

Prevention and Control of Anaemia by Unani Intervention

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ABSTRACT

Anaemia is still common in India, and its prevalence has increased across all age groups. The prevalence of anaemia has increased by 2–9% among infants, pregnant and non-pregnant women, and men, according to data from the National Family Health Survey 5 (NFHS-5) released on November 24, 2021. For over 2000 years, the Unani system of Medicine (USM) a unique and comprehensive medical system, has ruled in terms of theory and practise. Its beliefs and practises differ from western medicine and may not be completely associated with it, but they are still significant because they are well-considered, comprehensive, and advocate for a holistic approach to health care. The data was collected from 17 ancient Unani books, the Indian Pharmacopoeia of Unani, and other manuscripts. Unani system recommends specific diet and Unani drugs for the prevention and intervention of Anaemia.

Keywords: Anaemia (*Faqr al-Dam*), Prevention (*Tahaffuz*), Principles of management (*Uṣūl-i-Ilāj*), Treatment (*Ilāj*)

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INTRODUCTION

Anaemics have decreased haemoglobin in the blood (Britannica et al., 2020). *Jurjani* (12th AD) claims in classical Unani literature that anaemia is caused by incorrect eating habits and imbalance (deficient iron nutrients), and that appropriate food and digestion are the keys to balancing the humours and health, and that if anaemia is left untreated, it may progress to *Istisqa* (ascites) (Jurjani et al., 2010). According to *Zakariya Razi* (850-925 AD), Anaemia is caused by a change in the liver's temperament, which causes pica and oedema, and suggested treating it with *muqawwiyat jigar* and goat's liver (Razi et al., 1991). *Ibn Sina* (980-1037 AD), has mentioned in his books *Al Qanoon fit tibb* expressed that the excess of sawda produces anaemia by stagnating between the liver and stomach and thereby interfering with the normal production of blood and other humours (Sina et al., 2010; Shah et al., 2007). According to *Ali ibne Abbas Majoosi* (930-994 AD) anaemia is caused by the weakness of the *quwwate mowallidedam*, which is caused by the liver's *su' mizaj bārid*, which inhibits haemopoiesis; at the same time, *Du'f al-Kulya* exists, which alters filtration, and as a result, *Istisqa* develops (Majoosi et al., 2010). *Rabban Tabri* cited that weakness and oedema are clinical features and *muqawwiyat* as a treatment for anaemia (Tabri et al., Y.N.M). *Ibne Nafis* (1207-1288) gave description regarding anaemia, its causes, signs and symptoms and treatment with iron preparations (Nafees et al., 1903). The other famous Unani physicians in their respective books described anaemia and attributed the cause to weakness of liver, leading to defective haemopoiesis which in turn results in defective cellular nutrition in liver, *Du'f al quwwate muallide khoon* leads to reduced haemopoiesis, *ghidha' kham* reaches the body parts as a result of partial conversion of food in liver. *Su'e mizaj haar* and haemorrhage, due to its ill effects alter the function of liver and changes its temperament to cold, which in turn disturbs the metabolism of food (Majoosi et al., 2010).

Prevention (Tahaffuz)

In the case of Anaemia, avoid overeating and foods that causes in digestion like fish and dairy products, fats, sesame oil, starch,

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sweet bread, cookies, and noodles. (Azam et al., 2011) Include the following in your diet –

Green leafy vegetables, Fruits and juices, Dairy products, Meat. Avoid alcohol (CCRM, 2016). The air in the atmosphere should be clean and fresh. Doing exercise on daily basis (Kabiruddin et al., 1935).

Principles of management (Uṣūl-i-Ilāj)

To remove the underlying cause (*Izāla-i Sabab*). Prevent the production of morbid material in the body. Elimination of morbid material from the body. Uses of diuretics (*mudirrat*) and de obstruent (*mufattiḥat*). Improvement of digestion and appetite (Razi et al., 2001; Samarqandi et al., 2009).

Management

Unani System of medicine believe in treating root cause of disease by different *Ilāj bi't Tadbir* (Regimenal Therapy) regimen e.g.,

Regimenal Therapy

1. *Ilāj bi't Tadbir* (Regimenal Therapy) is administered in order to maintain personal health. It deals with *tadile Asbāb Sitta Ḍarūriyya* (Equilibrium of Six essential Causes) and *ghayr Ḍarūriyya* (Non-essential Causes) like; dietary, exercise, and other regulations for promotion of health and prolonging

Table 1: Unani single drugs that are usually recommended

Single drug	English Name	Scientific name	Dose	Reference
Anar	Pomegranate	<i>Punica granatum</i> Linn.	5–10 gm	(Arzani et al., 2002)
Kishmish	Raisine	<i>vitis vinifera</i>	7–17 gm	(Hakim et al., 1997)
Chuhara/Khurma	Dates	<i>Phoenix dactylifera</i>	10–15 gm	(UPI, 2009)
Sammul far	Arsenic	Arsenicum	As per need	(Hakim et al., 1997)
Kushtae Abrak	Talc	<i>Calix mica</i>	As per need	(Hakim et al., 1997)
Qand siyah	(Jaggery)	<i>Saccharum officinarum</i>	As per need	(Kabiruddin et al., 1935; Samarqandi et al., 2009)
Shahad	Honey	Honey	As per need	(Kabiruddin et al., 1935; Samarqandi et al., 2009)
Amla	Emblic myrobalan	<i>Emblia officinalis</i>	3–5 gm	(Zaidi and Khatoon, 2021)
Zafran	Saffron	<i>Crocus sativus</i>	25–50 mg	(Sina et al., 2010; UPI, 2009)
Darchini	Cinnamomum	<i>Cinnamomum zeylanicum</i>	1-2 gm	(Afrin et al., 2020; UPI,1998)
Sad Kufi	Cyperus	<i>Cyperus rotundus</i>	5-7 gram	(Afrin et al., 2020)
Asaroon	Asarum	<i>Asarum europaeum</i>	3gm	(Afrin et al., 2020; UPI,2009)
Balchhar	Valerian	<i>Nardostachys jatamansi</i>	5 gram	(Afrin et al., 2020; UPI,1998)
Halila	Chebulic myrobalan	<i>Terminalia chebula</i>	3 gm	(Afrin et al., 2020; UPI,1998)
Balila	Beleric myrobalan	<i>Terminalia bellerica</i>	5 gm	(Afrin et al., 2020; UPI,1998)
Qaranfal	Clove	<i>Eugenia caryophyllata</i>	1 gm	(Afrin et al., 2020; UPI,1998)
Bisfaij	Polypody	<i>Polypodium vulgare</i>	10-15 gm	(UPI, 2007; Afrin et al., 2020)
Belgiri	Beal fruit	<i>Aegle marmelos</i>	5-7 gm	(UPI, 1998)
Chiraeta sheereen	Sweet chiretta	<i>Swertiachirata</i>	5-7 gm	(UPI, 1998)
Kakanj	alkaenj	<i>Physalis alkekenji</i>	5-10 gm	(UPI, 1998)
Zanjabil	Ginger	<i>Zingiber officinalis</i>	2-3 gm	(UPI, 1998)
Fundaq	Hazel nut	<i>Corylus avellana</i>	5-10 gram	(UPI, 2007)
Gul-e-surkh	Rose	<i>Rosa domescena</i>	5 gram	(UPI, 2007)
Mako	Black night shade	<i>Solanum nigrum</i>	5 gm	(UPI, 2007)
Chilghoza	Pine nut	<i>Pinus gerardiana</i>	7-10 gram	(UPI, 2009)
Kasni	Endiv	<i>Chicorium intybus</i>	7 gm	(UPI, 2009; Ghani et al., 2011)
Anjeer	Fig	<i>Ficus carica</i>	10-12 Number	(UPI, 2007; Ghani et al., 2011)
Choqandar	Beetroot	<i>Beta vulgaris</i>	As per need	(Ghani et al., 2011)
Kasoos	Dodder	<i>Cuscuta reflexa/ indica, Cassytha filiformis L.</i>	6-10 gm	(UPI, 2007; Ghani et al., 2011; Peter et al., 2014)
Khubs-ul-hadeed	Iron rust	Iron oxide	As per need	(Kabeer Uddin et al., 2007)
Nariyal	Coconut	<i>Cocos nucifera</i> L	As per need	(Peter et al., 2014)

Table 2: Some commonly used unani compound formulations

Compound Formulations	Dose	Actions	Therapeutic uses	References
Kushta-e- Faulad	60 mg/2 Qurs, with 10 gm honey.	Mowallid-e-Dam (Haematogenic), Muqawwi-e-Badan (General tonic)	In Faqr-ud-Dam (Anaemia), and if anaemia caused by Zof-e-Bah (Sexual debility)	(UPI, 2008; Anonymous, 1986)
Majoon Khubs-ul- Hadeed	3–5 gm with butter milk 250 ml once a day in morning.	Habis-ud-dam (Styptic), Muqawwi-i-Meda wa jigar (stomach & liver Tonic)	If anaemia caused by Bawaseer Damiya (Bleeding piles).	(Anonymous, 1986)
Jawarish-e-Anarain	5–10 gm twice a day with water.	Muqawwi-e-Meda (Stomachic), Qabiz (Constipative)	If anaemia caused by Zof-e-Kabid wa Meda (Weak liver & stomach),Zaufe Ishteha (loss of appetite)	(UPI, 2009; Anonymous, 1986)

Kushta-e-Khabsul hadeed	125 mg/2 Qurs once a day in morning	Mowallid-e-Dam (Haematogenic), Muqawwi-i-Meda wa jigar (stomach & liver Tonic)	Faqr-ud-Dam (Anaemia), and if anaemia caused by Zauf-e-Meda (Weakness of stomach), wa Zauf-e-Kabid (Weakness of Liver),	(UPI, 2008; Anonymous, 1986)
Safoof khabsul hadeed	3 gm/day in capsule form	Mowallid-e-Dam (Haematogenic),	In Faqr-ud-Dam (Anaemia)	(Jeelani et al., Y.N.M)
Dawa-ul-Kurkum	5–7 Masha, (1 masha=1 gm)	Muqawwi-e-Kabid wa tihal (Liver & spleen tonic)	it is beneficial in liver and splenic disease like, Hepatomegaly. Splenomegaly	(Sina et al., 2010; Anonymous, 1986)
Sharbate Deenar	50 mL, with water.	Mohallil-e-Waram (Anti-inflammatory),	if anaemia occurs due to impaired function of liver. Like, Waram-e-Kabid (Hepatitis),	(Akbar et al., 2018; Hakim et al., 1997; Anonymous, 1986)
Sharbate afsanteen	25–50 mL	Muqawwi-i-Meda, jigar wa tihal (stomach, liver & spleen tonic)	If anaemia caused by Zof-e-Meda (Weakness of stomach), and Hepatosplenomegaly.	(Akbar et al., 2018; UPI, 2009; Anonymous, 1986)
Sharbate ward	50 mL with water	Mufarreh (Exhilarant) wa Muqawwi-e-Qalb (Cardiac tonic)	It is beneficial in anaemic symptoms like, Khafqan (Palpitation)	(Azam et al., 2011; Anonymous, 1986)
Habb-e-Khabsul Hadeed.	150–500 mg	Mudirr-e-Baul (Diuretic), Habis-ud-dam (Styptic)	Faqr-ud-Dam (Anaemia), Istisqa (Dropsy), Bawaseer Damiya (Bleeding piles).	(UPI, 2006)
Majoon Aarad khurma.	10–15 gm twice a day	Increased the production of semen and sexual power.	If anaemia caused by diluted semen, lack of semen and sexual debility.	(UPI, 2009; UPI, 2006)
Jawarish-e-Jalinoos	5–10 gm	Muqawwi-e-Meda, Ama wa Masana (stomach, intestinal & vesicular tonic)	If anaemia caused by Zof-e-Meda. Ama wa Masana. Zof-e-Ishteha (Indigestion) and Bawaseer (piles).	(UPI, 1998)
Khamira Gaozaban Ambari	5–10 gm once a day at night	Increased power of brain and heart.		(Kabiruddin et al., 1935; NFUM, 2008)
Sharbat-e- Anar	25–50 mL	Mubarrid (Frigorific)	In anaemic symptoms like, Ghasiyan (Nausea), Aatish-e-Mufrit (Polydipsia).	(NFUM, 2008)
Sharbat e Faulad	Adult- 20 mL and children 10 mL twice a day)	Mowallid-e-Dam (Haematogenic) improve digestion.	Faqr-ud-Dam (Anaemia), and if anaemia caused by Zauf-e-Kabid (Weakness of Liver), Zauf-e-Meda (Weakness of stomach),	(Verma et al., 2013; NFUM, 2011)
Majoon Dabid-ul-ward	5–10 gm twice a day after meal.	Mudirr-e-Baul (Diuretic), Mohallil (Anti-inflammatory), Mowallid-e-khoon (Haematogenic)	Zauf-e-Kabid, Hepatitis,	(Anonymous, 2006; Hakim et al., 1997)
Safoof-e-Habis-ud-dam	3–5 gm	Habis-ud-dam (Styptic) and Qabiz (Constipative)	In anaemic symptoms like, Kasrat-e-Tams (Polymenorrhagia), Ishal-e-dam (bloody Diarrhoea), Nazfudam (Haemorrhage), Qaiuddam (Hematemesis).	(Anonymous, 1987)

life (Jamil et al., 2012). Sunbathes increased haemoglobin % and production of red blood cells and improve vitamin D metabolism. Cold friction, Hot Epsom salt bath improves anaemia (Sina et al., 2010). *Fas'd* (Venesection) is done in anaemia if it is occurred due to *Ihtibās al- tamth* (Amenorrhoea), but the amount of blood letting should be small otherwise it is contraindicated in anaemia. *Riyazate e zaefa, Dalak*, deep breathing exercises are recommended to improve mature mediastines (Sina et al., 2010; spc.tn.gov.in, 2013).

Dieto-therapy (Ilāj bi'l Ghizhā)

Light, readily digestible food should be given to improve digestion and appetite. (Azam et al., 2011; Kabiruddin et al., 1935) Take iron and vitamin-rich diet – for examples Meats, Citrus fruits and juices, Banana, mango, pomegranate, apple, Angoor, Gajar, Jamun, Ganna (Zaidi and Khatoon, 2021; Hakim et al., 1997). Dark green leafy vegetables, Methi, beet root, carrot, Jaggery, dates, Honey, Dairy product. Supplementing a well-balanced diet (example: meat, eggs, milk, butter, etc.) (Kabiruddin et al., 1935; Samarqandi et al., 2009; Hakim et al., 1997).

Pharmacotherapy (Ilāj bi'd Dawā)

Mamoolat-e-Matab nuskha for Anaemics

Zafran, Bisbasa, joz buwa each 1 rati Sumbuluttib, darchini each 2 rati, mawez munaqqa 4 dana all drugs are powdered (safoof) and used with 2 masha shehad (honey) (Azam et al., 2011).

CONCLUSION

Anaemia has a diverse and complicated aetiology. Anaemia affects all age groups at the same time. This article may be useful for early diagnosis, prevention, and management of anaemia using the Unani medical system. Some important parts of the preventative strategy in the Unani system of medicine, such as Regimenal Therapy, Dieto-therapy, and Pharmacotherapy should be given to prevent anaemia. Since ancient times, Unani physicians have effectively treated anaemic patients with this therapy.

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