UNANI CONCEPT AND MANAGEMENT OF QARḤA ḤUMŪḌĪ (PEPTIC ULCER) : A REVIEW

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ABSTRACT

Peptic ulcer disease (PUD) also known as Qarha Humudi is one of the most common gastrointestinal disorders affecting the population of developed as well as developing countries. Because of its high morbidity and significant mortality over the past two centuries, it has posed a serious threat to the global population. The Helicobacter pylori infection and the widespread consumption of Non-steroidal anti-inflammatory drugs (NSAIDs) are the main causes of this disease's persistent clinical setback, despite significant scientific advancements. The Unani medical system has its own method for effectively treating peptic ulcers in the digestive tract. The main goal of treatment is to get the patient back to normal, and get the body's mizaj and humors in balance. Unani Physicians have written manuscripts referring to a variety of single medications and compound formulations for the treatment of peptic ulcers. The medications with the primary qualities of Mudammil (healing), Munaqqi (cleansing), and Mundit Lahm (tissue forming)

Keywords: Peptic Ulcer Qarah Hamudi Unani medicine, H.pylori, Mizaj

INTRODUCTION:

Peptic ulcer, also known as gastrointestinal tract ulcer, is one of the most prevalent types of ulcers. This is a major global cause of morbidity and mortality that has an impact on the millions of individuals in their daily lives.¹² Although peptic ulcers can occur in people of any age, from adolescents to the elderly, they are more common in the third and fourth decades of life. Males are typically affected by peptic ulcers more often than females. The sex ratio varies significantly with geographic location, indicating that environmental factors and habits may contribute to the development of peptic ulcers in addition to diet.³ The disease develops when the harmful effects of stomach acid and pepsin compromise the gastrointestinal mucosa's defense mechanisms. Another means by which stomach acid penetrates the subcutaneous layer through a hole in the mucosa. Although they can also happen in the esophagus, these ulcers are typically found in the...
stomach and duodenum. However, inlet patches in the proximal esophagus, the ileum as a result of Meckel’s diverticulum, or the jejunum as a result of excessive acid secretion in Zollinger-Ellison syndrome are just a few unusual locations where ulcers can form.  

An imbalance between aggressive gastric factors and mucosal defensive factors is the primary cause of peptic ulcers. Peptic ulcers are caused by gastric juice and occur in the scratch areas of the duodenal and gastric mucosa. In the late 20th century, Barry Marshal and Robin Warren made the initial discovery of the H. pylori bacteria that causes peptic ulcers. Globally, H. pylori affects about 50% of people; in developing nations, this number approaches 100%, while in developed nations, it affects 50% of people. H. pylori infection is the cause of 70% of gastric ulcers and 90% of duodenal ulcers. The bacteria can also cause gastritis, gastric cancer, and peptic ulcers. Although H. pylori is a normal part of the gastric flora, it can become pathogenic in two specific situations: first, when the stomach's defense mechanisms are weakened by food or medication; second, when a virulent strain of H. pylori is consumed. There are two main causes, the first of which is the damage that NSAIDs do to the duodenal and stomach mucosa.

Several studies have demonstrated that a number of variables, including acid, inflammation, or spasm in the muscles could be connected to the etiology of ulcer pain. Some aspects of a person’s life, such as the foods they eat on a daily basis and their habits of using alcohol or cigarettes, Tea, coffee, betel nuts, and spicy foods are thought to increase the production of gastric acid. PUD patients are highly susceptible to complications like perforation, obstruction, and gastroduodenal hemorrhage. These complications also carry a high patient mortality rate. Therefore, in the current medical field, PUD management and treatment become extremely important. The Unani medical system has its own method for effectively treating peptic ulcers. The main goals of treatment are to get the patient back to normal, correct any mizaj imbalances, and get the body's humors back in balance.

Transmission

The first method of bacterial transmission is iatrogenic, in which an instrument, like an endoscope, comes into contact with the stomach mucosa of an infected person. This allows the infection to spread from the infected person to the healthy person. The risk of infection was decreased by disinfection. Doctors who examine patients without wearing gloves run the risk of contracting an infection or developing gastritis. Because this bacteria is isolated from the feces of infected individuals, the oro-fecal route is also significant. A peptic ulcer may result from feces contaminating water. Premasticated food is given to infants by African women, which can lead to ulcers. Sexually transmitted infections are not linked to it. Although it hasn't been proven, aspirating bacteria from vomit can cause ulcers.

Epidemiology and Disease Burden

Peptic ulcer disease (PUD) is a worldwide issue that carries a 5% to 10% lifetime risk of occurrence. Globally, there is a decline in the prevalence of PUD because of better hygienic and sanitary conditions, efficient medical care, and prudent NSAID use. Compared to stomach ulcers, duodenal ulcers occur four times more frequently. Additionally, men are more likely than women to develop duodenal ulcers.

Unani Concept of Peptic Ulcer

The humoral theory (Nazriya Akhlat) proposed by Buqrat (Hippocrates) is the foundation of unani medicine. This theory states that a person's health depends on four basic bodily fluids (Akhlat), which are the blood (Dam), phlegm (Balgham), yellow bile (Safr), and black bile (Sauda). According to Unani medicine, three factors—temperament, structure, and tissue continuity—are responsible for the pathogenesis of common diseases. The narratives of intestinal ulcer (Qarhe Mevi) and stomach ulcer (Qarhae medi) are discussed separately in the classical Unani text. The Arabic word "qarha" means "wound." Qarha in Tibb refers to a suppurative breach in the continuity of any muscle or organ. Additionally, a muscle wound of any kind is referred to as "Jarahat." According to Unani medicine, an ulcer is any kind
of discontinuity that spreads across an organ, particularly a muscular organ associated with pus formation. The well-known Unani physician Allama Qarshi (1210–1288 AD) defined Qarha Humudi (peptic ulcer) as the discontinuation of the lining of the stomach, including the duodenum. Ulceration can result from a number of factors, such as an accumulation of secretions from another organ in the stomach, bile combined with phlegm, or harsh phlegmatic material.

Causative factors of peptic ulcer
The cause of peptic ulcers could be the consumption of hot, spicy food, as well as sour and irritating substances like Rai, alcohol, and Sirka (vinegar), which irritates the lining of the stomach and intestines. Any solid food can also mechanically harm the intestines and stomach during passage, resulting in ulceration or abrasion. The ulcers in Am‘ā’ Diqäq (duodenum and jejunum) do not heal on time. The substance known as khilte haad laze is either produced in the stomach or passes from other organs such as the brain (khilte balgham), liver (bile), or spleen (black bile). Excess bile poured into the stomach as a result of delayed stomach emptying, severe pain, anxiety, or depression.

Pathogenesis
Since actual hyper-secretion of gastric acid is only apparent in Cushing's ulcers resulting from intracranial conditions such as brain trauma, intracranial surgery, and brain tumors, it is unclear how the mucosal erosions occur in stress ulcers. The gastric acid secretion is normal or below normal in all other etiologic factors. Under these circumstances, the following theories could explain the genesis of stress ulcers: 1. Damage to mucosal cells due to ischemic hypoxia. 2. The "barrier" of gastric mucus is diminished, leaving the mucosa vulnerable to acid-peptic secretions.

Clinical Features
Peptic ulcer symptoms primarily fall into four categories:

1. Belching and a foul odor coming from the mouth.

2. Palate and tongue dryness

3. Recurrent episodes of vomiting.

4. The vomitus and ulcer debris are expelled together.

5. Abnormal weight loss

6. Anorexia

7. Stool containing blood

When a patient has a duodenal ulcer, they typically experience epigastric pain before breakfast or at night, and they may become irritated after eating and using an acid-neutralizing medication.

Back and neck pain will be experienced between the shoulders if there is an oesophageal ulcer. Pain in the lower chest and epigastric area is caused by an ulcer in the cardiac region. Pain increases after eating and is felt close to the umbilical region if the ulcer is in the greater curvature of the stomach. If food is in the stomach, pain will be felt more in the miraq (diaphragm).

Differential diagnosis
The pyloric antrum and greater curvature of the stomach (Qa’ere medah), the oesophagus (mari), the cardiac end (fam’me medah), and the intestines (ama’a) are the sites where ulcers can form.

Differentiating the ulcer's location based on symptoms:

Qarhe Mari (Esophageal ulcers)
There will be back pain felt in the space between the shoulders. When food passes through the neck, pain is felt; however, pain stops once food passes through. Some mustard was added to the patient's food in order to watch and verify this condition.
**Qarhe Medi (Gastric ulcers)**

When food is being passed from the stomach, pain gets worse and is felt closest to the navel. Lower stomach ulcers can cause symptoms like belching of a foul-smelling gas, dry tongue, fullness of the vessels, unconsciousness, cold extremities, and frequent, profuse vomiting with debris.

**Qarhe Mevi (Intestinal ulcers)**

Qarhe Mevi (intestinal ulcers): Increase in pain during food dribble (inhedare ghiza) and pain felt below the navel. Debris from the ulcer will be expelled as feces.

**Diagnosis of peptic ulcer**

Peptic ulcers are diagnosed by endoscopy when the stomach and duodenum mucosa break down to a 5 mm diameter and remain fibrin-rich; a breakdown of less than 5 mm is referred to as erosion. Peptic ulcers typically only occur in one, though they can occasionally occur in multiples.

**Usoole Ilaj (Principles of treatment)**

1. **Izala-e sabab** (Removal of causative factors and causes)

2. **Nuzj wa isthifragh** (Coction and elimination or excretion of morbid matter)

3. Elimination of the factors that lead to the dribbing and pouring of morbid material into the stomach, followed by evacuation or elimination.

4. Indication of **Qabiz advia** (Astringent) for healing effect in fresh ulcers.

5. It is essential to treat any erosions and dead tissue with medications that have the ability to clean the area, refine the dead tissue, repair damaged tissue, and encourage new growth. In situations like these, the **Unani** system has a well-known formulation called **Ayaraj faiqra** that is advised by distinguished scholars.

**Ghiza wa Parhez (Diet and prevention)**

Reduce food intake (**Taqlile ghiza**), Intake of foods which should be easy to digest (**Sariul hazam Ghizaen**) should be advised.

Easily digestible and liquid foods such as milk, sagudana, egg albumin, aashe jaw, aab santra (orange juice), and aabe anar.

Use juices of **Safarjal** (Cydonia vulgaris) and **Rumman** (Punica granatum).

For weak stomach foods like branches of **Aleeq** and **Sambhalu** that are free of bile heat (**hiddat**) and constipation (**qabziyat**) are Useful.

If there is nausea and excessive bile secretion, **Abi-Anär Turs** can help suppress vomiting. **Mā’al Sha’ér**, or barley water, may be administered to the patient in order to avoid nausea-related agitation.

**If constipation is present**

**Gule surkh, gule bandafsha** each 10grm with **qand safed** 20gm. 6-9gm of powder at night should be given.
Khayar shambar 70gm, turnajabeen 90gm, gulqand asli 40gm, roghane badam, roghane gul with maul asl.27

Ilaj Bil Tadbeer (Regimental therapies)

When Qarah is still fresh and before suppuration has occurred, Fasad (Venesection) is indicated. Particularly when there is a predominance of blood.20,31

Ilaj Bil Dawa (Pharmacotherapy)

The list of single32,33,34 and compound herbal preparations that Unani physicians have used and mentioned in their treatises is provided below.

<table>
<thead>
<tr>
<th>UNANI NAME</th>
<th>BOTANICAL NAME</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandal Safed</td>
<td>Santalum album</td>
<td>muqavvi meda</td>
</tr>
<tr>
<td>Kateera Gummifer</td>
<td>Astragalus</td>
<td>musakkine shozish, qate nafsu, habisuddam, mumammile qurooh, mugharri and mulattif.</td>
</tr>
<tr>
<td>Samaghe Arabi</td>
<td>Acacia Arabica</td>
<td>mujaffif, Qabiz</td>
</tr>
<tr>
<td>Kundur Serrata</td>
<td>Boswellia serrata</td>
<td>munajije rutubaat, mumammile qurooh, dafe tafun, munajisse balgham</td>
</tr>
<tr>
<td>Nashasta Gandum</td>
<td>Triticum aestivum</td>
<td>habisuddam, mane nazla</td>
</tr>
<tr>
<td>Kahruba Indica</td>
<td>Vateria indica</td>
<td>habisuddam wa qabiz, muqavvie meda wa ama</td>
</tr>
<tr>
<td>Dammul Akhwain</td>
<td>Dracaena cinnabari Balf. f.</td>
<td>jiryanuddam, qabiz, habisuddam</td>
</tr>
<tr>
<td>Kahu</td>
<td>Lactuca sativa</td>
<td>Musakkin, Mukuddar, Munawwim</td>
</tr>
</tbody>
</table>

Tabasheer | Bambosa arundinace | Qabiz, Mubarrad, Mujaffif
Kishneeze | Coriandrum sativum  | Musakkin
Badranjboya | Melissa parviflora  | Munzij Sauda, Musaffi khoon, Muhallil

Murakkabat (Compound formulations)

Jawarish tabashir, jawarish Mastagi, Ayarij figra, Sharbat e Neelofar15,31,32

Qurs e Gulnar, Qurs e Kahruba, Maul asl, Ayarij Faiqara, Damal Akhwain, Kundur, Kahruba and Gulesurk30,35

Contemporary Treatment

The majority of anti-secretory medications, including proton pump inhibitors (omeprazole, lansoprazole, etc.) and H2-receptor blockers (ranitidine, famotidine, etc.), are widely used to treat acid-related disorders and increased acid secretion brought on by NSAIDs, stress, and H. pylori. However, there have been long-term side effects and relapses reported with these medications. Moreover, a large number of these medications do not meet all therapeutic requirements.36

90% of peptic ulcers caused by H. pylori can be healed with a 2-week PPI course combined with antibiotics to eradicate the H. pylori infection. PPI treatment for an extra two weeks after this regimen doesn't seem to have much of an impact on peptic ulcer healing. For 8 weeks in the case of a stomach ulcer and 4 weeks in the case of a duodenal ulcer, PPI therapy should be continued.37

NSAIDs should be stopped in cases of PUD caused by them; however, PPIs are the recommended medication. PPIs must be taken for a minimum of eight weeks in order to help the PU heal. However, if the patient must take an NSAID or aspirin for other medical conditions, the maintenance dose of PPI should be continued to prevent complications from ulcers.38
Conclusion

Peptic ulcer disease (PUD) is a major health concern in the developed as well as in developing countries. Many contemporary medications are available to treat this illness, but their high cost and side effects are the main barriers to their use. The Unani system of medicine provides a comprehensive, step-by-step plan for treating peptic ulcer. By using a customized diet plan and treatment approach, PUD can be effectively cured. Problems pertaining to health should be prioritized, particularly those involving the GIT system. It is possible to manage *Qarah Humudi* (peptic ulcer) by implementing special Unani Medicine prevention and treatment techniques.

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