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Unani perspective of allergic rhinitis (*Nazla Haar*): A literary review

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Abstract

The Unani Tibbis one of the ancient system of medicine founded by Hippocrates is based on the concept of equilibrium and balance of natural body humours (blood, bile, black bile and phlegm). When these humours are normal in quantity and quality and they mixed well together, prevails man remains healthy. The imbalance or disproportionate and irregular distribution causes disease. According to Unani literature, *Nazla Haar* is a condition with watery irritating nasal discharge dripping down towards throat, with sense of burning (*sozish*) in nose, face and eyes with lacrimation, and also alters the sense of olfaction. The disease is due to *sue mizaj* (abnormal temperament) of the brain, which can be due to internal or external factors. The internal factors may be *sadah* (does not involve matter) and *madda* (involve matter). The basic principle of treatment is *Ilaj bil zid*, i.e. treatment is in contrast to nature and *Mizaj* (temperament) of the disease. Therefore, this system promises that to remove the root cause is the main treatment modality. Despite the use of numerous newer therapeutic regimens, it has remained confront because of relapse, recurrence and resistance. The holistic approach of Unani treatment will have a thriving management of diseases with temperamental affiliation and its evidences were found throughout the history that Unani medicine has proven efficacy in *Nazla Haar*, but lacking scientific data for validation. The present literary review was gathered from Unani classical texts and through web search. This review aims at highlighting the concept of allergic rhinitis with special reference of *Nazla Haar* and its management in Unani system of medicine.

Keywords: Allergic rhinitis; humours; sense of olfaction; temperament; Unani medicine.

1. Introduction

Allergic rhinitis is an immunologic response of the nasal mucosa to air born allergens^[1] and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in the nose. This may also be associated with symptoms of itching in the eyes, palate and pharynx^[2].

Nazla va Zukam were used synonymously by most of the Unani physicians, but some of them have difference of opinion, however, in both ailments, the *madda* drips from the brain (infiltration of *dimaghifuzlat*)^[3, 4, 5]. The *mavad* of *Nazla* is sometimes temperamentally hot and thin in consistency, or cold and viscous^[3].

Ibn Sinain "*Al Qanoon Fit Tibb*", considered *Nazla va Zukam* as two separate disease entities. *Nazla Haar* is one of the types of *Nazla*, accordingly described extensively about its etiopathogenesis, clinical presentation and treatment^[4, 5, 6, 7, 8] According to him both *Nazla va Zukam* exhibit the complex state, i.e. falling of *madda* from the brain^[3, 5].

NazlaHaar is a condition with watery irritating nasal discharge dripping down towards throat, with sense of burning (*sozish*) in nose, face and eyes with lacrimation, and also alters the sense of olfaction^[3].

Differentiating *Nazla* and *Zukam* by Buqrat, he defined *Zukam* is *Nazla* of nasal mucosal lining, and the *Nazla* is a condition in which the nasal mucosa gets inflamed and always associated with excessive nasal discharge^[9, 10].

According to Abul Hassan Ahmed Bin Mohd Tabri, the term *Zukam* as it is applicable to all its types. According to him it is an accumulation (*ihteqaq*) of vapours (*bukharat*) in the ventricles of the brain that started dissolving from the cavities of the head. It supposes that the stagnant matter comes out after dissolutions of it in the form of liquid, water or vapour through the nostrils, eyes and ears^[11].

2. Epidemiology

Respiratory allergy (allergic rhinitis and asthma) is a high prevalence disease that affects an average of 10-15% of the general population. Thus, allergic asthma and rhinitis are probably

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the most common immune mediated disorders. The prevalence of respiratory allergy, especially rhinitis is constantly increasing [12]. Rhinitis is the most common and main reason that a patient seeks the advice of a physician at primary care. Over 20 million visits by patients per year in the US alone are devoted to this complaint. Each year, nearly 80 million people experience 7 or more days of nasal or ocular symptoms as [13] the commonest allergic disease [14]. Its worldwide prevalence rate varies from 2% to 20% and the maximum prevalence is observed in the second decade of life [15]. Recently, World Health Organization has estimated that 400 million people in the world suffer from allergic rhinitis, which is a risk factor for asthma, and is associated with other allergic diseases such as atopic dermatitis, conjunctivitis, sinusitis, and nasal polyposis, which requires concomitant treatment [16]. Incidence rates in Asia-Pacific are estimated to be as high as 48% and rising as societies become more urbanized and adopt western lifestyles [17].

3. Concept of *Nazla Haar*

Probably, **Hippocrates (460- 377 BC)** was the first person who defined *Nazla va Zukam* along with its etiology, types and management [4]. **Ibn Sina(980-1037 A.D)** in “*Al Qanoon Fit Tibb*” an encyclopedia of medicine, served as a standard text book of medicine in Europe till 17th century A.D. described extensively the etiopathogenesis, types, clinical presentation and treatment of *Nazla va Zukam* including *Nazla Haar*. [5] **Abu al Hassan Ahmad Bin Jurjani (12th century AD)** mentioned *Nazla* as a condition where there is watery irritating nasal discharge (*maddae raqeeqa*) dripping down towards the throat, if the same *madda* flows towards the nose with sense of burning (*sozish*) is considered as *Zukam* [3].

It is well understood that the predominant symptoms of *Nazla va Zukam* are watery discharge, nasal irritation, nasal blockage or congestion and lacrimation are found in *Nazla Haar*. The similar features resemble rhinitis in modernity, which of various etiopathogenesis, mostly of allergic origin. Allergic diseases such as asthma, urticaria and eczema including rhinitis have been known for centuries, and their history dates back to antiquity [18].

4. Pathophysiology

According to Unani system of medicine the genesis of *Nazla* is related with extrinsic and intrinsic causative factors. One or the other of these causative factors cause *sue mizaj* in the mucous membrane of the nose. Thus the mucous membrane gets inflamed and produces secretions, which may be watery (*raqeeq*) or viscid (*ghaleez*), hot (*garam*) and irritative (*lazea*) or cold (*barid*) and benign, distasteful or tasteless depends upon the causative factors [19].

Usually it is believed that the effects of heat either externally or internally will causes increase warmth in the brain that leads to temperamental disturbances within the brain, therefore, to bring back the normal temperament of the brain, the *tabiat* try to neutralize the increased warmth of the brain by absorbing fluid from the body towards the brain. As a result, an excessive amount of fluid accumulated in the brain and its cavities, which properly may not be able to metabolized as a consequence of this, some amount of fluid still remains inside causing derangement of the local temperament (*sue mizaj dimagh*) of the brain. Therefore, the brain tries to expel the fluid which accumulated in the form of *fuzlat* by either through nostrils or throat.

Based on the causes and quality of fluid which expels from the brain, it appears to be an irritant, watery, salty, thin and viscid etc. that may cause local tissue inflammation of the nasal mucosa leading to dysfunction of the nose, in the modern sense it is considered as the immune response. The inflammatory response mediated by the immunological factors generally bound to mast cells and basophils triggers the release of vasoactive, enzymatic, and chemotactic mediators [20]. As a result, this reaction produces degranulation of the mast cells with release of several chemical mediators, some of which already exist in preformed state, while others are synthesized afresh. These mediators are responsible for symptomatology of allergic disease. Depending on the tissue involved, there may be vasodilation, mucosal oedema, and infiltration with eosinophils, excessive secretion from nasal glands or smooth muscle contraction [2].

5. Etiology

According to the doctrine of Unani medicine, any state that hampers the equilibrium of humours (*Akhlat*) either qualitatively or quantitatively may cause disease. Some of the etiologies defined by various Unani practitioners are as:

1. According to Ibn Sina, individuals with a hot temperament (intrinsic factors) may likely to develop *Nazla Haar* [7].
2. According to Samarqand, there are 8 causes for *Nazla*, viz, four are of *Sue mizaj dimagh* and other four are *Akhlate arba* [7].
3. Extrinsic factors (*Asbabe kharija*): *hararat mizaj*, *hararate mizaj khaas*, uncovered head, exposure to sunlight, fire, *garam hamam*, working in hot environment, applying pungent odour perfumes or smelling/ snuffing of hot drugs such as *mushk*, *jundbadastar*, *zafran*, onion etc. massaging the head with hot oils or usage of warm hair oils, sleeping immediately after food, consumption of hot things like garlic, onion, mustard etc., bathing after exercise followed by improper wrapping, or strenuous psychic or physical activity; and also exposure to allergens like pollen, cotton fur, feather, dust [3, 21, 5, 11, 22, 7, 8, 23].
4. Mostly both intrinsic and extrinsic factors together will produce *Nazla va Zukam* [3, 7].

Further, it is caused by *Sue mizaj haar* [7], *Sue mizaj* of brain [8], *Zoafe dimagh* [23], *imtilae aam va raas* (plethora of body and head) [22, 7], *Tukhma* [7], *Infealate nafsania* [7, 23] and Seasonal variation [23]

6. Clinical features

Clinical features may vary from individual to individual in terms of severity, frequency, duration and the nature of etiologies involved, but most common feature are nasal discharge (rhinorrhoea) [4, 5, 24, 7, 23] paroxysmal sneezing [23] nasal congestion: [5, 8, 23] redness of face and eyes [3, 5, 7, 8, 23] hyper sensitivity [4], burning, [4, 24] and itching in the nose, eye and throat [3, 7, 8, 23] lacrimation [11] mild headache, [3, 11, 23] hot to touch (*malmas*), [5] hoarseness of voice, [5] excess thirsty, [11], [23] fatigue, [9] lethargy, [9] *Nabz- Azeem*, *Saree va mutavatar* [7, 6, 25] *Qarura- Yellowish* [7, 25].

7. Types

Primarily two types of *Nazla* have been defined throughout the Unani literatures based on the involvement of temperament and matter [4, 5, 7, 8, 25, 26].

1) *Nazla haar*

2) *Nazla barid*

Apart from the above, some other types of *Nazla* are:

3) Aetiological types

3.1) Based on *madda* [25, 26]

- Nazla damvi*
- Nazla safravi*
- Nazla balghami*
- Nazla sawdavi*

3.2) Based on factors [11]

- Nazla* due to *Asbabe kharija* (extrinsic factors)
- Nazla* due to *Asbabe dakhila* (intrinsic factors)

4) Based on duration of illness

- Nazla haad* [5, 26]
- Nazla muzmin* [26]

When *Nazla Haar* is untreated or inadequately treated, symptoms may become chronic and contribute to cause complications such as: bronchial Asthma (*Ribu va dama*), [4, 8] otitis media (*Varme gosh*), [7] dyspnoea, [8] pneumonia (*Zaturriya*), [3, 5] Pleurisy (*Zatuljenb*), tuberculosis (*Sil wa diq*), [3, 4, 5, 8] stomachache (*Darde medda*), [3, 5, 7] *Shosa*, [8] *Ishaal*, [5, 7, 8] *Qulanj*, [4, 5, 7] *Falij*, *Varme sadar*, toothache, conjunctivitis, [7] Migraine, Numbness (*Khadar*), Deafness, [7] *Fasade hazm*, [4] and *Khunnaq* [3, 4]

The day time tiredness experienced by the vast majority of the sufferers experience disrupted sleep (**Insomnia**) at night due to nasal obstruction, which leads to open mouth breathing, sore throat and snoring [27] In addition to daytime fatigue and **somnolence**, [28] nocturnal sleep impairment [29, 13, 27, 28, 30] is also associated with depression, irritability, memory defects, inability to concentrate, [12, 27, 31, 28] lethargic and irritable, [31] decrease alertness and overall reduced quality of life [32, 33, 34, 28, 30] Further, *Allergic rhinitis* can alter the self perceived health status, pose limitations in everyday activities and affect the working and school productivity, [12, 33, 30] and also have detrimental effects on emotional and social wellbeing [30]

8. Preventive Measures

- Avoid day time sleep and sleep on back [23] and / or sleep immediately following meal [7].
- Precaution from oily, *Ghaleez lesdaar* and delayed digestible foods, meat, alcohol, onion, garlic, tea, *akhrot*, pista etc. sour things like milk, curd along with *Ghaleez* and *saqeelghiza*, [23] but if they feel weakness in the body, they can use chicks with meats (*ratab gosht*), curd. [7, 25]
- Reduce the quantity of food and drink [4, 7, 23]
- Try to avoid exposure to sunlight, hot or cold air and water [4, 7, 23].
- Avoid strenuous exercise or physical activities [7].
- Samaghe suddab* and *Rai* should be applied on the head immediately after bath [4].
- No excessive use of seasonal fruits and *khushboodar* snuff (extreme flavors) [23].

According to Zakaria al Razi and Jalinoos, cupping over the nape of the neck is advisable for itching in the nose and sneezing [4].

Initial stage: adopting symptomatic measures:

- Try to expel the *madda* [7, 25] by *Inkibab* with *Banafsha*, *Nilofar*, *Nakhuna* and *Babuna*, [8] and apply *fateela* in the nose to divert the *madda* from throat or chest [7, 25].
- Fasd* is advisable if *damavi khilt* is involved [7, 8] followed by *mushilat* [8].
- Lateef ghiza* like *maushaeer* [8]
- Munzijat* [8]
- Hamam* by luke warm water [8] is advisable before prescribing *munzijat* [4].
- Snuffing by luke warm *shoneez* and *zeera* [8].
- Should not use any medicines to arrest sneezing, this may interfere with the *nuzj* of the *madda*, leading to collection of *fuzlat* in the brain [7].

9. Line of Treatment (*Usoole Ilaj*)

Effective treatment of *Nazla Haar* depends upon accurate clinical diagnosis and assessment of the patient's dominant symptoms.

- Izale sabab* (Elimination of the cause)
Exposure to heat and/cold (intrinsic and extrinsic factors) should be eliminated.
- Correction of *Sue mizaj*:
1) *Sue mizaj sada* should be modulated with appropriate regimen and *barid makulat* va *mashrubat*, *roghaniyat*, *nutulat*, *zimadat*, *quturat* etc.
2) *Sue mizaj mad'di* should be corrected through *munzijat* followed by *Tanqia* [7].
- Ta'deele mizaj*
- Tadabeer*:
Inkibab (steam inhalation), *takmeed* (fomentation), *fasd* (venesection) and use of suitable oils for *qutoor* (nasal drops).
- Ghiza*:
Precaution from oily, *ghaleez lesdaar* and delayed digestible foods, meat, alcohol, onion, garlic, mustard, tea, pista; sour things like milk, curd along with *ghaleez* and *saqeel ghiza*
- muqawwiyate dimagh va me'dda* [35].

10. Conclusion

It can be concluded that *Nazsla Haar* is multifactorial disease, but most commonly due to alteration of humours either quantitatively or qualitatively. No drug is available to complete cure the allergic rhinitis. All newly available drugs are used for their long term benefits, continuous use of anti allergic and anti inflammatory drugs always lead to number of hazardous side effects. Holistic approach of Unani system possibly will be much more favorable in the cure of *Nazla Haar*. These drugs can be used for longer duration without causing any adverse effects. Unani system provides abundance of single and compound drugs which can be given to different temperament population.

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