Role of Qurs-E-Tabasheer in Endoscopically Proved Gastritis and Duodinitis

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ABSTRACT

Aim: We undertook this study to find out the effect of Qurs-e-Tabasheer on gastritis and/or duodinitis confirmed by endoscopy.

Methods: Study was conducted on 100 patients having gastritis and/or duodinitis, confirmed by endoscopy. 50 patients were given Qurs-e-Tabasheer (Group A) and 50 were given tab. pantoprazole (Group B) for 45 days, After 45 days endoscopy was repeated to assess the status gastritis and/or duodinitis.

Results: In our study we found that 57.0% patients were having gastritis among them 56% were females. On statistical comparison of both the test and control groups, the difference in improvement in symptoms was insignificant. Post-treatment endoscopy showed that patient got relief from gastritis and /or duodinitis and the difference of improvement in both the groups was insignificant.

Keywords: Gastritis, Duodinitis, Endoscopy and Unani.

1. INTRODUCTION

Gastritis (Warm-e meda) is a well-known entity since centuries [1] and has been given many names by Unani physicians e.g. hurqat-e-med, Sozish-e-meda, Warm-e-med and Iltehab-e-meda. Since the disease is very much related with life style and various food habits, no part of the world is untouched with this disease. Physicians of various civilization and various part of the world have mentioned about this disease [2], [3], [4], but the disease was first time well understood and well described by Unani physicians [4], [5], [6]. Unani physicians have mentioned various varieties of the disease based on clinical features, causative factors, humours, duration and gross pathological changes [5], [7], [8].

In modern medicine chronic gastritis is classified on the basis of their underlying causes e.g. Helicobacter pylori, bile reflux, non-steroidal anti-inflammatory drugs (NSAIDs), autoimmune or allergic responses. Helicobacter pylori infection is the most frequent cause of chronic gastritis infecting 50% of the global population [9]. In the modern medicine treatment of gastritis is available with the combination of antibiotics and proton pump inhibitors, which are expensive for a common man and have prolonged side effects also [10], [11], [12], [13], [14].

In Unani system of medicine plants, animals as well as mineral origin drugs are being used for the treatment of gastritis without any side effect e.g. some of the commonly used single drugs (Adviya mufrida) are Aloe barbadensis Mill (Elva), Alpinia galanga Willd (Khuljanjan), Althaea rosea Linn (Khatami), Anchusa strigosa Labill (Gaozaban), Glycyrhiza
glabra Linn (Asl-us-soos), Withania somnifera Linn (Asgandh), Andrographis paniculata Wall (Bhuineem), Zingiber officinalis Rosc (Adrak), Picrorhiza Kurroa Royle (Kuttki), Emblica officinalis (Amla), Nigella sativa Linn (Kalonji), Momordica charantia Linn (Karela), Curcuma longa Linn (Haldi), Asparagus racemosus Willd (Satawar), Aegle marmelos Correa (Bael), Myristica fragrans Houtt (Jaiphal) etc and in the form of compound drugs (Adviya murakkaba) are Majoon Dabidul Ward, Jawarish Anarain, Sharbat Anar, Majoon Zanjbil, Jawarish Mastagi, Qurs Satawari, Itrifal Aftimoon, Sharbat Unnab and Khammeera Sandal have been indicated by Unani physicians for the treatment of chronic gastritis and their efficacy against gastritis has also been tested by studies [4], [5], [6], [15], [16], [17], [18], [19], [20], [21].

We undertook this study to find out the effect of Qurs-e-Tabasheer (constituents given in table no.1) on endoscopically proved gastritis and duodenitis patients.

**Table-1: ( Constituents of Qurs –e-Tabasheer )**

<table>
<thead>
<tr>
<th>Content</th>
<th>Botanical Name</th>
<th>Part used/form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tabasheer</td>
<td>Bambusa arundinacea</td>
<td>Resin</td>
</tr>
<tr>
<td>Khurfa</td>
<td>Pruttaca oleracea</td>
<td>Seed</td>
</tr>
<tr>
<td>Kahu/Khas</td>
<td>Lactuca Sativa</td>
<td>Seed</td>
</tr>
<tr>
<td>Gul-e-Surkh</td>
<td>Rosa damascas</td>
<td>Flower</td>
</tr>
<tr>
<td>Ruman</td>
<td>Punica granatum</td>
<td>Flower</td>
</tr>
<tr>
<td>Gil-e-Armani</td>
<td>Bolus armena rubea</td>
<td>Soil</td>
</tr>
</tbody>
</table>

### 2.2 Exclusion Criteria
- Patients with any systemic disease
- Pregnant and lactating mothers
- Any systemic disease
- HBs Ag HIV +ve and HIV +ve
- Patients with history of peptic ulcer or gastric carcinoma.
- Patients with active G.I. haemorrhage, Obstruction and perforation.
- Non cooperative patients

### 2.3. Methodology
Permission from the institutional ethical committee was taken before starting the study. A written and well informed consent was taken from the patients before participation into the study. The patients were interrogated about the symptoms of heart burn, nausea/vomiting, Indigestion, abdominal pain, loss of appetite, regurgitation and they were examined for the sign of epigastric tenderness. These patients underwent upper gastro intestinal endoscopy for the confirmation of the clinical diagnosis. Only those 100 patients were included in the study who were having clinical diagnosis of gastritis and/or duodenitis and proved by upper by upper G.I. endoscopy as the case of gastritis or gastritis with duodenitis. The same endoscopist performed all the endoscopy procedure for entire study period.

### 2.4. Grouping
The selected patients were divided into two groups A and B of 50 each.

- **Group A:** The test group (Group A) was given Qurs-e-Tabasheer. 3 tablets twice daily for 45 days before meal.
- **Group B:** This control group (Group B) was given tablet pantoprazole 40 mg once daily for 45 day days before meal.

**Follow up:** In follow up all the patients were called weekly to note down the symptomatic relief and after 45 days of treatment the symptomatic relief was again noted down and endoscopy was repeated by the same endoscopist in our department.

### 2.1 Inclusion Criteria
We included the patients who met following criteria,
- (i) The patients having following symptoms and signs for of upper gastrointestinal symptoms:-
  - Burning in epigastric region
  - Nausea and vomiting
  - Dyspepsia
  - Abdominal pain
  - Regurgitation
- (ii) Patients with endoscopically proven gastritis and/or duodenitis.
- (iii) Patients of both the gender between 15-65 yrs.

### 2. MATERIALS AND METHODS
This study was a randomized control clinical trial, Conducted during 2011 to 2013 in department of Surgery (Jarahat), Ajmal khan Tibbiya College, AMU, Aligarh. A written and well informed consent was taken from the patients before participation into the study.
Qurs Tabasheer is a compound drug and Tabasheer/Bansloochan (Bambusa arundinacea) is the main constituent. The constituents and of Qurs Tabasheer are given in table 1.

2.5. Statistical Analysis
We applied Pearson’s Chi-square test ($x^2$-test) to analyse the results.

3. RESULT AND OBSERATIONS
Study was conducted on 100 patients, divided in two group i.e. Group A (Test Group) and Group B (Control Group) of 50 each.

In the study it was found that maximum number of patients were in the range of 15-25 years of age in both groups the mean age is 33.2±13.8 in group A, i.e. 42% and 34.2 ±14.0 in group B. i.e. 36% (table 2).

<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-25</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>25-35</td>
<td>08</td>
<td>11</td>
</tr>
<tr>
<td>35-45</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>45-55</td>
<td>06</td>
<td>4</td>
</tr>
<tr>
<td>55-65</td>
<td>05</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

Out of 100, 44 patients (44.0%) were male and 56 patients (56.0%) were female. In group A, 25 patients (50.0%) were male and 25(50.0%) were females while in group B, 19 (38.0%) were male and 31(62.0%) were female (table 3).

<table>
<thead>
<tr>
<th>sex</th>
<th>Group A</th>
<th>Group B</th>
<th>Group A+B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Male</td>
<td>25 50.0</td>
<td>19 38.0</td>
<td>44 44.0</td>
</tr>
<tr>
<td>Female</td>
<td>25 50.0</td>
<td>31 62.0</td>
<td>56 56.0</td>
</tr>
<tr>
<td>Total</td>
<td>50 100.0</td>
<td>50 100.0</td>
<td>100.0 100.0</td>
</tr>
</tbody>
</table>

Table-4 shows the distribution of patients according to the temperament in group A and Group B and it was found that maximum number of patients (57, 57.0%) were having safravi mizaj, among them 28 patients (56.0%) were in group A and 29 (58.0%) patients were in group B. Patients who belonged to damvi mizaj were 29 (29.0%), out of which 14 (28.0%) were in group A and 15 (30.0%) were in group B. 14 (14.0%) had balghami mizaj, among them 8 (16%) patients were in group A and 6 (12.0%) patients were in group B. Not a single patient was having saudavi mizaj.

<table>
<thead>
<tr>
<th>Temperament</th>
<th>Group A</th>
<th>Group B</th>
<th>Group A+B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safravi</td>
<td>28 56.0</td>
<td>29 58.0</td>
<td>57 57.0</td>
</tr>
<tr>
<td>Damvi</td>
<td>14 28.0</td>
<td>15 30.0</td>
<td>29 29.0</td>
</tr>
<tr>
<td>Balghami</td>
<td>8 16.0</td>
<td>6 16.0</td>
<td>14 14.0</td>
</tr>
<tr>
<td>Saudavi</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Total</td>
<td>50 100.0</td>
<td>50 100.0</td>
<td>100 100.0</td>
</tr>
</tbody>
</table>

Table-5 shows the pre-treatment sign and symptoms of patients and improvement after treatment in group A and group B. In group A, the complaint of heartburn improved in 83.8% patients and in group B it improved in 91.4% patients ($x^2=1.5$, which is insignificant). The complain of nausea/vomiting improved in 75.8% patients in group A and 81.8% patients improved in group B after treatment ($x^2=0.36$, which is insignificant). In group A Indigestion improved in 77.8% patient and in group B it improved in 86.2% patients ($x^2=0.3$, which is insignificant). After treatment the complain of Abdominal pain improved in 81.0% patients in group A and in group B abdominal pain improved in 86.5% patients ($x^2=0.45$, which is insignificant). The complaint of loss of appetite improved in 72.2% patients in group A and in 83.3% patients in group B after treatment ($x^2=0.16$, which is insignificant). In group A, 84.2% patient improved from the complaint of regurgitation and 85.0% patients in group B. ($x^2=0.004$, which is insignificant), Epigastric tenderness relieved in 77.0% in group A and 80.9% in group B after treatment ($x^2=0.2$, which is insignificant).

Table-5: Improvement in symptoms in patients after treatment in both the groups.

<table>
<thead>
<tr>
<th>Sign and symptoms</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Heart burn</td>
<td>37 6 83.8</td>
<td>35 3 91.4</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>33 8 75.8</td>
<td>33 6 81.8</td>
</tr>
<tr>
<td>Indigestion</td>
<td>36 8 77.8</td>
<td>29 4 86.2</td>
</tr>
</tbody>
</table>
Abdominal pain & 42 & 8 & 81.0 & 37 & 5 & 86.5 \\
Loss of appetite & 18 & 5 & 72.2 & 18 & 3 & 83.3 \\
Regurgitation & 19 & 3 & 84.2 & 20 & 3 & 85.0 \\
Epigastric tenderness & 48 & 11 & 77.0 & 47 & 9 & 80.9 \\

1= No of patient before treatment \\
2= No. of patient after treatment \\
3= Improvement in percentage \\

Table-6 shows the effect of drug on endoscopic findings. Antral gastritis improved in 67.5% of patients in group A and in 78.0% patients in group B after treatment. Generalized gastritis improved in 40% patients in group A and in 50% patients in group B. In group A, antral gastritis with duodenitis improved in 50% patients and in 66.7% patients in group B. (x²=1.2, which is insignificant).

Table no. 6

<table>
<thead>
<tr>
<th>Endoscopic findings</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antral gastritis</td>
<td>43</td>
<td>14</td>
</tr>
<tr>
<td>Generalized gastritis</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Antral gastritis with duodenitis</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>18</td>
</tr>
</tbody>
</table>

4. DISCUSSION

Health of stomach (meda) has been given a prime importance in Unani Medicine. Almost all Unani physicians have contributed towards the health and disease of stomach. Unani physicians have mentioned a wide spectrum of treatment for Gastritis (warm-e-meda). According to the cause, clinical presentations, regions, climate, age, acuteness or chronicity and dietary habits with prime concern on the correction of Mizaj (temperaments) and Akhlat (humours) of the patients. A number of medicine and corrective approaches covering all these aspects have been described in Unani medicine resource books.

Qurs Tabasheer is one of these medicines, the ingredients of this medicine have been formulated in such a way to cover maximum aspects of the treatment of gastritis. It contains such drugs which corrects inflammation, reduce gastric secretions, have haemostatic property, remove toxic Material, produce soothing effects and provide material for the healing [22],[23]. Qurs Tabasheer covers correction of alteration of Safra (yellow bile) very well, which is the commonest cause of Warm-e-meda (Gastritis). Correction of alteration in the temperament of Dam (Blood), balgham and Sauda have either been poorly covered or not covered at all by the ingredients of this medicine. Individual and compound effects of these ingredients have been studied by various researches. Jamal A et al, 2006; Mohd A and Zoobi j, 2011, Ghazrouli K et al,1999; and Wadud A et al, 2011 found the ingredients effective in gastritis in various ways[15], [20], [24], [25].

In our study, in both the test and control groups, main symptoms were the abdominal pain (79%) and then heart burn (72%).Unani physicians have also described these as the main symptoms of warm-e-meda. In Principals of surgery by Schwartz [26] and short practice of surgery by Baily H and Love M [27], epigastric pain and heart burn are the main symptoms of gastritis. Prevalence of this disease was found more in women (38%).

Highest number of patients (57%) were found with safraavi Mizaj. Patients having Damini Mazaj were (29%) and (14%) cases had Balghami Mizaj. None of the patients is this study were found with saudavi Mizaj. Most of the Unani Physicians have mentioned safra as the commonest cause [4], [5], [28], [29].

Although the results of control group and the test group are almost same with no significant difference, the test drug bears many advantages like cost effectiveness ready availability of ingredients and no known side effects. Further the test drug covers maximums aspects of the treatment of gastritis. It contains medicines which correct inflammation reduce gastric secretions, have haemostatic property, remove toxic material and produce soothing effects.

5. CONCLUSION

It is era of evidence based medicine and in this study we have tried to demonstrate that Qurs-e-Tabasheer not only declines the symptoms of gastritis and duodenitis but it also corrects them which was proved by repeated endoscopy after treatment and the results of the test group and control group were similar with no significant difference.
REFERENCES


