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## Chronic Hepatitis-B treated with Oral Unani Medication along with Fasd (Venesection)

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CASE REPORT	ABSTRACT
<p><b>ARTICLE INFORMATION</b></p> <hr/> <p><i>Article history</i>            Received: 15 November 2014            Revised: 25 November 2014            Accepted: 15 December 2014            Early view: 25 December 2014</p> <hr/> <p>*Author for correspondence            E-mail: <a href="mailto:drfasihuzzaman@yahoo.com">drfasihuzzaman@yahoo.com</a>            Tel/Mobile: 000000000000</p> <hr/>  <p style="text-align: right;">Q R  C o d e</p>	<p>A Unani system of medicine is based on holistic approach in treating disease since thousands of years. The four modes of treatment in Unani medicine are Illaj bil ghiza (dietotherapy), Illaj bid dawa (pharmacotherapy), Illaj bit tadabeer (regimenal therapy) and Illaj bil yad (surgery). Illaj bit Tadbeer includes large no of regimental interventions such as Hijamah (cupping), Irsal alaQ (leeching), Fasd (venesection), Dalak (massage), Nutool, Bukhoor etc. Fasd (Venesection) is one of the non drug regimenal interventions carried out on different veins as per the indication to eliminate out the putrid or morbid humours (Tanquia-e-Mawad). This art of healing was used before the period of Hippocrates. Hepatitis is a diseased condition characterized by inflammation or derailment of normal temperament of liver which can lead to increase in size of liver and other symptoms. In unani medicine hepatitis has been treated effectively by its holistic approach. According to dominating humour (Akhlait), great and eminent scholars such as Razi, Majoosi, Sheikh, Akbar Arzani, Ibn Hubal, Azam Khan have classified it as Damwi, Safravi, Balgami, Saudawi. According to Modern medicine it has been classified on the basis of causative agents such as viral, bacterial, protozoal etc. Hepatitis B is one such type of hepatitis caused by DNA virus .Here we report a study on patient with chronic hepatitis B being treated with combination of fasd and oral medication. The patient was weekly evaluated based on clinical and laboratory parameters.</p> <p><b>Keywords:</b> Illaj bil ghiza, Illaj bid dawa, Illaj bit tadabeer, Illaj bil yad, Hijamah, Venesection, Fasd, parameters.</p> <p>Biomedjournal © Copyright 2013, All rights reserved. Biomedjournal Privacy Policy.</p>

### INTRODUCTION

Liver is an organ with hot temperament. Because it is highly vascular, 25% of total circulation is within portal area. It provides maximum amount of chemical energy (Hararat gareezia) as there are large number of mitochondria in liver cells (Ahmad, 2000). Hepatitis B is a diseased condition characterized by inflammation or derailment of normal temperament of liver which can lead to increase in size of liver and other symptoms (Khan, 1983). According to great and eminent scholars Razi, Majoosi, Ibn-e-Sina, Akhbar Arzani, Ibn Hubal, Azam Khan types of hepatitis based on dominating humour (Akhlait) are; Damwi, Safravi, Balghami, and Saudawi (Qarshi, NA). Infective hepatitis are classified as Viral hepatitis (Hepatitis A, B, C, D, E) and Bacterial hepatitis. Major global health problem is Hepatitis B and alcoholic hepatitis. HBV infection is the 10th leading cause of death and HBV related hepato-cellular carcinoma (HCC) is

the 5th most frequent cancer worldwide. About 30 percent of the world's population has serological evidence of current or past infection with HBV. Of these, an estimated 350 million are chronically infected with HBV and approximately 1 million persons die annually from HBV-related chronic liver diseases, including severe complication such as liver cirrhosis (LC) and HCC (Datta, 2008).

### CASE REPORT

A known case of chronic hepatitis B, 45 years old came to OPD (out-patient department) on 21-01-2014 in Majeedia Unani Hospital, Jamia Hamdard, New Delhi, India with complaints of: (a) Pain in right hypochondrium, (b) loss of appetite, (c) yellow coloration of urine and (d) general weakness for more than six months. Patient was alright before eight months. Patient gradually developed symptoms after taking I.V. fluid from local practitioner for dehydration. Past history (seven to eight months) of

acute gastroenteritis was present. No family history of hepatitis-B or any other chronic illness was present. Patient diagnosed HbsAg positive and took treatment for hepatitis since four months from local practitioner but showed no improvement. On general physical examination patient was well oriented, normal decubitus, responded well to communication, little irritative in behavior, built was lean and thin. Icterus was found to be present while pallor and cyanosis were absent. Blood pressure was 126/80mm Hg. Pulse was 78/min. Patient was afebrile. Skin presents yellow tinge all over body especially buccal mucosa. On systemic examination mild tenderness was present all over abdomen. Organomegaly was not present. Bowel sounds were normal. Cardiovascular, respiratory and central nervous system were within normal limits on examination. Treatment included both *Fasd* (venesection) and oral treatment.

*Fasd* (venesection) was done thrice in the study consecutive for three months under aseptic conditions. The 18 gauze needle was inserted into the *Wareed-e-Akhal* (right median cubital vein) (Masihi, 1986) and blood allowed to flow freely until it slowed its speed of flow itself. Prior to venesection patient was admitted in hospital. Vitals were checked before and after the *Fasd*. Patient was kept under observation for 24 hrs after *Fasd*. Each time the blood taken out was measured and was approximately 25 ml.

Oral treatment included *Sharbat Jigreen* 20 ml BD, *Capsule Jigreena* 2 BD, *Arq Makooh* 50 ml BD, *Majoon Dabidul Warad* 10 g BD, *Sharbat Bazoori* 25 ml BD, *Jawarish Pudina Walaiti* 10 g evening, *Jawarish anarain* 10 g after meals, *Hab-e-Kabid Naushadri* 1 TDS. Same treatment was given for four months. After three months kidney function test (KFT) was done for safety of patient. Liver function test (LFT) was done initially after a week later after two months. HBV DNA quantitative analysis was done thrice in the study, before starting treatment, then after one month, later after two months of follow up. Similarly surface antigen by Elisa method was done thrice, initially after one month followed by follow up of two months.

## RESULTS

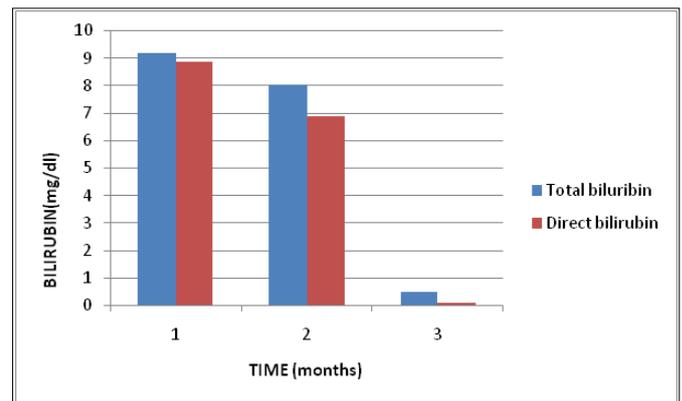
Patient was evaluated on clinical and biochemical parameters progressively for almost five months as follows;

### Clinical parameters

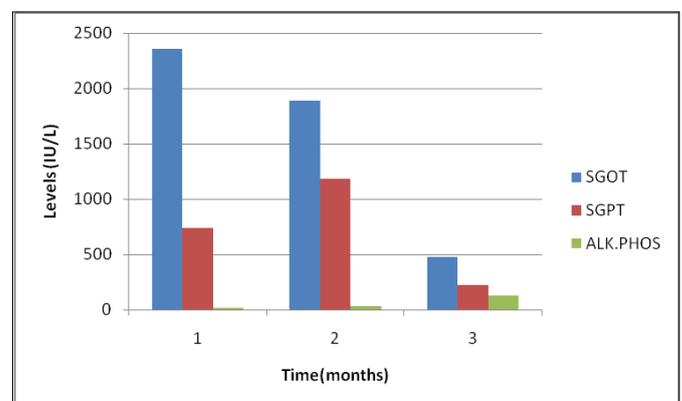
Symptoms	21-01-14	27-02-14	24-04-14
Pain in RHCR	Moderate	Mild	NIL
Anorexia	Severe	Mild	Nil
General weakness	Severe	Moderate	Mild

Symptoms were analyzed and graded on a scale 0-3 (Likert Scale); 0 -Nil, 1-Mild, 2-Moderate and 3-Severe.

## Biochemical Parameters



Bilirubin



SGOT, SGPT, ALP

### HbsAg (Elisa method)

21-01-2014	27-02-2014	28-04-2014
Positive	Positive	0.15(negative)

### Hepatitis B Virus, DNA (Quantitative)

24-01-2014	01-03-2014	08-05-2014
2600000 IU/ml	7600 IU/ml	Less than detectable limit

### Ultra-sonography

On 22.01.2014 showed normal study.

## DISCUSSION

Acute hepatitis is self limiting disease in 80% of cases but the present case report is a k/c/o Hepatitis B for more than six months. *Sharbat Jigreen* which is mukawi jigar (hepatoprotective) used in the present study (Tamanna, 1995). *Capsule Jigreena* has main constituent as *Revind cheeni* (*Rheum emodi*) which has known hepatoprotective (Ibrahim et al., 2008) and antioxidant activity (Rehman et al, 2014). *Jawarish pudina walaiti* and *Jawarish anarain* are appetizers thus help in proper digestion. *Sharbat*

*dinar* was given for proper bowel movements. *Sharbat bazoori* was given for decreasing the bilirubin levels. By its strong diuretic effects it increases the excretion of urobilinogen from the body and also has known anti-inflammatory action. *Habbe-kabid naushadri* and *Arq makoooh* increase the appetite and decrease the flatulence. *Arq makoooh* is known hepato-protective drug and has anti-inflammatory effect on liver (Anonymous, 1986).

## CONCLUSION

A spontaneous recovery of patient was noted initially with improvement of sign and symptoms. Then it was noted that bilirubin levels came down frequently along with SGOT and SGPT followed by HbsAg became negative showing virus is not replicating in the body. HBV-DNA analysis was done and significantly showed decrease levels after one month and finally became more than detectible. From above results it is been concluded that unani management of chronic hepatitis-B has shown promising results. Further clinical trials on large scale are needed to revalidate the treatment on modern diagnostic tools.

## CONFLICT OF INTEREST

None declared.

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