

In this column for the benefit of our patrons we are trying to include simple tips from medical experts of various systems of medicine. This time Unani tips from Hkm. Shakir Jamil and Hkm. Asad Abbas.

Jaundice is a yellowish discolouration of the skin, mucous membrane and the eyeballs caused by inadequate clearing and increased amount of serum bilirubin in the blood. Bilirubin is a byproduct of the degradation of haemoglobin, which is a component of red blood cells. It accumulates when too many red blood cells are destroyed or bile is not sufficiently excreted. Jaundice may not be clinically visible until bilirubin reaches about 2mg/dl. Because the liver is involved in processing bilirubin, jaundice is a side-effect of conditions which affect the liver's function. Severe jaundice can progress to liver failure. Build-up of bilirubin is toxic. Consequently, bilirubin must continually be eliminated in order to prevent lethal levels from accumulating.

### Possible Causes (according to Unani system of medicine)

- *Soo-e-Mijaj Kabid* (Derangement of temperament of liver)

# JAUNDICE (YARQAN)

- *Warm-e-Kabid* (Inflammations of liver)
- *Sudda-e-Kabid* (Obstruction to bile flow)
- *Sartan-e-Kabid* (Carcinoma of liver and other causes)
- Alcoholism
- Low birth weight (Neonatal jaundice)

### Symptoms

Itching, loss of appetite, weight loss, nausea, fever, dark urine, light-coloured (yellow/gray) or bloody (black) stools, abdominal pain, ascites (abdominal swelling) and fatigue.

### General Tips

#### Activity

Bed rest is recommended during initial stages. Return to normal activities should be gradual.

#### Diet

Easily digestible meals as tolerable without over feeding should be taken. Alcohol should be restricted, high

carbohydrate diet without spices, fat and protein is advised.

### Some home made Unani formulations

#### Formulation 1

Grind the *Tukhm-e-Kasni* (Endive) 3g, *Tukhm-e-Khyarain* (Cucumber) 3g, *Zarishk* (Berberry) 3g in *Arq-e-Brinjasaf* (Mugwort extract) 60ml, *Arq-e-Badyan* (Fennel extract) 60ml and give few drops after mixing in *Sikanjibin Bazoori* 48g or *Sharbat Bazoori* 48g.



### Formulation 2

Make a fine powder of *Suahaga biryani* (Borax *Naushadar*) (Ammonium chloride) and *Phitkari* (Alum) (equal parts), *Shora Qalmi* (Potassium nitrate) (½ part). Take 1g powder with water, twice daily.

### Formulation 3

*Gilo Neem subz* (Margosa flower) 3.5g and *Shahad* (Honey) 12g boil in 120ml of water until reduces to half quantity. Take twice daily.

### Formulation 4

250 mg *Naushadar* (Ammonium chloride), mix in the 25ml *Aab-e-burg-e-Muli* (Radish leaf juice) and take as such twice daily.

### Formulation 5

*Gul-e-Babool* (Babul flower) 6g, *Gul-e-Nilofar* (Water Lily flower) 6g and *Revand Chini* (Rhubarb), 4g boil in 250ml of water and strain it and then take twice daily.

### Formulation 6

Make a fine powder of equal parts of *Tukhm-e-kasni* (Endive seed), *Mulethi* (Licorice) and *Kala Namak* (Black salt) then take 3g powder with water twice daily.

### Formulation 7

*Naushadar* (Ammonium chloride) 1g, *Shora Qalmi* (Potassium nitrate) 0.1g, *Revand Chini* (Rhubarb) 3g, make fine powder and take 3g in the morning.

### Formulation 8

Crush the fresh plant of *Makoi* and *Kasni*, squeeze the juice then warm it. During the boiling stage, mix 1g *Naushadar* for removing foams and filter it. After filtration take 60ml of obtained juice before meal.

### Pharmacopoeial Medicines

- Tablet *Qurs-e-Jigar* – 2 tablets daily with *Arq makoi* – 50 ml, *Arq kasni* – 50 ml, *Arq Biranjasif* – 50 ml in the morning.
- *Sharbat-e-Deenar* (Syrup) 20ml (4 teaspoon full) in the evening.
- *Majoon Dabeedul-varid* 7g at bed time.
- *Habb-e-Kabid* 2 pills twice daily after meals.
- *Sharbat Bazoori* 25ml with water twice daily.
- *Sharbat-e-Kasni* 25ml with water twice daily.

### Prevention

- Personal hygiene for the patient as well as attendant is very necessary.
- Screening of donated blood for HbsAg, anti HCV and elevated ALT has potential role in reducing the risk of transfusion associated hepatitis. Articles used by patient should be thoroughly disinfectant.

- Attendants, who come in contact with contaminated utensils, bedding, clothing should thoroughly wash their hands and careful handling of disposable articles is also necessary.

### Follow-up

Hepatomegaly should be checked at regular interval along-with liver tenderness. Enlarged lymph nodes (cervical or epitrochliar) and splenomegaly should be ruled out. Signs of toxemia may be present in initial stages. Urine should be checked for any signs of proteinuria and bilirubin area in initial stages. Blood test should be repeated for bilirubin, alkaline phosphatase ALT and AST.

### Prognosis

- Time required for recovery: 3 – 16 weeks
- Most cases recover completely in 3 – 16 weeks. Overall mortality rate is less than 1% but is reportedly higher in older patients.
- Success rate about 90%.
- Non-critical
- Curative

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