



## Role of Unani Drug Qurs-e-Tabasheer On Gastrointestinal Symptoms after Cholecystectomy

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### ABSTRACT

**Introduction:** Cholecystectomy is one of the commonest surgical procedures worldwide. It is mostly performed for symptomatic gall stone disease. The symptom complex of gallstone disease can be divided into biliary symptoms which include pain, nausea, food intolerance, vomiting and dyspeptic symptoms which include flatulence, belching, and heart burn. Cholecystectomy is performed to relieve these symptoms however in previous studies it is mentioned that some acid peptic symptoms persist postoperatively so there is need to perform this study.

**Aim:** Unani compound drug Qurs e Tabasheer mentioned in national formulary of unani medicine for its muqawwi meda action it is used in the present study to see its effect on biliary and dyspeptic symptoms after cholecystectomy.

**Methods:** Study was conducted on 250 patients undergoing open/laparoscopic cholecystectomy After 1month follow up if patients comes with biliary or dyspeptic symptoms Qurs-e-Tabasheer is given for 45 days. Follow up done to assess improvement in symptoms.

**Result:** Food Intolerance which was present in 21 patients at baseline improved in 9 (46.9%) patients. Flatulence improved in 20 of 55 (36.4%) patients, Belching improved in 9 of 13 (59.2%) patients, and heartburn improved in 20 of 38 (56.6%) patients. However, there was no considerable improvement in Nausea & Vomiting.

**CONCLUSION:** Thus the medicine seems to have role in treating dyspeptic symptoms.

**Keywords:** Cholecystectomy, Qurs-e-Tabasheer, Dyspeptic Symptoms

Cholecystectomy is one of the commonest surgical procedures worldwide<sup>1</sup>. It is mostly performed for symptomatic gall stone disease<sup>2</sup> With advantages such as a shorter hospital stay, less postoperative discomfort, improved postoperative pulmonary function, lower complication rates, and a quicker return to normal function, laparoscopic cholecystectomy has been shown to be superior to open cholecystectomy<sup>3</sup>. Cholecystectomy is acknowledged to be a safe and simple procedure and definitively eradicates gall stones in vast majority of patients<sup>4</sup>

The symptom complex of gall stone disease can be divided into biliary symptoms which include pain, nausea, food intolerance, vomiting and dyspeptic symptoms which include flatulence, belching, and heartburn<sup>5</sup>.

Survey reports from Europe, North and South America, and Asia reveal that up to 5.3-25% of the population is affected by cholelithiasis.<sup>6</sup> Malhotra (1968) indicated incidence of cholelithiasis is much lower in India as compared to western countries, among India high incidence was reported in North India than in South India which was attributed to diet rich in saturated fat where the fat intake is lower and consist mainly of long chain fatty acids<sup>7</sup>, high incidence was reported in West Bengal which contributes 25.9% of surgical cases<sup>8</sup>. Tandon RK et al in their study on Prevalence and type of biliary stones in India concluded that the prevalence of gallbladder stones varies widely in different communities in India. The lowest frequencies are found in Black Africans (<5%) in the Masai Tribe and the Bantu, in whom the disease is virtually non-existent. According to studies only 20% of people with cholelithiasis are symptomatic, experience pain and complications.<sup>9</sup>

### I. INTRODUCTION



In classical Unani literature this disease comes under caption of **Hisat-e Kabid** but after confirmation with the help of modern equipment it has been found that hisat-e-kabid is actually **hisat-e-mirarah**<sup>10</sup>

According to **Rabban Tabri (9th century AD)** Gallstones are abnormal reaction of gallbladder caused by the deposition of cholesterol and bile acids<sup>11</sup>.

**Ibn-e-Sina (1037 AD)** wrote in his book **AL-Qanoon Fit –Tib** that the cause of gallstone formation are **Khilt-e -ghaleez, zoef-e-quawwat-e-dafiya**, **shiddat-e- jaziba**, congenital narrowing of biliary system, **khilt-e-ghaliz-walazuj**, **ghaliz ashिया**, **mitti**, **chuna** etc<sup>12</sup>.

**Ibn-e-Hubal Baghdadi (1213 AD)** in his book **Kitab-al-Mukhtarat fi al-tibb** mentioned the same cause as described by **Ibn-e-Sina**.<sup>13</sup>

**Zakariya Razi (923 AD)** in his book **Al-Hawi** mentioned that jaundice is sometimes due to hepatic cause and sometimes due to obstruction, and cause of obstruction is sticky fluid which is formed by fatty diet<sup>14</sup>.

**Allama Nafis (1669 AD)** in his book **shara-al-Asbab wa-Alamat** used the term **hisat-ul-kabid** in place of **Sudda-e-Kabid** He said that the cause of stone formation in liver is same as in the kidney and urinary bladder<sup>15</sup>

**Allama Akbar Arzani (1721 AD)** in **Tibbe Akbar** described the cause of hepatic stone is sticky raw fluid<sup>16</sup>

**Allama Hakeem Mohammad Kabeeruddin (1976 AD)** in his book **Ifad-e-Kabeer** described the detail of stone formation in liver e.g. Precipitation of bile, precipitation of bile salts in certain condition, altered ratio of bile salt and bile acids, sometimes bacteria in the gallbladder act as nucleus for stone formation<sup>17</sup>.

We conducted this study on unani compound drug 'Qurs-e-Tabasheer' mentioned in national formulary of unani medicine for its muqawwi meda action. We undertook present study to see its effect on biliary and dyspeptic symptoms after cholecystectomy.

The compound drug is in the form of tablets weighing 0.650 grams each containing fine powder

of the following medicine in equal quantity. Composition of compound drug were described in table.



Content	Botanical Name	Part used/form
Tabasheer	Bambusa arundinacea	Resin
Khurfa	Portulaca oleracea	Seed
Kahu/Khas	Lactuca sativa	Seed
Gul-e-Surkh	Rosa damascas	Flower
Ruman	Punica granatum	Flower
Gil-e-Armani	Bolus Armenia rubea	Soil

The composition of compound and its preparation is well described in most of the Unani compound formulations like Biyaz-e-kabir<sup>18</sup>, Makhzanul Advia<sup>19</sup>, Tohfatul Mumenen<sup>20</sup> in detail.

## II. MATERIAL AND METHOD

This hospital based randomized observational study was undertaken on topic “Role Of Unani drug Qurs e Tabasheer” on Gastrointestinal symptoms after cholecystectomy on 250 patients undergoing laparoscopic/open cholecystectomy at Ajmal Khan Tibbiya College and Hospital (AKTCH), Aligarh Muslim University, Aligarh, India from September 2021 to June 2023 after clearance from institutional ethical committee.

A suitable questionnaire for documenting sociodemographic characteristics of the patients, clinical feature and gastro intestinal symptoms was formulated. The questionnaire was administered by conducting face to face interview. Informed written consent was obtained from all the participants prior to interview.

### Inclusion Criteria:

1. Patients giving consent for inclusion in the study.
2. Patients between 18 – 70 years of age of both sexes.
3. Patients undergoing laparoscopic/open cholecystectomy for gallstone.
4. Patients with ASA gr 1 and 2 undergoing open and laparoscopic cholecystectomy for Cholelithiasis

### Exclusion criteria:

1. Patients not willing to participate in the study.
2. Patients less than 18 years of age.
3. Patients with acute cholecystitis
4. Uncontrolled HTN, DM, Hyper/Hypo thyroidism
5. Severe COPD
6. HIV, HBSAG, HCV positive patients
7. ASA gr 3rd and 4<sup>th</sup>

## III. METHODOLOGY

Patients who are fulfilling inclusion criteria cholecystectomy was performed and follow up done at 7 days, 15 days, 1 month and 6 months. At 1 month follow up if patients come with two or more symptoms (biliary or dyspeptic) Unani drug Qurs-e-Tabasheer is given.

Dose - 2 tablet twice daily after meal for 14 days.

Follow up done at 7, 15 days, 30 days and 45 days.

## IV. RESULT

A total of 250 patients were enrolled in the study.

### Baseline Characteristics of Study Participants

Majority of the patients were females constituting 94.4% (n=226) of the participants (Table 1). The mean age of the participants was 37.69 ± 11.24 years. Majority of patients (n=95, 38.0%) belonged to 31-40 years age group followed by 41-50 years (n=92, 36.8%), <30 years (n=39, 15.6%) and >50 years (n=24, 9.6%). A total of 155 patients (62%) patients belonged to urban locality and 95 (38%) were from rural areas (Table 1).



**Table1: Baseline Characteristics of Study Participants**

Variable	Frequency	Percentage
<b>Gender</b>		
Female	226	94.4%
Male	24	5.6%
<b>Age Group</b>		
≤30 years	39	15.6%
31-40years	95	38.0%
41-50years	92	36.8%
>50years	24	9.6%

**Effect of Qurse Tabasheer on post op symptoms**

At one month follow up, 197 patients with gastrointestinal symptoms in post op were given Qurs-e-Tabasheer. Out of 43 patients with abdominal pain 27 (62.7%) had persisting pain after 15 days of giving the medication and it was completely relieved in all patients at the end. A total of 6 patients each with nausea and vomiting were given the medication, after 45 days of medication, vomiting persisted in all 6 patients while nausea persisted in 04 (66.7%) patients. Food Intolerance was present in 21 Patients after 1 month of surgery. These patients were also given the qurse tabasheer medicine. After 15 days it was improved in 5 patients, in 7 patients after 1 month and in 9 patients after 45 days

Symptoms	Baseline	After15d	After30d	After45d
<b>Pain</b>	43	27/43(62.7%)	0/43	0/43
<b>Vomiting</b>	06	04/06(66.7%)	06/06(100%)	06/06(100%)



<b>Nausea</b>	06	05/06(83.3%)	04/06(66.7%)	04/06(66.7%)
<b>Food Intolerance</b>	21	16/21(76.2%)	14/21(66.7%)	12/21(57.1%)
<b>Diarrhoea</b>	02	02/02(100%)	02/02(100%)	02/02(100%)
<b>Flatulence</b>	55	45/55(81.8%)	40/55(72.7%)	35/55(63.6%)
<b>Belching</b>	13	09/13(69.2%)	07/13(53.8%)	04/13(30.8%)
<b>Heartburn</b>	38	27/38 (71.1%)	20/38(52.6%)	18/38(47.4%)
<b>Regurgitation</b>	13	11/13(84.6%)	12/13(92.3%)	13/13(100%)

A total of 55 patients with flatulence were also given the medication. At 15, 30 and 45 days of follow up it was still present in 45 (81.8%), 40 (72.7%) and 35 (63.6%) patients respectively. Another 38 patients with heartburn were administered the medication. At the last follow up after 45 days it was relieved in 20 patients but was still present in 18 (47.4%) patients. 20 (40%) had heartburn post op and at the conclusion of 45 days of follow up only 4(8%) had still had it. Out of 13 patients with Regurgitation, the symptom persisted in all patients at the last follow.

## V. DISCUSSION

Gallstone disease still remains one of the major causes of abdominal morbidity. For Gallstone disease, laparoscopic cholecystectomy is the preferred method of removing the gallbladder. Cholecystectomy is needed as recurrence of stone in a diseased gall bladder and complications arising from gallstones are well known. Cholecystectomy is safe and provides complete relief in majority of patients. Invention of laparoscopic surgery has made laparoscopic cholecystectomy as gold standard treatment. Age and gender are unmodifiable risk factors for occurrence of gallstone disease and the statement regarding occurrence of

gallstone in fatty, fertile, female of forty still holds true<sup>21</sup>

The ingredients of test drug have been formulated in such a way to cover maximum aspects of the treatment of gastrointestinal symptoms. It contains such ingredients which corrects inflammation, reduce gastric secretion, have haemostatic property, remove toxic material, produce soothing effects and provide material for healing<sup>22,23</sup>. The objective of this study was to assess the efficacy and safety of test drug Qurs-e-Tabasheer in GI symptoms after cholecystectomy in biliary and dyspeptic symptoms.

Unani Physicians have studied its role in gastritis and dyspeptic symptoms and it has been found to be beneficial in treating gastritis and dyspeptic symptoms (R.Hussain et al)<sup>24</sup>. In our study, patients with one or more persisting symptoms one month after cholecystectomy were prescribed the medicine. Food Intolerance which was present in 21 patients at baseline improved in 9 (46.9%) patients. Flatulence improved in 20 of 55 (36.4%) patients, Belching improved in 9 of 13 (59.2%) patients, and heartburn improved in 20 of 38 (56.6%) patients. However, there was no considerable improvement in Nausea & Vomiting.



Thus the medicine seems to have role in treating in dyspeptic symptoms but for biliary symptoms it is not effective

Jamal et al(2006)suggested that Tabasheer and other unani mufrad advia/single drugs are safe and cost effective in gastic ulceration<sup>25</sup>.

Wadud et al (2011) studied on healing property of jawarish tabasheer in induced gastric ulceration in rat models<sup>26</sup>.

Effect of Tabasheer as single or compound drug have been studied by Mohd A and Zoobi J (2011), GhazrouliK etal(1999) found it to be effective in GERD<sup>27,28</sup>.

Shagufta Rehman et al(2020) studied Muqawwi-e-meda action of tabasheer in single and compound form and found it effective in Dufal-Hadm (Functional dyspepsia)<sup>29</sup>

Danish Ahmed et al (2013), did their study to evaluate hepatoprotective, antihyperlipidaemic and antihyperglycaemic activity of tabasheer in the diabetic rats. Therapy with qurse tabasheer for 28 days to streptozocin induced diabetic rats significantly reduces the level of serum glucose , total cholesterol , triglycerides .<sup>30</sup>

Jayanta kumar Maaji(2018) reported that Vanslochan/ Banslochan/Tabasheer isconsidered as tonic in treating various Bamboosa is recommended as abioavailability enhancer and provides synergistic effect like various well known medication Sito paladi ,Talisadi , Dadimashtakha ,Wilwadichurna and Prabhakar, bramhivati in Ayurveda along with other unani formulations<sup>31</sup>

## VI. CONCLUSION

The Unani medicine Qurs-e-Tabasheer was found to be effective in relieving persistent dyspeptic post op symptoms such as Belching and flatulence. However, no improvement was seen in pain, nausea and vomiting.

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