



Efficacy Of Compound Unani Formulation In Bronchial Asthma (*Zeequn Nafas*): A Case Report

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Abstract

In the Unani medical system, asthma is referred to by several names, including *dīq al nafas*, *ribw*, *bohr*, and *dama*. This chronic inflammatory paroxysmal disease is characterized by the smooth muscles of the bronchioles contracting spasmodically, which can make breathing extremely difficult. Asthma is referred to by several names in the Unani medical system. The terms *dīq al nafas*, *ribw*, *bohr*, and *dama* are only used to describe asthma caused by lung and airway pathologies. In addition to treating symptoms, management should concentrate on using medications that dry and expel the humors, which results in constriction and airway blockage. In 5% of cases, *Zeequn Nafas* is hard to manage with the current conventional therapy. With its widely recognized bronchodilator, anti-inflammatory, anti-histaminic, leukotriene inhibitor, and expectorant properties, the Unani medical system was chosen. A traditional Unani formulation known as *Habb-i-Hindi Zeeqi* has been made by the Unani physicians since the dawn of time. Chronic inflammation and an episodic history of wheezing, dyspnea, chest tightness, and coughing that vary with time, intensity, and airflow restriction characterize *Zeequn Nafas*, a heterogeneous disease. A well-known standard Unani compound formulation with mucolytic, expectorant, or anti-inflammatory qualities is *Sharbat Zufa Murakkab*. The product is vegetarian and entirely natural. The classical literature of Unani does not mention or report any negative impact of *Sharbat Zufa Murakkab*. Despite this, *Kakra Singhi's Munaffith-i-Balgham* and *Muhallil's* action have made it a successful treatment for chronic bronchitis.

Keywords: *Rabw*, *Ushr al-Tanaffus*, Unani medicine, *Dīq al-Nafas*, or bronchial asthma

INTRODUCTION

Asthma is a chronic inflammatory disease of the airways that is characterized by an increased tracheo-bronchial tree responsiveness to various stimuli due to a combination of mucosal oedema, viscid bronchial secretions, and bronchial muscle spasm^{1,2}. It is clinically typified by recurrent episodes of coughing, wheezing, and dyspnea, especially during the night and early morning³. Hyperresponsiveness and inflammation of the airways are the primary characteristics that distinguish bronchial asthma⁴. Globally, bronchial asthma has been an epidemic for people of all ages. With the growing number of airborne contaminants and irritants in the world's largest cities⁵.

Around 4% of people in the US are estimated to have bronchial asthma, a condition that is common throughout the world. Although it can happen at any age, almost half of the cases start before the age of ten. In children, the male-female ratio is 2:1, whereas in adults, both sexes are equally affected¹. In accordance

with the Indian Study on Epidemiology of Asthma, Respiratory Symptoms, and Chronic Bronchitis in Adults (INSEARCH), the prevalence of asthma was 2.05% nationwide, with an estimated 17.23 million people affected. According to the most recent Global Burden of Disease (GBD) study (1990–2019), 34.3 million people in India suffer from asthma, which accounts for 13.09% of the worldwide burden. Furthermore, it reported that asthma was responsible for 13.2 deaths per thousand in India⁶. The conventional therapy for bronchial asthma involves steroid injections to lessen the severity of the condition and bronchodilation, which is primarily given with inhalers. Nonetheless, the illness is typically regarded as chronic and challenging to cure⁷.

Bronchial asthma, often referred to as *Diq al-Nafas/Dama/Rabw*⁷ in the Unani medical system, is a *Balghami* (phlegmatic) illness that results in "*Ushr al-Tanaffus*" (breathing difficulties)⁸ due to the buildup of thick, viscid *Balgham* (phlegm) in the lung airways. Breathing gets difficult in *Zeequn Nafas* due to the narrowing of the airways brought on by the buildup of *Balgham Lazij* (viscous phlegm) in *Urooq-e-Khashna* (bronchioles)⁹.

"*Zeequn Nafas*" is made up of two words, "*Zeeq*" and "*Nafas*," which mean "narrowing" and "breathing," respectively. Put differently, it indicates trouble breathing¹⁰.

Ancient physicians and philosophers like *Buqrat* (Hippocrates, 460–377 BC) and *Jalinus* (Galen, 129–210 AD) speak of *Zeequn Nafas*⁹.

This illness is characterized by panting or dyspnea, according to *Buqrat*. *Majusi* also discusses this illness of *Buqrat* and *Jalinus* in his book *Kamil al-Sana'ah*. This illness has been mentioned by Unani scholars under various names in their treatises, such as *Rabw*, *Buhar*, *Dama*, etc. (Ibn Sina 1906; Majusi 2010; Khan 1289H; Khan 1978; Kabiruddin 1960; Tabari 1928; Razi 1957)⁹.

It is also referred to as *Intisabun-Nafas*, which is a combination of the words "*Intisab*," which means "to stand," and "*Nafas*," which means "breath." The patient may experience dyspnea or discomfort when sitting or lying down in this condition. He then gets up to relax and take a breath (Kabiruddin 1960)⁹.

Ayush's foundation is the Unani medical system, a traditional medical system that has made significant contributions, particularly in India and the subcontinent. The Unani concept states that the human body has a residual power called *ʿabīʿat* or *Quwwat Mudabbira-i Badan* (medicatrix nature) that modifies its regular functions. According to Lone et al. (2012), it enhances the body's resistance to illness and strengthens its immune system¹¹. Under the term *Zeequn Nafas* (Difficulty in Breathing), Unani medicine provided a thorough description of how to treat bronchial asthma. In the Unani system of medicine, the lungs are considered vital organs, unlike other systems, and breathing in a fresh, healthy, and appropriate amount of air is one of the six principles of healthy living¹². Normal *Mizāj* and disease occurrence are also altered by *Ghair Dharūriyya* (non-essential) and *Asbab-i Sitta Dharūriyya* (six essentials of health). In the literature, Unani doctors have mentioned a number of individual medications and compound formulations for the treatment of *Diq al-Nafas*. According to *Akhilāt* (humor), medicines in the following compound unani formations—*Mundij* (concoctive), *Mushil* (purgative), *Muḥallil-i-Auram* (anti-inflammatory), *Munaffith-i-Balgham* (expectorant), and *Mukhrij-i-Balgham* (expectorant)—have a variety of pharmacological actions and are advised for the treatment of bronchial asthma (Kabir, 2003)^{11,13}. The classical Unani formulation has been traditionally used to treat phlegmatic cough, bronchial asthma, cough, and the early stages of asthma. Expel the chest's phlegm. clearing congestion and mucus from the chest is its use. Activities are created by *Habb-i-Hindi Zeeqi* for use in *Zeequn Nafas*¹⁴, *Daf-i-Tasannuj*, and *Munaffis-e Balgham*. *Habb-i-Hindi Zeeqi* has been demonstrated by Ahmad et al. (2024) to be a very safe and effective treatment for asthma¹⁵. According to another study, Junaid et al. (2014), there are very noticeable changes in both subjective and objective parameters, particularly FEV1 and PEF¹⁴, in *habb-i-hindi zeeqi*.

Renowned Unani physicians of the era recommended *SZM*, a polyherbal Unani formulation, for the treatment of productive cough (*Su'āl Ratab*) and asthma (*Diq al-Nafas*). Clinical research has also confirmed this recommendation (Kabeeruddin, 2008; Sehar et al., 2015). The main ingredient of the *SZM* formulation is the flower of *Hyssopus officinalis* L. (*Gul-i-Zūfa*). In the Unani medical system, *H. officinalis* is used to treat

chronic cough, cold, stomachache, sciatica, and colic pain. It is also used as an expectorant, antiseptic, deobstruent, anti-inflammatory, carminative, and vermifugal agent (Khan, 2013)¹⁶.

As shown by Rasheed et al. (2025), the *sharbat-i-zufa murakkab* notably decreased the severity of sore throat, hoarseness of voice, and chest tightness, which are present in certain cases of asthma¹⁷, as well as the frequency, intensity, and quality of coughing, which is the primary symptom of bronchial asthma. In Unani medicine, *Kakara Singhi* is a well-established medicinal plant highly regarded for its ability to treat respiratory conditions. Its potent *Muqawwi* (tonic), *Munaffith-i-Balgham* (expectorant), and *Muhallil-i-Waram* (anti-inflammatory) characteristics have led to its traditional use in the treatment of cough, asthma, bronchitis, and other pulmonary disorders¹⁸. A 2003 study by Akhtar et al. showed that *Safuf-i-Kakara Singhi* effectively treats chronic bronchitis.

CASE REPORT:

A 38-year-old woman arrived at the Clinical Research Unit (Unani), Goa, Outpatient Department (OPD) on March 24, 2025, complaining of dyspnea and coughing up phlegm for 12 months. A physical examination and systemic review were performed. Patient demographics, such as age, sex, marital status, and religion, were recorded. There was a 98°F temperature, a 75/minute pulse, and a 110/80 mm Hg blood pressure reading. Neither trauma nor hypertension was in her past. In the previous week, she denied experiencing any severe illness or an acute flare-up of her asthma. Apical crepitations and bilateral wheezing were detected by chest auscultation.

Tests of liver, kidney, and hemogram function were all within normal ranges. Blood glucose levels were 108 mg/dl during fasting and 121 mg/dl after meals. A roentgenogram performed on the chest indicated no abnormalities. because there was no comorbidity and the patient was stable.

Intervention and follow-up: *Habb-i-Hīndī Zeeqī* 2 tablets twice daily after meals, *Shārbat-i-Zūfā-Mūrākkab* 20ml twice daily after meals, and *Sāfuf* 5g twice daily before sleep with lukewarm water orally for 45 days, according to references found in classical Unani literature and Unani Pharmacopeial formulation.

Table No. 1: Ingredients of *Habb-i-Hīndī Zeeqī*¹⁹:

Drug	Scientific name	Dose (g)
Beesh Mūdabbār	<i>Aconitum napellus</i>	15 g.
Post-i-Beekh-i-Mādar	<i>Calotropis procera</i>	30 g.
Aāb-i-Adrāk	<i>Zingiber officinale</i> , Ginger water	3 lit.

Table No.2: Ingredients of *Shārbat-i-Zūfā-Mūrākkab*^{20,21,22}:

Drug	Scientific name	Dose (g)
Anjeer	<i>Ficus carica</i>	10 pieces
Tūkhm-e-Khātmi	<i>Althaea officinalis</i>	10
Asl-ūs-Soos	<i>Glycyrrhiza glabra</i>	10
Irsā	<i>Iris ensata</i>	10
Bādīyan	<i>Foeniculum vulgare</i>	15
Tūkhm-e-Kārafs	<i>Apium graveolens</i>	15
Parsīyāoshan	<i>Adiantum capillus-veneris</i>	20
Zūfā Khūshk	<i>Hyssopus officinalis</i>	20
Māweez Munāqqa	<i>Vitis vinifera</i>	90
Qānd sāfaid	White sugar	-

Table No.3: Ingredients of *Sāfūf-ī-Kākara-ī-Singhī*²⁰:

Drug	Scientific name	Dose (g)
Kākarasinghī	<i>Pistacia integerrima</i>	3.333
Zānjabeel	<i>Zingiber officinale</i>	-
Dār-ī-Filfil	<i>Piper longum</i>	-

Discussion

A major global health problem, respiratory disorders rank among the most prevalent causes of death and morbidity. A prevalent condition among the general population, bronchial asthma is the primary respiratory disorder. Globally, traditional medical systems are widely used to treat chronic illnesses, and both mono- and polyherbal remedies have been scientifically proven to be safe and effective. This has led to new research directions in the integration of traditional and modern medical concepts. The extensive literature and thorough descriptions of *Dīq al-Nafas* or *Dama* found in Unani medicine make it a safe and effective substitute. Individuals who are unsure and optimistic are currently taking a look at natural, herbal, or traditional medicines due to the medications used in modern medicine have more or less negative effects on the human body. Among those, unani medicine is said to have negligible or no negative effects on the human body. More widely available and more affordable than pharmaceutical drugs and chemicals, it offers an alternative. In renowned Unani pharmacopeias such as *Tibb-i Akbar* and *Kitab-ul-Murakkabat*, Unani physicians refer to this formulation of Unani compounds for the treatment of respiratory tract infections and coughs.

- With its *Munaffith* and *Muhallil* qualities, *Habb-i-Hindi Zeeqi* (HHZ) is a popular composition that is used to reverse the pathogenesis of *Zeequn Nafas* (bronchial asthma).
- *Sharbat-i-Zufa Murakkab* has a unique formulation that minimizes respiratory tract inflammation while improving the mucus's consistency to make it easier to expel. The action of *Munaffith* expectorates mucous secretions, while the *Muhallil* reduces inflammation.
- Additionally, chronic bronchitis is treated with *Safuf-i-Kakara Singhi*. This formulation is used for respiratory tract disorders, specifically *Zeequn Nafas*, based on all pharmacological actions.

For a long time, plants have been used to treat diseases and as a valuable source of medications. Herbal medications rarely or never cause side effects. According to the Unani medical system, the treatment of any illness is determined by the disease's *Mizāj* (temperament) and medications based on heteropathy. A range of Unani pharmacological actions, such as *Mundij-i Balgham* (concoctive), *Munaffith-i Balgham* (expectorant), *Muhallil* (resolvent), *Dāfi-Su'āl* (antitussive), etc., make herbal medications effective in the treatment of asthma. Therefore, it is possible to suggest the optimized formulations as alternatives for treating bronchial asthma because they were just as effective as the conventional formulation.

Informed consent: The patient gave their informed consent and showed the intention to take part in the study earlier to the intervention began.

Conclusion:

Because of the expectorant, antitussive, mucolytic, anti-inflammatory, and bronchodilator characteristics of this traditional herb, it can be concluded that this compound formulation was successful in reducing the signs and symptoms of bronchial asthma. However, rigorous scientific criteria also determine further comparative randomized clinical trials with a larger sample size.

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