

Efficacy of Tab Damvi and Syrup Jigreen in *Su al-Qiniya* (Anaemia) - A Case Report

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ABSTRACT

Anaemia is considered as a major health problem in developing countries. Children and women of reproductive age are the two most common age groups who suffer from anaemia especially due to lack of proper nutrition. In Unani system of Medicine (USM) anaemia is addressed as *su-al-qiniya*. In USM liver is considered as a vital organ that is the main site for the production of *Akhlat* (blood). Nutriments after their processing in alimentary canal transferred to liver through portal vein where they are transformed into the blood by the faculties of liver. The process of this transformation is known as hepatic digestion. So any disturbance in liver, alimentary canal as well as in nutriment itself may result in deficient production of blood i.e. anaemia. Management of *su-al-qiniya* depends upon the underlying cause. A female patient suffering from anaemia came to NIUM hospital, Bengaluru. After taking basic parameters compound Unani formulations (a) Syrup Jigreen (b) Tab Damvi were given for two months. It was observed that there was a significant improvement in subjective as well as objective parameters. Based on observation it is inferred that a combination of Tab damvi and Syrup Jigreen may prove to be effective in management of Megaloblastic Anaemia.

Keywords: Anaemia; *Su-al-qiniya*; Tablet Damvi; Syrup Jigreen; Unani Medicine.

INTRODUCTION

Anaemia affects a quarter of global population. In India anaemia is a major health problem in children and women of reproductive age group especially those

belong to low socio-economic group.¹ Anaemia is a condition in which the number of red blood cells or the haemoglobin concentration is below the lower limit of normal range for the age and sex of the individual.² Megaloblastic anaemia is macrocytic anaemia that is characterized by large RBC precursors (megaloblasts) in bone marrow and macrocytes in blood. In more than 95 % of cases it results from folate and vitamin B12 deficiency. Other causes of megaloblastic anaemia includes congenital disorder in DNA synthesis like Thiamine responsive megaloblastic anaemia, Acquired defects in DNA synthesis as occurs in some liver diseases as well as in leukaemia, especially acute myeloid leukaemia etc.³

In Unani system of medicine (USM) it is termed as *su-al-qiniya*. According to philosophy of USM ingested nutriments undergo a phase wise digestion until it becomes the part of organ. First level of digestion takes place in alimentary canal followed by digestion in liver, vessels and organs. These are known as gastric, hepatic, vascular and organ digestion respectively. Second stage of digestion i.e. hepatic phase results in formation of *akhlat* (humours) i.e. blood. And deficient formation of blood is known as *su-al-qiniya*. There are various causes of *su-al-qiniya* described in classical Unani literature like *sue mizaj jigar barid wa haar* (abnormal temperament of liver-cold or hot), *zof-e-jigar* (weakness of liver), *zof-e-meda* (weakness of stomach), *azm tihal* (splenomegaly), *bawaseer*

(haemorrhoids) and excessive use of *ghiza-e-ghaleez* (heavy nutriment) etc.⁴⁻⁶

CASE REPORT

A 27 years old unmarried female patient came to NIUM Hospital Bangalore with chief complaints of extreme weakness, loss of appetite and tiredness for past 3 months. She has a mixed dietary habit, with normal bladder but altered bowel habits, sleep was sound and adequate.

According to statement of patient she was apparently healthy 3 months back. Then she developed the complaints of generalised weakness, loss of appetite and tiredness which affects her daily activities. By the time patient was diagnosed with anaemia she took conventional treatment in the form of haematinics and vitamins for more than 2 months, but response neither was satisfactory nor sustained, because of this she came for Unani treatment.

Clinical findings: On general examination, Patient was dull looking. There was no icterus, cyanosis, lymphadenopathy, except pallor on conjunctiva, mild oedema on extremities. Her vitals and systemic examination were within normal limits.

Investigation: When she came to NIUM, Hospital she has deranged CBC with low Hb (8.20 g/dL) and RBC Count (2.54 mill/mm³). MCV, MCH and MCHC were 104.30 fL, 32.30pg and 30.40g/dL respectively.

Diagnosis: Patient was diagnosed as of *Su-al-qiniya* on the basis of sign and symptoms.

Treatment: According to the USM, *usool ilaj* (treatment plan) of *su al-qiniya* is based on the underlying cause. In this particular case cause of *su al-qiniya* was considered to be *sue mizaj barid jigar* (deviation in temperament of liver towards cold) on the basis of sign and symptoms. For the management drugs to correct liver functions by correcting its *mizaj* (temperament) along with drug having haematinic action were given.

Intervention: Following two compound Unani formulations were given:

(a)Syrup Jigreen: It is Manufactured by Hamdard Laboratories India and have ingredients like *tukhm kasni, makoh khushk, tukhm kasoos, berg jhao, berg sanbhalu, Biskhapra, Bao khamba, berg bartang, Gul surkh, filfil siyah, revand cheeni* etc.

It is given in a dose of two tea spoon twice daily.

(b)Tablet Damvi: It is manufactured by Dawakhna Tibbiya College, M.U.Aligarh and have ingredients like *Heerakasees (Fe₂SO₄), Zanjabeel and Revand cheeni* in it.

It was given two tablets twice a day.

Patient was advised to add red meat, egg and green leafy vegetables in her diet.

Duration of treatment: 2 months.

Result: At the end of second month her Hb conc. was 10.6 g/dL, and RBC Count was 3.51 mill/mm³. MCV (99.40fL), MCH (31.20pg) MCHC (30.30g/dL).With improvement in blood report patient got much relief from general weakness as well as tiredness and her appetite reverted back to normal.

DISCUSSION

In this patient cause of anaemia was considered to be *sue mizaj barid jigar* in which hepatic processing of food becomes disturb and liver fails to prepare mature blood, instead more phlegm is formed. So with passage of time more and more phlegm accumulate in blood as well as in the body. This phlegm interfere with normal blood flow as a result nutrition as well delivery of *arwah* (pneuma) to different parts of body get disturbed. As per Unani concept adequate heat is mandatory in liver, to prepare mature *khun* (humours/blood). Sometimes, this phlegm being tenacious and viscous may form hepatic obstruction which predispose to putrefaction as well as interfere with free flow of humours and as a result, these humours may spil over and admix with blood.^{4,7} Therefore, Compound formulations (a) Syrup Jigreen, to correct liver functions by correcting its *mizaj* (b) Tab Damvi for its haematinic action, were given. Outcome was satisfactory. Hence,

further clinical trials with good methodology are recommended to prove the efficacy of Unani formulations on megaloblastic anaemia.

CONCLUSION

Unani drugs are found to be very effective in anaemia. If the guidelines of USM for diagnosis and treatment are followed then the outcome is satisfactory.

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How to cite this article: Zulkifl e M, Ahmad S, Ansari TH. Efficacy of tab damvi and syrup jigreen in su al-qiniya (anaemia) - a case report. International Journal of Research and Review. 2020; 7(5): 22-24.
