

Concept of Dengue Fever (Humma Danj) in Unani System of Medicine: A View

Pawan Kumar¹, Izharul Hasan^{2*}

¹Research Officer, Scientist 4, IEC and Patent Division, Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, Government of India, New Delhi, India.

²Consultant Unani, AYUSH Wellness Clinic, President Estate, New Delhi, India.

*Corresponding Author

Email ID: drizharnium@gmail.com

ABSTRACT

Dengue fever (Humma Danj) is these days a significant medical issue over the world. Albeit no away from of Dengue fever, is accessible in classical Unani text; yet dengue fever can be overseen based on Amraze Wabai. In patients of Classic Dengue Fever, supportive Unani treatment for reinforcing the Quwa (Faculties) might be provided so as to abbreviate the length of sickness, and to ease the side effects following the intense ailment like general shortcoming and sorrow. This review paper enlightens Unani medication and customary medication see on Humma Danj and its administration through Unani Medicine.

Keywords: Humma Danj, Aedes Mosquito, Wabai Amraz, Dengue Fever.

INTRODUCTION

Humma Danj is taken from Arabic word "Danaj" which means weakness. Humma Danaj is named on account of extreme weakness happens in this fever [1]. In Unani literature there is as such no depiction of Dengue fever malady is accessible, yet a wide range of fever are examined in detail. Presumably this malady is "Humma Damwi Ufooni", where ufoonat is found in blood (Khilt-e-dam) and produce rashes on skin (Surkh Daane) [2]. Sheik Ibne Sina says there are a strange changes in liquids and humors in view of irresistible material (madah afna'h), which upset the individual characteristics and typical exercises of the liquids and humors. Humors (Akhlal) are tainted here and there intravascular (dakhil-e-urooq) and extravascular (kharij-e-urooq). In any case, for this situation intravascular (dakhil-e-urooq) infection is found in view of the vector *Aedes aegypti*, who bite and transmit the ailment as blood borne sickness.

Alternative Names

Humma Saliba [1], West Nile Fever, Break Bone Fever, Dengue like Disease, Dandy Fever [3], Abul Rakab.

HISTORICAL BACKGROUND

Dengue fever is an ancient disease. The earliest record found to date is in a Chinese reference book of malady, manifestations and cures, altered in 610 A.D and again in 992 A.D. The huge extension of delivery and the improvement of port urban communities in the eighteenth and nineteenth hundreds of years, the mosquito vector, *Aedes aegypti* and the dengue infections spread to new geographic zones causing epidemics. The biological interruption happened in the Southeast Asia and pacific performance centers during and following World War II, made ideal conditions for viral transmission and an expansion of mosquito borne infection and it was in the setting that a worldwide pandemic of dengue started. Dengue infection was first disengaged in Japan in 1943, by vaccination of serum of patients

in nursing mice (Kimura and Hotia 1944). In 1944, the infection was secluded from the sera of US fighters at numerous pieces of the world including Calcutta. In Asia, plague dengue has extended topographically from Southeast Asian nations west to India, Srilanka, the Maldives and Pakistan and east to China [4]. It currently has gotten endemic all through tropical Asia (India) since 1967, after that the term dengue hemorrhagic fever and dengue shock conditions have come into general use.

Situation in India

In developing nations like India, the risk of dengue has indicated a lift lately because of quick urbanization, way of life changes and helpless water the executives including ill-advised water stockpiling rehearses in metropolitan, peri-metropolitan and rustic territories, prompting multiplication of mosquito reproducing destinations. The sickness is connected with an occasional structure for example after rainstorm a top in cases is watched. However, in Gujarat and the southern states and the conveyance is lasting. As indicated by late reports the infection is endemic in around thirty states/UTs. The case casualty rate was 0.22 percent. The most extreme quantities of cases were accounted for from Punjab

followed by Tamil Nadu, Gujarat, Kerala and Andhra Pradesh. All the four serotypes for example dengue 1, 2, 3 and 4 have been disengaged in India yet at present DENV-1 and DENV-2 serotypes are widespread [5].

According to the World Health Organization (W.H.O)

Approximately 2.5 billion individuals, or two-fifths of the total populace, are currently in risk from dengue. The sickness is presently endemic in more than 100 nations. Dengue hemorrhagic fever (DHF) is a main source of serious ailment and demise among youngsters in some Asian nations. In 2007, there were more than 890,000 announced instances of dengue in the Americas, of which 26,000 cases were DHF. Dengue infection rates among individuals who have not been recently presented to the infection are ordinarily 40% to half during scourges, however may now and then arrive at 80% to 90%. Around a large portion of a-million individuals with DHF are hospitalized every year, of which many are kids. About 2.5% of these patients kick the bucket. DHF casualty peruses may surpass 20% if untreated. In the event that there is admittance to clinical consideration with medical care experts prepared in treating DHF, the demise rate might be under 1%.

SYMPTOMS

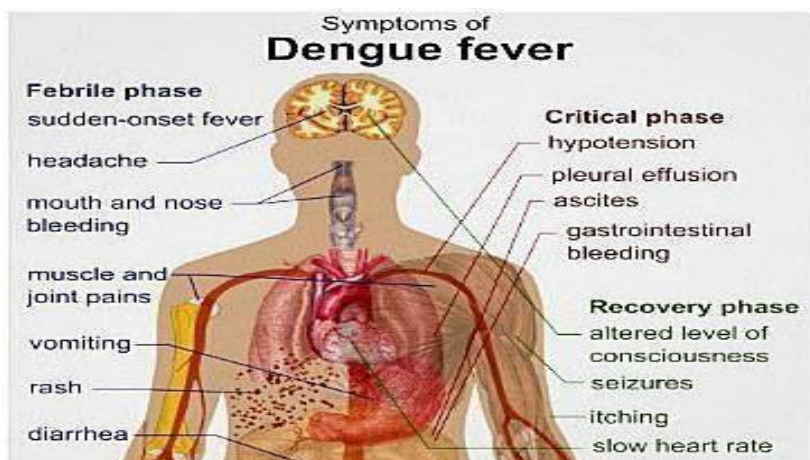


Fig. 1. Symptoms of Dengue Fever

AETIOLOGY OF DENGUE FEVER

There are four dengue viruses (DENV) that cause dengue fever, which are all spread by types of mosquito known as the *Aedes aegypti* mosquito, and all the more once in a while by the *Aedes albopictus* mosquito. *Aedes aegypti* began in Africa, yet these days is found in all the tropical zones the world over and thrives in and near zones of human populace.

The infection is transmitted from bite of mosquito to human. The cycle starts when a mosquito bites an individual who is infected with the dengue infection; the infection is then passed on when the infected mosquito at that point nibbles another person.

DIAGNOSIS OF DENGUE FEVER

Clinical diagnosis of dengue fever is profoundly dubious however information on the topographical appropriation and ecological patterns of causal infections can help in the diagnosis of dengue fever.

What criteria's identity is applied for dengue haemorrhagic fever): Fever (minor or major), haemorrhagic signs, thrombocytopenia ($<100000/\text{mm}^3$), expanded hematocrit ($>20\%$), hypoalbuminemia, and furthermore X-ray can shows pleural effusion. The rules for dengue stun condition are previously mentioned measures in addition to hypotension and narrow pulse pressure (<20 mm of Hg), virologic diagnosis can be set up by serologic tests or by disengagement of the infection from blood leukocytes or serum.

Both in essential and auxiliary dengue infections, there is generally transient appearance of hostile to dengue immunoglobulin IgM antibodies. These antibodies vanish following 6-12 weeks which can be utilized to time a dengue infection [6-9].

MANAGEMENT IN UNANI SYSTEM OF MEDICINE

1) Usool-e-Ilaj (Principles of Treatment)

- Treat the cause
- Bed Rest and antipyretics
- Plenty use of fluids and juices (*Barid Mashroobaat wa sayyal Aghzia*)

2) Habis-e-dam advia (If haemorrhage), Mulayyanat in cases with constipation, Muqawwiyat for improve vitality and Muwallid dam advia.

- **Antipyretics**
Qurs Humma / Qurs Tabasheer kafoori / Habbe Bukhar/Sharbat Khakshi
- **Barid Mashroobaat wa sayyal Aghzia**
Mau shaer, Sharbat Neelofer, Sharbat Banafsha, Sharbat Aaloo, Aabe kahoo, Aabe Anaar, Aabe Bahi, Arq-e-Kasni [10-11].
- **Habis-e-dam Advia** [10-11]
Qurs Habis, Sharbat Injabar *etc.*
- **Moaddelat-e- Dam**
Sharbat Unnab, sharbat deenar, *etc.*
- **Muqawwiyat (General tonics)**
Khameera Gaojaban Ambari, Khameera Marwareed, Khameera Sandal, Khameera Banafsa
- **Muwallid Dam Advia**
Qurs Damvi, Sharbat Faulad, Sharbat Anarain *etc.*

3) Diet Therapy

Diet therapy is a technique for eating endorsed to improve wellbeing. Various conditions are treated partially with restorative diets.

Medicines include including nourishments that improve explicit well-being conditions, while staying away from nourishments that may aggravate the condition. Some well-being conditions require transitory restorative diets.

OTHER USEFUL SINGLE AND COMPOUND DRUGS [12-14]

- 1) Juice of papaya leaves (*Carica papaya Linn*) builds platelet count.
- 2) Natural products plentiful in nutrient C like Amla (*Phyllanthus emblica Linn. Syn. Emblica officinalis Gaertn.*) are prompted as nutrient C helps in better assimilation of iron.
- 3) Raihan leaf (*Ocimum sanctum Linn.*) alongside one black pepper (*Piper nigrum Linn.*) can help forestall an episode of dengue.
- 4) Khurfa/Baqila-e-Humaqa (*Portulaca oleracea Linn*) is endorsed as antipyretic medication.
- 5) Chiraitah Shereen has tremendous restorative exercises in the diminishing fevers. It is especially suggested for managing spasms with dengue.

CONCLUSION

Dengue fever is these days a significant medical issue over the world. Albeit no away from of Dengue fever, is accessible in old style Unani text; however dengue fever can be overseen based on *Amraze Wabai*. In patients of Classic Dengue Fever, steady Unani treatment for fortifying the *Quwa* (Faculties) might be given as an adjuvant therapy. Viable well-being instruction, severe administrative methodologies and great observation are truly necessary to control and forestall dengue episodes. Individual Prevention Measures Patients tainted with the dengue infection are the supply of infection for others both at home and in the network. Accordingly, general well-being measures to limit the presentation of patients to mosquitoes are basic in forestalling the spread of the infection/sickness.

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