

A literary review on Su -al- Qinniya (Anaemia) and its management

Abstract

Su-al-Qinniya (Anemia) is a condition where there is a decrease in blood volume and alterations in its components, accompanied by a reduction in the number of Kurriyat-e-Hamrah (Red Blood Cells). This condition can arise from various factors, including inadequate dietary intake, low socioeconomic status, persistent illnesses, poor iron absorption, ongoing blood loss, and conditions such as bleeding peptic ulcers, inflammatory bowel disease, hookworm infestation, hemorrhoids, and heavy menstrual bleeding. Specific health situations like pregnancy and rapid growth can also trigger Iron Deficiency Anemia (IDA). In Unani literature, anemia has been described by various names such as Faqr al dam, Sū-al-Qinniya, Qillatuddam, Kamie khoon, and Fasad' al dam. The abnormal cold temperament of the liver is attributed to dryness and decreased blood, leading to paleness of the body. Anemia may also develop when the liver becomes functionally weak, causing alterations in temperament. This review paper outlines the etiopathogenesis, clinical presentation, various regimens, and herbal formulations used in the management of Su-al-Qinniya (Anemia).

Keywords: Su- al- Qinniya, anaemia, liver derangement, regimens, herbal management

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Synonyms

In unani literature the disease has been described as *Faqr al dam*, *Sū-al-Qinniya*, *Qillatuddam*, *Kamie khoon* and *Fasad' al dam*.^{1,2}

Introduction

Sū-al-Qinniya (Anemia) is a combination of two Arabic words, 'Sū' and 'Qinniya.' 'Su' signifies defect, while 'Qinniya' means treasure or assets. The term Sū-al-Qinniya in Arabic implies an alteration or deficiency in storage, which is attributed to anemia.^{3,4}

According to classical Unani literature, Sū'al-Qinniya signifies a defect in the blood. It is a condition characterized by a decrease in the amount of blood and alterations in its constituents, leading to a reduction in the number of Kurriyat-e-Hamrah (Red Blood Cells).^{5,6} Unani physicians such as Ibn Sina (980-1037 AD), Ismail Jurjani (1041-1136 A.D), Ibn Hubal Baghdadi (1117-1213 AD), and Hakim Azam Khan (1813-1902 A.D) assert that blood, formed in the liver, is considered the vital fluid of the human body. Anomalies in liver functions, weakness of hepatic faculties, or associated diseases can result in abnormal blood formation, leading to anaemia.^{7,8}

In classical Unani literature, Jurjani asserts that faulty dietary habits and imbalances, particularly deficient iron nutrients, are the causes of anemia. He emphasizes that a proper diet and digestion play a key role in balancing humours and maintaining health. If anemia is left untreated, Jurjani warns of potential complications leading to istesqa.^{9,10} Razi, in his writings, associates anemia with the altered temperament of the liver, resulting in symptoms like pica and edema. He recommends treatment with muqawiyat jigar (liver tonics) and goat's liver.¹¹ Ibn Sina expresses the view that an excess of sauda (black bile) can lead to anemia by stagnating between the liver and stomach, thereby interfering with the normal production of blood and other humours.^{12,13} Majoosi attributes anemia to the weakness of quwate muallide khoon (blood-forming power) due to the sue mizaj barid (cold temperament) of the liver. This leads to a downregulation of haemopoiesis. Simultaneously, zofe kuliya (excessive filtration)

exists, altering the filtration process and resulting in the development of istesqa.⁷

The other famous Unani physicians described anemia, attributing its cause to the weakness of the liver, leading to defective haemopoiesis, resulting in defective cellular nutrition. In the liver, zofe quwate muallide khoon leads to reduced haemopoiesis, and ghizae kham reaches the body parts through the partial conversion of food in the liver. Sue mizaj haar and hemorrhage, due to their ill effects, alter the function of the liver and change its temperament to cold, disturbing the metabolism of food.

Abu Hasan Bin Mohammad Tabri also described that the abnormal cold temperament of the liver is responsible for dryness and a decrease in blood, causing paleness of the body.^{14,15} Ismail Jurjani described that the disease Su-ul-qinya develops when the liver becomes functionally weak, leading to an alteration in temperament.¹⁶ Rabban Tabri stated that the liver, being the reservoir of blood, experiences decreased blood supply and deranged functions in case of excessive bleeding during menstruation.¹⁷ Majoosi also discussed anemia, attributing the disability of blood formation to problems in the liver, the site of blood formation, where digested nutrients may fail to transfer into blood. He emphasized that excessive bleeding is a primary cause of decreased blood formation.¹⁸

Etiology

In Unani literature, the following causes of anemia have been described^{13,17,19-21}

Amrad-i-kabid (Liver disorders): *Su-i-mizaj-i-kabid*

Amrad-i-Tihal (Spleen disorders): *Duf-al-Tihal Ba Sabab Baroodat:* It is the spleen's weakened state brought on by the cold. It leads to expand, get congested (warm), and exude copious amounts of black bile spleen and a reduced ability of black bile to absorb generated liver, which could result in anaemia.

Amrad-i-Mida-o-Ama (Gastrointestinal disorders): *Fasade medi* (Ill temperament of stomach): Impaired function of the stomach may lead to anaemia

Du'f al-mi'da (Weakness of stomach): Anaemia may be caused due to weakness in the stomach, *Darab-o-khilfa* (Diarrhoea), *Didan al-am'a* (Intestinal worms), *Mi'da ka amal-i-jarrahi* (GIT surgery), *Qay'al-dam* (Haemoptysis), *Purana Qabz* (Chronic constipation) and *Su'-i-Mizaj* (Ill Temperament). *Badhazmi* (Indigestion) i.e. *Mid'i* (gastric), *Kabidi* (hepatic), *Uruqi* (vascular), *Udwi* (cellular).¹⁹

Amrad-e-Gurda (Renal disorders): *Bawle-damvi* (Haematuria), *Warm-i-gurda muzmin* (chronic inflammation of nephrons) also leads to anaemia

Haad Mutadi Amraz (Acute Communicable Diseases): *Diqq-e-riwi wa digar sil* (pulmonary cough and extrapulmonary tuberculosis), Acute haemolysis occurred in malaria.

Amrad-i-'aqa'-tanasil (Genital Disorders): *Kasrat al-tamth* (Menorrhagia), *Ihtbas al-tamth* (Amenorrhoea), *Ushr al-tamth* (Dysmenorrhoea), *Kasrat al-Jima* (Excessive Intercourse), *Jalaq* (Masturbation) and *Haml* (Pregnancy)

Amrad-i-Sadr (Cardio-pulmonary Diseases): *Du'f al-qalb* (Cardiac weakness), *Nafsh al-dam* (Haemoptysis)

Improper use of Unani Drugs of Darja-e-charraum: (4th degree Drugs of Toxicological Importance and Animal Poisons), *Murakkab-e-Simab* (compounds formulations with mercury) like *Safeda* (Pb), *Kasrat-e-sharab Noshi* (alcohol abuse), Poisons from insects.

Nazf-al-dam (Severe haemorrhage): As a result of Nazf-al-dam, the liver becomes cold and depleted of blood, which can lead to anaemia.

Mutafariqat (Miscellaneous): *Ghayr Sihhat Bakhsh Rehaish* (Unhygienic living conditions), *Faqr-o-faqa* (Poverty and Starvation), *Mit khane ki aadat* (Calcium deficiency), especially in children, *Ghayr munazzam ghidha* (Improper diet), *Naqs-i-taghdiya* (Malnutrition), *Ghayr mamooli mehnat-o-riyadat* (Extreme exertion and exercise), *Tafaqqurat* (Anxiety), Malabsorption of *faulad*, *Lahmeen ka naqse Taghdiya* (PEM), *Nuqs e hayatn A, B12, and C*, *Zauf-e-muallif dam* (impaired haematopoietic weakness), *Ghayr mamooli harkat* (Over-activity), *Nafsiyat awaamil* (Psychological disorders) etc.

Signs and Symptoms

Face: Pallor and puffiness of face

Eyes: Conjunctiva -pallor & puffiness of eye lids

Oral cavity: Ulcerated, spongy and inflamed oral cavity, there will be inflammation of mucous membrane

Extremities: Always cold.

Pulse: *Mutawatir*, *sari-e-muziwa sageer*. Light work causes an increase in heart rate. It can occasionally turn into a *gyar muzi*.^{16,17,20} *Badani-e-hararat*, is always at a low temperature i.e. *Hararat-e-ghareeziyah* depleted.

Respiratory system and cardio vascular system: *Ikhlis/khafkhan* i.e., Breathlessness and palpitation even for small activity.

Gastro intestinal system: Symptoms like *harkat-e-doodi* (disturbed peristaltic movement) *zof-e-hazam/tukhma*, *zof-e-isteha* and *zo-ul-baqar* (*jhooti bhook/pseudo-hunger*) Both *qabz* and *qaraqar* are present, with *riyah* (Gas) output rising.²¹

Genito urinary system: Occasionally, *bol-e-abiya/safaid boul* (albuminuria), *raqiq* (liquid), and sometimes *killat e bol* (reduction in urine output or oligurea) *kasrat e boul* (increase frequency and quantity). In females *Haiz ki kharabi* (menstrual disruption), which causes them to feel pregnant (pseudo-pregnancy/fall pregnant). These illnesses affect women because they directly impact the *jigar* (liver). *Ushr-e-tams* (Dysmenorrhoea), *Qillatul-tams* (Oligomenorrhoea) there may be *Ikhtenaq-ur-rehm badi* (Hysteria), *Sailanur-rehm* (Leucorrhoea).^{2,22}

Central nervous system: *Qillat-o-noum* (insomnia), *aayia* (fatigue/stress), *dawaar* (vertigo) and *tinnitus*, *sudaa* (headache), *gash* (syncope), *pust himmat* (depression/lack of confidence), *zof-e-girani* (general weakness), *sustee* (laziness), and unease in all activities are some of the symptoms that can accompany these conditions.^{21,23}

Principles of Treatment^{2,15}

Improvement in appetite and digestion to remove the underlying cause.

Improve the quality of blood by medications.

Avoiding meals that affect the liver's temperament prevents *baroodat* (coldness) and *taqleele hararate ghareeziya* decreases the liver's natural heat.

Avoid using *ghaleez*, *dushwar hazm ghiza*, and *ratab* (spicy and hardly digestible food).

Avoid use of freeze and cold water.

Riyazat (Exercise) in empty stomach.

Bathing in *gandhak* (sulphur), *suhaga* (borax), and *shib* (alum)-containing water.

Using a rough cloth and heated oil, *Dalak* (Massage).

Avoid *Jimah* (Sexual intercourse) and the Hammam (bath) right after a meal.

Harkat fil raml (rolling over the warm sand and soil).

Need of moderate *Istefragh* with *Ayarij's* (*Aloe barbedensis*) and *Habbul Neel* removing *ghaleez* (hard), "sticky," "lezdar," and body's phlegmatic fluid.^{9,12,21}

Management

There are many drugs which are used either in single form or compound formulations.

Single drugs (Table I)

Compound drugs^{10,12,21}

Qurs Khusta Faulad, *Kushta Sammul Far*, *Khusta Nuqrah*, *Majoon-e-Dabeed-ul-Ward*, *Majoon Khabsul Hadeed*, *Jawarish Amla*, *Sharbat-e-Maweez*, *Sharbat-e-Faulad*, *Sharba-e-Afsanteen*, *Sharbat-e-Anarain* (Syrup of pomegranate), *Sharbat-e-Ananas* (Syrup of pine apple) etc.

Table I Images of single drugs

Sl. No	Urdu name	Botanical name	Figure
1	Zafran	Crocus sativus	
2	Maweez Munaqqa	Vitis vinifera linn	
3	Saadkofi	Cyperus rotundus	
4	Darhini	Cinnamomum zeylanicum	
5	Asaroon	Asarum europaeum	
6	Balchhar	Nardostachys jatamansi	
7	Haleela	Terminalia chebula Linn	
8	Baleela	Terminalia bellerica Linn	

Table I Continued...

Sl. No	Urdu name	Botanical name	Figure
9	Amla	Emblica officinalis Linn	
10	Qaranfal	Eugenia Caryophyllata	
11	Bisfajj	Polypodium vulgare	
12	Mastaghi	Pistacia lentiscus	
13	Lahsun	Allium sativum	
14	Zaravind Madharj	Aristolochia longa	
15	Arq Gulab	Rosa damascena	
16	Rai	Brassica Juncea	

Conclusion

Peoples with severe anaemia may be at risk of developing complications that affect their heart or lungs. Many types of anemia can't be prevented. But eating a healthy balance diet and taking appropriate treatment might prevent iron deficiency anemia and vitamin deficiency anemias.

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Conflicts of interest

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