

Management of Prostatomegaly (*Izam-I-Ghudda-I-Mazi*) in Unani System of Medicine: An Overview

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Abstract

Prostatomegaly is the enlargement of prostate gland in elderly males which results urinary symptoms in them. The prevalence of prostatomegaly is age dependent with the initial development usually after 40 years reaching approximately 90 percent after 70 years of age. Since prostatomegaly itself is not a fatal disease but its most important outcome is urinary flow obstruction, which is miserable for the patient and affects physical activities and mental health of the person. The symptoms of prostatomegaly include hesitancy, increased frequency of micturition, dribbling, narrow stream, nocturia, retention of urine, urgency, incontinence etc. Great Unani physician have been managing depending upon the age and nature of the symptoms. The great ancient scholars have also managed this ailment by different regimental therapies, pharmacotherapy and dietotherapy.

Keywords: Prostatomegaly; *Warm-e-Ghudda-e-Mazi*; Micturition; Unani Medicine

Abbreviations: BPH: Benign Prostatic Hyperplasia; TURP: Trans-Urethral Resection of Prostate; RRIUM: Regional Research Institute of Unani Medicine; PSA: Prostate-Specific Antigen; PZ: Peripheral Zone, TZ: Transitional Zone; CZ: Central Zone.

Introduction

In classical literature of *Unani System of Medicine* prostatomegaly has been mention as *Izam-i-Ghudda-i-Mazi Sada, Sala`a Ghudda-e-Mazi, Warm-e-Ghudda-e-Mazi, and Warm-e-Unq-e-Masanah* [1-3]. It is a condition

resembling the clinical feature discussed under *Usr-i-Bawl* (Dysuria), *Ihtibas-i-Bawl* (Retention of Urine) and *Taqtir-i-Bawl* (Dribbling of Urine), narrow stream, urgency, incontinence etc. in classical literature of USM. Unani Physicians have mentioned that *Warm-i-Aza-i-Mujawira* (Inflammation/swelling of neighboring organs) of urethra may compress it causing obstruction to flow urine [4,5]. These conditions may be correlated to Benign Prostatic Hyperplasia (BPH) where enlarged prostate compresses prostatic urethra and produces symptoms such as hesitancy, intermittent voiding, diminished stream, incomplete emptying, and post void leakage.

It is caused by the abnormal accumulation of *Balgham Ghaliz* or *Mawad-e-Ghaliz* (Thick phlegm) which has been mentioned as the leading cause of swelling (*Auram*) / inflammation of any *Azw Ghudadi* (Gland) of the body [6]. It is characterized by urinary frequency, hesitancy, strangury and urgency with weak urinary stream. Patient may have feeling of incomplete bladder emptying, straining and terminal dribbling. Acute and chronic urinary retention may also be present. *Unani* physicians are treating the symptoms of BPH for centuries with safe *Unani* herbal remedies.

Review of Literature

Cause of Prostatomegaly is not much exactly understood but it is now clear that androgens have central role in its development [7]. In Unani system of medicine Prostatomegaly has been described under the headings of *Sala'a Ghudda-e-Mazi*, *Warm-e-Ghudda-e-Mazi*, and *Warm-e-Unq-e-Masanah*. However mostly in our classical texts symptomatic treatment of Prostatomegaly can be found under different headings like *Ehtabass-e-Baul*, *Taqteerul Baul*, *Usr-e-Baul* etc [8]. Father of medicine Hippocrates (*Buqrat*) described *Auram* (swellings) because of abnormality in four humors (*Akhlate arba*), a soft swelling is due to (*Khilt-e-Balgham*), a hard swelling (*Warm-e-Salb*) or *Sala'a* due to black humour *Khilt-e-Sauda* and third type is combination of the two (*Balgham* and *Sauda*). Attiba have categorized *Sala'a* (tumor) under the heading of *Warm* (an abnormal growth or swelling) [9]. Maseehi described *Sala'a* as a swelling or over growth due to *Balgham* or *Mawad-e-Galeez* [10].

The paradigm for the management of Prostatomegaly has shifted from being purely surgical to a combination of medical and surgical management in past two decades. Though trans-urethral resection of prostate (TURP) remains the gold standard in Prostatomegaly management, new clinical research has opened up avenues of medical management. Medical management is

effective in reducing the symptoms and prostate size, but allopathic medicine do have various side effects like erectile dysfunction, loss of libido, impotency, vertigo, cardiovascular disorders etc [11,12]. *Unani* physicians are treating the symptoms of Prostatomegaly by different *Unani* formulation and regimen.

Incidence

Benign prostatic hyperplasia (BPH) prevalence in Ghana is responsible for 60% acute retention of urine and 28.6% of haematuria. Worldwide prevalence of BPH varies from 20-62% in men over 50 years and this includes USA, UK, Japan and Ghana. BPH co-existing with PC – Reports from USA, UK and Japan and Ghana reveal moderate association of BPH and PC is 3-20%.

Prostate Cancer prevalence – There is high prevalence in USA, Scandinavian Countries, African Americans (AA) and Caribbean blacks. Ghana, Trinidad & Tobago have reported high prevalence of 6 –10% in men aged 50 years and above. Overall PC causes 18% of disorders of the prostate gland. The worldwide incidence in men over 50 years is 11.7% that is 15th commonest of new cancers worldwide, 19% of new cancers in developed countries and 5% in developing countries [13]. The prevalence per population is lowest in Asia/China 1.9% or 10/100,000 in Caucasian Americans 1.4-2.4% or 104/100,000, African Americans 2.2-5.1% or 272/100,000, in Caribbean Men about 5-10% and we have established in Ghanaian Men from 6.3%-7% which is on the high side [14,15].

Management of Prostatomegaly by different *Unani* formulation and regimental therapies.

- *Ilaj-Bil-Ghiza* (Dietotherapy)
- *Ilaj-Bil-Dawa* (Pharmacotherapy)
- *Ilaj-Bil-Tadbeer* (Regimenal therapy)
- *Ilaj-Bil-Yad* (Surgery)

Usul-i-Ilaj (Principles of Treatment)

- *Tanqiya* (Evacuation of Morbid matter i.e. *Mawad-e-Ghaliz*).
- *Talyin-o-Irkha-o-Tahlil-i-Waram* (To soften, relax and resolve the swelling / *Auram*).
- *Ikhraj-i-Bawl* *Bazari-a-Qasatir* (Urethral catheterization) in acute retention.

Ilaj-Bil-Dawa (Pharmacotherapy)

- Oral Administration of *Maul-Usul* with castor oil.
- Oral administration of *Joshanda* (decoction) of following drugs (Table 1) along with *Gulqand* in the morning [16].

| Drugs | | Miqdaar (Quantity) |
|-------------|----------------------------|--------------------|
| Unani Names | Botanical Names | |
| Badranjboya | Nepeta ruderalis Ham. | 10.5gm |
| Badiyan | Foeniculum vulgare Gaertn. | 10.5gm |

Table 1: Ingredients of *Joshanda*.

- Oral administration of *Joshanda* (decoction) of Badiyan (Foeniculum vulgare Gaertn.) 10.5 gm. with *Gulqand Asli* 35gm in the morning [17].
- Oral administration of *Safoof* (Powder) of following ingredients (Table 2) along with *Gulqand* in the morning.

| Drugs | | Miqdaar (Quantity) |
|-----------------|------------------------------------|--------------------|
| Unani Names | Botanical Names | |
| <i>Zanjabil</i> | <i>Zingiber officinale</i> Roscoe. | 4.5-7.5gm |
| <i>Turbud</i> | <i>Ipomea turpethum</i> Br. | 4.5-7.5gm |
| <i>Mastagi</i> | <i>Pistacia lentiscus</i> Linn. | 4.5-7.5gm |

Table 2: Ingredients of *Safoof*.

- Oral administration of 3.5gm of *Habb-e-Khizran* (Pills Khizran) (prepared with following ingredients) (Table 3).

| Drugs | | Miqdaar (Quantity) |
|-------------------------|------------------------------------|--------------------|
| Unani Names | Scientific Names | |
| <i>Ayarij-i-Fayqra</i> | <i>Ayarij-i-Fayqra</i> | 10.5gm |
| Ghariqun | <i>Agaricus alba</i> Linn. | 8.75gm |
| Shahm-i-Hanzal | <i>Cirullus colocyntis</i> Schard. | 5.25gm |
| <i>Turbud</i> | <i>Ipomea turpethum</i> Br. | 24.5gm |
| <i>Jaoshir</i> | <i>Ferula galbaniflua</i> Boiss. | 4.5gm |
| <i>Nawsharad</i> | <i>Sal ammoniac</i> | 7gm |
| <i>Saqmuniya</i> | <i>Convolvulus scammonia</i> Linn. | 4.5gm |
| <i>Juice of Gandana</i> | <i>Allium ampeloprasum</i> Linn | Mix with all above |

Table 3: Ingredients of *Habb-e-Khizran*.

- Oral administration of 7-10.5gm *Habb-e-Wasili* (Pills Wasili) prepared with following ingredients (Table 4).

| Drugs | | Miqdaar (Quantity) |
|----------------------|--|--------------------|
| Unani Names | Scientific Names | |
| <i>Sumbul al Tib</i> | <i>Nardostachys jatamansi</i> | 03.5gm |
| <i>Salikha</i> | <i>Cinnamomum aromaticum</i> Nees | 03.50gm |
| Shahm-i-Hanzal | <i>Cirullus colocyntis</i> Schard. | 17.50gm |
| <i>Turbud</i> | <i>Ipomea turpethum</i> Br. | 24.5gm |
| <i>Habb-i-Balsan</i> | <i>Fruit of Commiphora opobalsamum</i> Linn. | 03.50gm |
| <i>Asarun</i> | <i>Asarun europaeum</i> | 03.50gm |
| <i>Saqmuniya</i> | <i>Convolvulus scammonia</i> Linn. | 14.00gm |
| <i>Ud-i-Balsan</i> | <i>Commiphora opobalsamum</i> Linn. | 03.50gm |
| <i>Mastagi</i> | <i>Pistacia lentiscus</i> Linn. | 03.50gm |
| <i>Darchini</i> | <i>Cinnamomum zeylanicum</i> Linn. | 03.50gm |
| <i>Zafaran</i> | <i>Crocus sativus</i> Linn. | 03.50gm |
| <i>Sibr</i> | <i>Aloe vera</i> Linn. | 56.00gm |

| | | |
|--------------------|--------------------------------|---------|
| <i>Ustukhudus</i> | <i>Lavandula stoechas</i> Linn | 17.50gm |
| <i>Namak Hindi</i> | Common salt | 07.00gm |

Table 4: Ingredients of *Habb-e-Wasili*.

- Oral administration of *Safoof* (Powder) of *Ustukhudus* (*Lavandula stoechas* Linn) in a dose of 1gm with 12gm Of *Itrifal Saghir*, followed by administration of *Joshanda* (decoction) of *Gul-i-Khatmi* (Flower of *Althae officinalis* Linn.) 3gm., *Mawiz Munaqqa* (*Vitis vinefera* Linn.) 10 pices, *Tukhm-e-Kasni* (seed of *Cichorium intybus* Linn.) 6gm. Mixed with 12ml of honey and sprinkled with 6gm of *Asphol* (*Plantago ovata* Forsk).
- *Abzan* (Sitz bath) with *Joshanda* (decoction) of following drugs [18] (Table 5).

| Drugs | | Miqdaar (Quantity) |
|-----------------------------|------------------------------------|--------------------|
| Unani Names | Botanical Names | |
| <i>Babuna</i> | <i>Matricaria chamomilla</i> Linn. | 4.5-7.5gm |
| <i>Shibit</i> | <i>Anethum sowa</i> Roxb. | 4.5-7.5gm |
| <i>Bekh-e-Khatmi</i> (Root) | <i>Pistacia lentiscus</i> Linn. | 4.5-7.5gm |

Table 5: Ingredients of *Joshanda* with *Abzan*.

- *Abzan* (Sitz bath) with *Joshanda* (decoction) of following drugs (Table 6).

| Drugs | | Miqdaar (Quantity) |
|-----------------------|------------------------------------|--------------------|
| Unani Names | Botanical Names | |
| <i>Babuna</i> | <i>Matricaria chamomilla</i> Linn. | 4.5-7.5gm |
| <i>Nakhuna</i> (Pods) | <i>Trigonella uncatata</i> Boiss. | 4.5-7.5gm |
| <i>Banafsha</i> | <i>Viola odorata</i> Linn. | 4.5-7.5gm |
| <i>Shih</i> | <i>Artemisia maritima</i> Linn. | 4.5-7.5gm |
| <i>Qaysum</i> | <i>Achillea millefolium</i> Linn. | 4.5-7.5gm |
| <i>Marzanjosh</i> | <i>Oliganum vulgare</i> Linn. | 4.5-7.5gm |

Table 6: Ingredients of *Joshanda* with *Abzan*.

- *Abzan* (Sitz bath) with *Joshanda* (decoction) of following drugs (Table 7) in quantity of 24gm each.

| Drugs | |
|--------------------------------|---|
| Unani Names | Botanical Names |
| <i>Babuna</i> | <i>Matricaria chamomilla</i> Linn. |
| <i>Nakhuna</i> (Pods) | <i>Trigonella uncatata</i> Boiss. |
| <i>Banafsha</i> | <i>Viola odorata</i> Linn. |
| <i>Shibit</i> | <i>Anethum sowa</i> Roxb. |
| <i>Barg-i-Turb</i> | <i>Raphanus sativus</i> Linn. |
| <i>Bazr-i-Katan</i> | <i>Linum usitatissimum</i> Linn. |
| <i>Khar Khasak</i> | <i>Tribulus terrestris</i> Linn. |
| <i>Karafs</i> | <i>Apium graveolens</i> Linn. |
| <i>Parsiyaoshan</i> | <i>Adiantum capillus-veneris</i> Linn. |
| <i>Khatmi</i> | <i>Althaea officinalis</i> Linn. |
| <i>Hulba</i> | <i>Trigonella foenum-graeceum</i> Linn. |
| <i>Sabus</i> (Wheat husk) | Wheat husk |
| <i>Barg-i-Karnab</i> (Cabbage) | Cabbage |

Table 7: Ingredients of *Joshanda* with *Abzan*.

- *Natul* (Irrigation) with *Joshanda* (decoction) of following drugs (Table 8).

| Drugs | | Miqdaar (Quantity) |
|-----------------------------|------------------------------------|--------------------|
| Unani Names | Botanical Names | |
| <i>Babuna</i> | <i>Matricaria chamomilla</i> Linn. | 4.5-7.5gm |
| <i>Shibit</i> | <i>Anethum sowa</i> Roxb. | 4.5-7.5gm |
| <i>Bekh-i-Khatmi</i> (Root) | <i>Pistacia lentiscus</i> Linn. | 4.5-7.5gm |

Table 8: Ingredients of *Joshanda* with *Natul*.

- Application of paste of following drugs (Table 9) on the bladder area after mixing with juice of cabbage and *Roghan-i-Khasak*.

| Drugs | | Miqdaar (Quantity) |
|------------------------------------|---|--------------------|
| Unani Names | Botanical Names | |
| <i>Babuna</i> | <i>Matricaria chamomilla</i> Linn. | 4.5-7.5gm |
| <i>Ard-i-Hulba</i> (Flour of seed) | <i>Trigonella foenum-graeceum</i> Linn. | 4.5-7.5gm |
| <i>Khubazi</i> | <i>Malva sylvestris</i> Linn. | 4.5-7.5gm |
| <i>Banafsha</i> | <i>Viola odorata</i> Linn. | 4.5-7.5gm |
| <i>Nakhuna</i> (Pods) | <i>Trigonella uncata</i> Boiss. | 4.5-7.5gm |

Table 9: Ingredients of paste.

- Application of paste of *Shora Qalmi* (Potassium nitrate) on the bladder area.
- Application of *Roghan-i-Khasak* at pubic region.
- Application of *Roghan-i-Babuna* at pubic region.
- Application of *Roghan-i-Gul* at pubic region.
- Application of hot paste of *Reward Chini* (*Rheum emodi* Wall.) mixed with *Arq-i-Badyan* at pubic area, testicles and around urethra.

Compound Unani Drugs

The compound formulations which have been given in Unani classical literature for the management of prostatomegaly are discussed below as in Table 10.

| S.No. | Compound Unani Drugs | Doses |
|-------|-----------------------------|------------------------------------|
| 1 | <i>Itrifal Ghudadi</i> [17] | 5gm twice a day. |
| 2 | <i>Habb-i-Ayarij</i> [5] | 2 pills twice a day. |
| 3 | <i>Itrifal Saghir</i> [17] | 5-10gm at bed time. |
| 4 | <i>Sharbat Dinar</i> [16] | 10-20ml after every meal. |
| 5 | <i>Banadiq-ul-Bazur</i> [5] | 2 pills thrice a day. |
| 6 | <i>Arq-i-Mako</i> [16] | 125ml twice a day. |
| 7 | <i>Roghan-i-Khasak</i> [18] | Local application on pubic region. |
| 8 | <i>Habb-i-Hindi</i> [16] | 2 pills thrice a day. |
| 9 | <i>Roghan-i-Babuna</i> [18] | Local application on pubic region. |
| 10 | <i>Roghan-i-Gul</i> [18] | Local application on pubic region. |

Table 10: Compound Formulation (Murakkab Adviya).

Ilaj-Bil-Tadbeer (Regimenal therapy)

- *Natul* (Irrigation)
- Urethral catheterization
- *Abzan* (Sitz bath)

Dietary Recommendations (*Ilaj-Bil-Ghiza*)

- *Aghziya Murattiba*

Dietary Restrictions

- *Aghziya Hamiza*
- *Aghziya Ghaliza*
- *Aghziya Qabiza*

- *Aghziya Muwallid-i-Sawda*
- *Aghziya Muwa;;id-i-Balgham*

Investigation Required

- USG (W/A).
- Serum prostate-specific antigen (PSA).
- Uroflowmetry.

Methodology

The databanks used to get information from journals and articles are Google, PubMed, Science Direct, Scopus and Google Scholar. For the search of primordial and current Unani classical literature author visited Library of Regional Research Institute of Unani Medicine (RRIUM), Srinagar, J & K, India and School of Unani Medical Education and Research Jamia Hamdard, New Delhi.

Conclusion

The morphological anatomy of the prostate gland has been established. They are the peripheral zone (PZ), transitional zone (TZ), central zone (CZ), the anterior fibro muscular area and the pre prostatic area. The contributions of zonal areas in a normal gland are PZ 70-80%, TZ 10%, CZ 20%. In benign prostatic hyperplasia/hypertrophy/enlargement (BPH/BPE), only the transitional zone is affected and constitutes 100% of prostatomegaly. So it has been observed that these formulations when used clinically have marked effect in reducing the volume of the prostate by acting on the transitional zone. To overcome the misery of the prostatic symptoms and to maintain the proper sleep, the different regimenal therapies employed by Unani physician from time to time has in general gained the importance of Unani system of medicine for prostatomegaly.

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