic effect. In light of the reasons mentioned above, summer afternoons are the best times to induce qai [5, 7]. Qai is also beneficial for eliminating excess Balgham, particularly if it has been accumulated inside the stomach. In these situations, the Balgham may adhere to the stomach wall and into the mucosal folds; therefore purgation may not be able to eliminate it completely. Therefore, qai is a simpler and more efficient method of complete expulsion [3].

Mechanism of action of Qai

The vomiting centre is located in the 4th ventricle of the medulla oblongata that regulates therapeutic emesis. The actions of emetics may be either central, mediated by the central nervous system, or local, where medicines stimulate the stomach mucosa and cause reverse peristalsis [8]. Several attempts have been made to determine the mechanism of action of qai on human physiology. Several hypotheses have been proposed based on experiments and observations. According to one such hypothesis, qai induces positive stress on the body, which causes the body to produce more glucocorticoids. These glucocorticoids then cause the release of more ACTH, which has an anti-inflammatory and mildly immune-suppressive effect and is hence helpful for autoimmune illnesses. The physical stress on the body caused by performing qai mobilizes the humors in distant viscera as well. Moreover, catecholamine release causes blood vessels to dilate and raises heart rate, both of which support the anti-inflammatory process and thus help to induce vomiting. During the procedure, there is a slight rise in heart rate, temperature, respiration, and blood pressure (both systolic and diastolic). This is caused by sympathetic activity and resolves spontaneously. Therefore, it implies that individuals with hypertension require caution when performing qai. Also, there is a mild cleansing effect on the gut flora, although E. coli and bacteroids stay within normal limits [2].

Jurjani has given an easily understood description of qai's mechanism of action. According to Jurjani, the bile's haar (hot) temperament helps the intestines naturally get rid of viscid and adhering balghami (phlegmatic) wastes as it passes through tract. Qai can cause similar bile flow into the stomach, which helps in the cleaning of its internal lining. As waste products tend to build up as a result of physiological processes, this kind of cleaning is repeatedly required [7].

Rules for Qai

1. A light diet, such as Khichdi, is advised one day prior to qai [1].
2. To produce haijan in body humors, exercise is beneficial before inducing qai [1].
3. In extreme cold or hot temperaments, qai should be avoided [1].
4. The best time to do the qai procedure is in the afternoon [1].
5. During the act of vomiting, it is advised to cover the eyes with a soft cloth and gently tie the abdomen. This protects the eyes and abdominal organs from the trauma and jerks that occur during vomiting by supporting them [6, 9].
6. To ensure the patient's comfort, qai should ideally not be performed in a crowded area, in a dry environment, or in extremely bright light [6, 9].

Classification of emetics (MUQIYAT)

Emetics are from same class as purgatives, but are more stronger. Dosage of emetics is from 2 gms to 4 gms [10].

Muqiyat (emetics) are classified into three grades depending on their potency.

- **Weak emetics**: Warm water, Ma-ush-shaeer (Barley water), sikanjabeen (oxymel) and decoction of shibt (Anethum sowa) are weak emetics
- **Moderate emetics**: Bekh-e-kharpaza (Root of Cucumis melo), bekhe khayar (root of Cucumis sativus), piyaz nargis (Narcissus tazetta), juice of radish are moderate emetics.
- **Strong emetics:** while kundush (Saponaria officinalis), jawz-ul qayy (plant related to Strychnos nux vomica), tukhm-e turb (seeds of Raphanus sativa) are strong emetics [1, 4, 11].

Emetic prescriptions for different Humors

- **For Safravi Humors**: To induce safravi qai, sikanjabeen boiled in 12 ml of water is administered.
- **For Balghami Humors**: To induce balghami qai, grind Namki shor (1 gm), Tukhmi turib (6 (gm), and Tukhmi shibat (2 (gm) into a fine powder and mix with honey.
- **For Saudavi Humors**: To induce the saudavi qai Prick a radish with kharbaq, then dip both in sikanjabeen unsuli, and give the patient the mixture to induce qai [12].

Therapeutic Applications

Specific emetics are prescribed for individual disorders, which indicate that the drugs exert their therapeutic actions also along with the emetic effect. The following is a brief description of how qai is prescribed in various disorders in Unani medicine -

- **Arthritis:** If balghami humor is the origin of the arthritis, qai should be induced by putting honey into a decoction made of aslus soos and shibt [13].
- **Gout**: Prick a radish with kharbaq (Helleborus niger), then dip both in sikanjabeen unsuli (an onion-based oxymel), and give the patient the mixture to induce qai. This process should be done three times over a period of six days [13].
- **Sciatica and Coxalgia**: The best emetic for Sciatica and Coxalgia is vinegar and boric powder [7]. To remove morbid materials from hip to toe qai is best form of istafragh [11].
- **Gastralgia**: A solution of 25 grams of salt in a liter of water is used to induce qai [14].
- **Zo'f-e-me'da (Weakness of stomach**): Salted fish and radish can be used to induce qai if Zo'f-e-me'da is caused by sue mizaj barid ratab. Warm water and sikanjabeen are used to induce qai in cases of indigestion [2].
- **Gaseous Adbominal Pain:** Qai is induced with sadab, baboona qaisum, mirzanjush,tukhmi karfas, badiyan, nakhoona ,injeer in equal quantity according to need and boil it in water then mix honey [15].
- **Hiccups:** Induce qai with salt or dissolved sikanjabeen in warm water in frequent hiccups [14].
- **Morbid humors in the thorax and lungs:** To induce qai, a decoction of injeer (*Ficus carica*), maveez kalan

(*Vitis vinifera* L.), honey, mulethi, and parsioshan (Adiantum capillus-veneris) is used [13].

- **Asthma & Nightmare:** Qai is induced with a decoction of tukhme soya, tukhmie muli, to which honey and salt has been added [12].
- **Meningitis:** Qai may be induced by stroking the throat with a feather dipped in honey and rye [12].
- **Headache**: If the damvi humors are the cause of the headache, sikanjabeen and lukewarm water should be given first, then fresh fish and sikanjabeen mixed with aab-e-barg-e-khiyar (Cucumis sativus leaf juice). This results in successful emesis and symptom relief. If the headache and nausea are caused by safravi humors, it is recommended to remove the morbid material by inducing qai with warm water and sikanjabeen [1].
- **Paralysis**: Kharbaq safed (Veratrum viride) and usara turb (Raphanus sativa extract) are recommended as emetic for inducing qai in paralyzed patients.
- **Epilepsy**: Qai can be induced in sara balghami with a decocation of tukhme soya tukme muli to which sikanjabeen has been added. For inducing qai in sara safravi, take tukhme kharpaza , tukhme khabzi each 6 gms boil them in water then mix salt and sikanjabeen, use this as emetic [12].
- **Poisoning:** In mercury poisioning qai is induced with ma-ul-asal and bora armani or with decocation of injeer, shibat, bora armani.In arsenic and carbonate poisioning honey and injeer is used to induce qai [16].

Signs of successful and unsuccessful Qai

- **The signs of an effective Qai** are**:** All vital signs are within normal ranges, the patient feels lightness in his body, his appetite has increased, and both his respiration and pulse rate have returned to normal. Also, nausea is seen before the onset of vomiting.
- **Signs of unsuccessful Qai are:** Qai happens with more difficulty, unease is experienced, the head feels heavy, the eyes bulge and get red, there is profuse perspiration, and the patient has difficulty in speaking, qai without a feeling of nausea is considered unsuccessful [2, 3, 17].

Contraindications & adverse effects of Qai

Qai is contraindicated in conditions like:

i. If the patient has an inflamed throat, it might become worse.
ii. Also, it should to be avoided in individuals who have abnormally thin neck or weakness in any thoracic organ and in young childrens, as in these situations, the trachea, oesophagus, and neck arteries may not be completely developed and have a narrower lumen, making them unable to withstand the pressure effects of vomiting, which could result in hemorrhage.
iii. Qai should also be avoided in individuals who are susceptible to haemetemesis for any cause. Furthermore, those who find the process difficult or who do not respond well to emetics should avoid it, because a higher level of stimulation may be needed to produce emesis in these individuals, which may harm their lungs and other vital organs [6, 9].
iv. Also, qai is not advised during pregnancy since it does not remove unhealthy humors that are often removed by menstruation, which can cause unnecessary fatigue, restlessness, and other disturbances [17].
v. Repeated qai sessions may lead to weakeness of the stomach and expose teeth to bile salts, which destroy tooth enamel and make teeth rough. Also, excess qai can be harmful to the liver, lungs, and vision. Furthermore, Increased intra-thoracic pressure may occasionally damage blood vessels, which can result in hemorrhage [5].

Treatment of complications of Qai

Certain medications are prescribed in cases when qai does not stop spontaneously or when qai has to be stopped for some reason. Add tukhme shibt, sa'ad kufi (Cyperus rotundus), nakhuna (Trigonella uncata), gul-e-banafsha (flowers of Viola odorata), and gul-e babuna (flowers of Matricaria chamomile) to water. After heating them gently, turn them into a paste. To stop emesis, apply this paste on the epigastrium [18]. Hot fomentation, a dalak with relaxing oils, and fire cupping on the chest wall are effective for relieving retrosternal burning and pain. Also rubbing with Roghan-e banafsha (Oil of Viola odorata) and Roghan-e-khairi (Oil of Cheiranthus cheiri) mixed with wax is beneficial if burning persists for longer duration. If the patient has hiccups during qai, lukewarm water may be administered and an attempt may be made to induce sneezing, which relieves the hiccups [5, 6]. If haemoptysis occurs during qai, bleeding can be effectively stopped by fresh milk. If the previously mentioned remedies are ineffective in stopping hemoptysis, taking aab-e-khurfa (Portulaca oleracea juice) and gil-e armani (Armeniac, aluminum silicate) orally may be helpful. Sikanjabeen may be administered in addition to allowing the patient to rest [5, 17].

Discussion

This review paper explores the traditional Unani practice of Qai, or therapeutic vomiting, as a method of detoxification and healing. Historically recognized by figures like Hippocrates, Qai is used to expel morbid materials from the gastrointestinal tract, improving bodily functions and preventing diseases. The ancient therapy remains relevant today for its central and local mechanisms that trigger vomiting, either by stimulating the central nervous system or irritating the stomach lining, which leads to the expulsion of toxins and regulation of humors. This process is especially effective in treating individuals with specific humoral imbalances, particularly those with Safravi or Balghami conditions.

The mechanism of action behind Qai reveals its complex effects on human physiology. By stimulating the vomiting center in the medulla oblongata, the therapy not only clears the stomach but also impacts other organs through humoral movement. This leads to improved digestion, reduced inflammation, and overall detoxification. Additionally, the release of glucocorticoids during Qai is believed to have anti-inflammatory and mild immune-suppressive effects, making the therapy beneficial for autoimmune disorders. The catecholamine release that occurs during vomiting enhances circulation and heart rate, supporting the detoxification process. However, caution is advised when applying Qai in patients with hypertension or other cardiovascular issues.

The therapeutic applications of Qai are vast, covering conditions such as arthritis, epilepsy, gastralgia, and

poisoning. Unani medicine's classification of emetics (Muqiyat) into weak, moderate, and strong categories allows for targeted treatments depending on the severity and type of humoral imbalance. For example, weak emetics like warm water are used for mild conditions, while stronger emetics such as Saponaria officinalis are applied in more severe cases. The ability to customize treatments based on individual patient needs highlights the flexibility and adaptability of Qai in managing a range of health issues.

Despite its therapeutic benefits, Qai also presents potential complications, such as organ damage, hemorrhage, and erosion of tooth enamel due to exposure to bile. The paper discusses ways to mitigate these risks, including the use of herbal remedies and preventive measures like gentle massages and warm compresses & concludes by emphasizing the need for modern clinical studies to validate Qai's efficacy and ensure its safe application in contemporary medicine. With its deep roots in traditional healing and its potential in treating chronic and inflammatory conditions, Qai offers a promising area for further research and integration into modern health practices.

Conclusion

Qai, also known as therapeutic vomiting or emesis, is an ancient Unani method of treating bodily ailments by inducing the expulsion of stomach contents through the mouth. This procedure aims to remove morbid material from the gastrointestinal tract and has been found to have multiple therapeutic applications in Unani medicine, including for arthritis, gout, gastralgia, paralysis, epilepsy, and poisoning. Qai has been a significant practice in Unani medicine with specific emetic prescriptions for different humors and effective treatments for complications arising from the process, making it a valuable therapeutic tool when used judiciously and under proper guidance. Despite these considerations, the historical significance and potential therapeutic benefits of Qai make it a fascinating subject for further exploration and understanding in the context of traditional Unani medicine.

Conflict of Interest

Not available

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