

Understanding Renopathy Through the Lens of Unanipathy

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ABSTRACT

The prevalence of renal diseases has increased substantially and has currently emerged as a significant cause of mortality and morbidity. Renal disorders have always remained a major area of concern for Unani Scholars and therefore plethora of text is available in classical literature. Unani medicines are a principal form of health care for many and they have gained attention as an important means of health care coverage globally. In the context of renal disorders, the challenges and opportunities presented by Unani medicine practices are among the most important considerations for developing effective and sustainable public health strategies. However, little is known to the mainstream Nephrologists about the practices of Unani medicines in relation to renal disorders, especially concerning benefits and harms. Renal disorders may be caused, treated, prevented, improved, or worsened by unani medicines depending on the setting, the person, and the types, modes, and frequencies of unani medicine use. Given the profound knowledge gaps, nephrology practitioners and researchers may be uniquely positioned to facilitate more optimal public health strategies through recognition and understanding of time tested Unani medicine practices. Effective implementation of such strategies will require local partnerships, including engaging practitioners and users of Unani medicines. As such, practitioners and researchers investigating kidney diseases may be uniquely positioned to bridge the cultural, social, historical, and biologic differences between biomedicine and Unani medicine, and they have opportunities to lead efforts in developing public health strategies that are sensitive to these differences. This paper reviews the concepts of Unani

System of medicine in understanding the Renopathy, the rationale for a global initiative to address this problem, may highlight the role of the interprofessional team in its management, as the epidemic of Renal disorders is global and the adverse outcomes are universal, as are the underlying science and evidence-based strategies for prevention, detection, evaluation, and treatment.

Key Words: Renopathy, Unani Medicine; Amraze Kuliya, single drugs.

Principles of Unani System of Medicine:

^{1,2,3,4,5} According to the Unani literature, *Tabiyat* is considered as the supreme planner of our body that creates the healthy environment within the body and prepare to fight against the disease. The *Tabiyat* may be defined as the sum total of structural, functional and psychological character of the human being. If *tabiyat* is strong, then a man does not suffer from a disease easily, if it weakens, a man becomes prone to disease easily. The human body contains seven natural and basic components called *Umoore Tabaiyah* which are responsible for the existence of the human body and for the maintenance of health. The loss of any one of these components would lead to death of individual. They are as follows: 1. *Arkan* or *Anasir* (Element) 2. *Mizaj* (Temperament) 3. *Akhlat* (Humours-Body Fluids) 4. *Aaza* (Organs) 5. *Arwah* (Vital Spirit) 6. *Quwa* (Faculties or Powers) 7. *Afa'al* (Functions).

Concept of Health and Disease:

^{1,5,6,7} Health is attributed to the equilibrium of *Akhlat* (humours) in the body, according to their quality and quantity, while disease occurs due to disturbances in the equilibrium, quantity and quality of *Akhlat*. Unani medicine has established a very comprehensive system of classification of *Asbab* (causes) which almost cover all prevalent causes of all disease under various categories. *Asbab e Dakhilia* (internal causes) deals with the diseases caused by *Sue Mizaj* (ill Temperament) or *Sue tarkeeb* (structural malformation of body organs). *Asbab e Kharjiya* (external causes) is very important group of causes and encompasses almost all causes, emotional, physical, chemical, microbes etc., which directly or indirectly affect the equilibrium of human body. They are necessary for the maintenance of health but an unnatural change in these factors become the cause of the disease. They are called as *Asbab e sitta zarooriya* (six essential factors): 1. *Hawa* (air) 2. *Makoolat wa mashroobat* (Foods and drinks) 3. *Harkat wa sukoone badni* (Movement and rest of the body) 4. *Harkat wa sukoon nafsani* 5. *Naum wa yaqzina* (Sleep and wakefulness) 6. *Ihtibas wa isefragh*. The disease produced due to the above described causes manifest in three forms which make three broad categories of diseases comprising almost all disorders. These are as follows: 1. *Amraz e sue mizaj* 2. *Amraz e sue tarkeeb* 3. *Amraz e tafarruqe ittisal*.

Principles of Diagnosis:

^{1,6} The diagnosis is based on the presenting symptoms, inspection, palpation and percussion of different organs, however, *muaina e nabz* (feeling of pulse), *mushahida e bol wa baraz* (examination of urine and faeces) and finally assessment of *mizaj* are the most distinguished tools for the diagnosis of a disease.

Principles and Modes of Treatment:

^{8,9,10} After proper diagnosis of a disease, a viable *usoolailaj* (line of treatment) is

adapted and a judicious treatment is followed to root out the disease. The treatment is broadly divided into three courses of therapies. 1. *Ilaj bil tadbeer* (regimental therapy) 2. *Ilaj bil dawa* (pharmacotherapy) 3. *Ilaj bil yad* (surgical therapy).

Renopathy:

Kidney performs several important functions whether it is formation of urine or elimination of nitrogenous substances from the body. Renopathy, (*Amraz e Kuliya*) denotes inability of the kidneys to perform excretory function leading to retention of nitrogenous waste products from the blood, is a complex disorder which is the leading cause of death worldwide. Appropriate screening, diagnosis, and management by multidisciplinary approach is necessary to prevent adverse renopathy associated outcomes, including end-stage renal disease, and death. Although risk factors and resources for care vary locally, it is important to increase the efficiency of utilizing available expertise and resources in improving the care and outcomes worldwide.

According to *Ibn-e-Rushd*,¹¹ the famous Unani Physician, functions of the kidney depend upon its *Quwwas* (Faculties). For every living being certain functions are vital to preserve the life. For these functions to take place, certain power (*Quwa*) is a prerequisite. According to Unani medicine, there are three types of powers inherent in every human being to maintain the life and propagate the generation. *Quwa Tabaiyah* (Natural faculty), *Quwa Nafsania* (psychic and mental faculty) and *Quwa Haywaniya* (vital faculty). Each and every organ is furnished with a power through which physiological functions are performed by that particular organ. Whenever any faculty becomes weak of that organ, disorders appear. These faculties may be further classified as 1. *Quwwat-e-Mumayyaza* (power of discrimination) 2. *Quwwat-e-Hazima* (digestive power) 3. *Quwwat-e-Jaziba* (absorptive power) 4. *Quwwat-e-*

Masika (retentive power) 5. *Quwwat-e-Dafia* (power of excretion).

Renal disorders (*Amraze Kulliya*) have always remained a major area of concern for Unani scholars. The Renopathy or the Renal disorders is a term with broad meaning which is applied when kidney does not function properly and are listed by various names in Unani classical texts viz, *Huzal-e-Kulliya* (renal hypertrophy), *Zauf-e-Kulliya* (weakness of Kidney), *Auram-e-Kulliya* (nephritis), *Qurooh-e-Kulliya* (renal ulcers/ scarring), *Hissat-e-Kulliya* (Nephrolithiasis), *Suemijaz-e-Kulliya* (alteration of Mijaz of Kidney), *Laghari-e-Kulliya* (renal atrophy), *Dubaella-e-Kulliya* (renal abscess), *Suddad-e-Kulliya* (Renal obstruction),

These disorders may be produced due to the changes in *Mizaj* (Temperament), *Akhlat* (Humours) and *Quwwas* (Faculties). If any one of these altered in kidney, disorders would appear.^{2,3,4,5} The increased workload of *Quwwat-e-Jaziba* (Absorptive faculty) causes weakening of *Quwwat-e-Masika* (retentive power) and *Quwwat-e-Hazima* (digestive power), which results in the formation of *neem-pukhta* (unmetabolised) urine. The kidney disease may also occur due to change in *Mizaj* (temperament) or *Amraz Alliya* (compound diseases) or both.^{11, 12,13,14,15,}

Classification of Renal diseases: Some physicians classified renal disorders as:

1. *Iltehabi* (inflammatory disease) **2. *Ghair Iltehabi*** (Non-inflammatory disease) **3. *Amraz-e-Shirki*** (associated with other disease)

1. *Iltehabi* (inflammatory disease): Inflammatory diseases are caused by alteration in *Akhlat* (Humours) e.g. *Warm-e-Kulliya Haad* (acute nephritis), *Warm-e-Kulliya Muzmin* (chronic nephritis)^{12, 15,}

2. *Ghair Iltehabi* (Non-Inflammatory disease): Non inflammatory kidney diseases occur due to weakness of *Quwwas* (faculties) e.g. *Zauf-e-Kulliya*, *Laghri-e-Kulliya*^{14,} etc.

3. *Amraz-e-Shirki* (Renal disorders associated with other diseases): Sometimes kidney may be involved due to the liver diseases or vice versa.

Ancient Unani Physicians classified Renal disorders into four types as follows:

1. *Amraze Sue Mizaj*: Normally, the *mizaj* (temperament) of the kidney is *har rataab* (hot and wet). If any deviation in the *mizaj* occurs, it produces the disease condition of the same type. This may be (i) *Sue mizaj har* (hot) means, when the hot temperament of the kidney exceeds to its own normal hot temperament, (ii) *Sue mizaj barid* (cold), normally temperament of kidney is not cold, if it becomes less hot than the normal, it is a diseased condition. (iii) *Sue mizaj rataab* (wet), normally it is wet, but in case of exceeding its normalcy it becomes diseased and (iv) *Sue mizaj yabis* (dry) when the temperament of the kidney changes towards the *yaboosat*, it is a diseased state.^{16,17,}

2. *Amraze Sue Tarkeeb*: In this condition normal structure of the kidney is altered. Sometime size of the kidney shrinks and sometime it increases from normal size.¹⁷

3. *Amraze Sudda*: *Sudda* (obstruction) can occur in any part of the kidney, which may be due to stone, blood clot, extra cell growth etc. and produces disease in the kidney.¹⁷

4. *Amraze Tafarruque Ittesal*: This disease of the kidney occurs due to any type of wound or rupture of the vessels or any derangement in its mass. Example of this kind of disease is *quroohe-kulliyah* (renal ulcer), *aakla* (cancrum). These diseases sometimes occur in the body of the kidney and sometimes in its tubules. When *kulliyah* (kidney) is exposed to many diseases, it leads to the weakness of liver and its sequel is finally ascites.¹⁷

***ZoafeKulliyah*:** According to Azam Khan,¹⁵ *Zoaf-e-Kulliya* is a condition in which Kidneys are completely or partially incapable of performing their functions. It is one of the disease conditions of the kidney, which may occur due to one of the *sue mizaj*. The weakness of kidney occurs in its muscular part, which is mainly responsible for the absorption and filtration of the blood.

Although, vessels, ducts and pores are being healthy or a bit it may be deranged, i.e. it becomes widened. Filtration and reabsorption of blood doesn't occur properly. The filtrate contains blood stain and nutritious matter, and urine seems like *ghassalah* (wash of fresh meat). This *ghassalah* is nothing but RBC's, proteins and other constituent of blood, which has to be filtered. These constituents cross the filtration barrier, due to the weakness and large sized pores of the kidney¹⁸. When albumin doesn't reabsorb or not separated by the kidney, then it is lost with the urine and leads to fluid overload.¹⁹ Majoosi says that, sometime blood stained/ mixed micturition occurs. Its cause may be intrinsic or extrinsic. It may be due to the weakness of *quwwate momaiyazah*. This power can't transform or segregate the "*maiya dam*" efficiently. Sometimes these types of micturition may be due to the weakness of *quwwate masikah*, which acts in the narrow vessels and channels of the kidney and hold the blood for a certain period of time. Due to its weakness, the blood does not hold there and gets excreted with the urine. There is also a possibility of the expansion of the narrow vessels or barrier, which filter the blood. As a result, large volume of urine passes out mixed with blood. There is no feeling of pain by the patients or if they sometime feel pain, the intensity is very mild.²⁰ Razi states in Al Mansoori that when oliguria or anuria occurs and patient does not complain pain or heaviness in the loin region, immediately treat with diuretic drugs, otherwise ascites will develop²¹. Qarshi¹⁷ also described *Sammiyat-e-Baul* (toxic urine), as a condition in which the urinary toxic substances accumulate in the blood and affect the nervous systems which results in coma, delirium etc.

Aetiological factors of Renopathy:

According to the Unani concept, the causes of *Zauf-e-Kulliyya* are: 1. Excessive labour 2. Excessive fatigue 3. Excessive use of diuretics 4. Excessive journey 5. Excessive

coitus 6. Excessive riding (Horse riding) 7. Excessive intake of cold substances 8. Concentrated blood (*Ghaleez dam*) 9. Inflammation of kidney 10. Looseness of kidney mass 11. Prolong standing 12. Pulling heavy articles (Weight lifting) 13. Diluted bile (*Raqeeq safra*) 14. Reduced power of *Quwwat-e-hazima* (Digestive faculty) 15. Reduced power of *Quwwat-e-jaziba* (Absorptive faculty) 16. *Su-e-Mizaj barid* 17. *Su-e-Mizaj yabis* 18. Trauma of the kidney 19. Urinary obstruction (Urinary stone)

Clinical Features: In classical Unani literature, the general clinical features of renal disease, *Zauf-e-Kulliyya*, which are mentioned are: 1. Backache 2. General debility 3. Loss of libido 4. Pain in renal angle 5. Polydipsia (Due to *sue mizaj haar*) 6. Proteinuria 7. Urine reddish in colour with strong smell 9. White coloured and diluted urine (*Sue mizaj barid*)^{13,15,18}

Diseases of the kidney generally does not heal itself, also its treatment becomes tough, due to its compact structure and continuous function. The Unani physicians describe several causes which hamper the smooth treatment of the renopathy such as: 1. Kidney is the passage of urine and other waste products therefore, the drugs intended to be effective do not stay at the site of action for sufficient period of time. 2. The matrix of the kidney is made up of too hard and complex mass; therefore, the drug did not diffuse easily to the site of action. 3. The waste material excreted by the kidney is usually of harsh and corrosive in nature, which delay or partially hamper the process of healing. Moreover, Kidney always remains busy in their work, while healing process require a degree of rest.

Among individuals diagnosed as having Renopathy, early assessment and staging can help guide treatment, monitoring, and referral strategies. Optimal management of Renopathy includes, treatment of albuminuria, avoidance of potential nephrotoxins, and adjustments to drug dosing. Patients also require monitoring for

complications, such as hyperkalaemia, metabolic acidosis, hypophosphatemia, vitamin D deficiency, secondary hyperparathyroidism, anaemia etc.

Treatment of Renopathy as per Unani concepts:

Elimination of the putrefied humours (*Akhlat*) by way of *Emala* (diversion) which may be achieved by *Fasad* (Venesection), *Qai* (Vomiting), *Is'haal* (purgation), *Id'raar* (diuresis), and *Muhallil-e-auram* (anti-inflammatory) drugs. Beside these measures, *Muqwwi-e-Kulliya* (nephrotonics) drugs are used for the treatment of these disorders. In fact, the concept of tonics is unique in Unani system of medicine. Several drugs have been described as tonic for various impairments of the organ. These drugs strengthen and tone up the particular organ and protect them against the harmful substances.

CONCLUSIONS AND RELEVANCE

Kidneys have numerous biological roles to play. The primary role is to maintain the homeostatic balance of bodily fluids by filtering and secreting metabolites and minerals from the blood, excreting the nitrogenous wastes along with water, as urine. Renopathy is a debilitating condition responsible for high morbidity and mortality. It is also a financial burden on government and society. Because of the complexity of its treatment and cost involved, proper care is available to very few patients. On the basis of clinical experience, diseases were diagnosed and treated based on *Usoole Ilaj*. Unani scholars (Ghani, Ibne Rushd, Razi, Ibn Sina, Jurjani) described various single drugs for the treatment of *Zoafe Kulliya* (Weakness of Kidney) and some of these have shown nephroprotective effects in scientific studies. Further research is need of the hour to explore hidden active chemical constituents and their mechanism of action to validate the claims made by the Unani scholars/physicians in past. This review will be beneficial for mainstream Nephrologists,

young scientists, Unani physicians and other researchers interested in the subject of nephrology to develop & provide safe herbal medicine(s) to the mankind,

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