



WARAM-I MEDA (GASTRITIS) AND ITS MANAGEMENT FROM UNANI PERSPECTIVE

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ABSTRACT

In the present scenario, gastritis still remains a major public health problem that affects the population of both the developed as well as developing countries. More than 50% of the population in developing countries suffers from gastritis, whereas 34.7 % of the population in developed countries had health problems due to gastritis. Main causes of gastritis are infections, stress, continuous use of non steroidal anti-inflammatory drugs, alcohol and bile reflux. Gastritis if remains untreated or undiagnosed causes *Quruh-i Meda* (gastric ulcers). Prolonged and progressive inflammation results in destruction of gastric mucosa (Atrophic gastritis) and reduction in gastric acid secretions. These two factors are considered as the main risk factors in the pathogenesis of gastric cancer. Unani physicians have given much importance to this disease. In Unani system of medicine, there is elaborated description of gastritis under the heading of *Waram-i Meda* with causes, symptoms and its effective management. The fundamental principles of Unani treatment of gastritis is to restore the normalcy of the patient, correction of temperament (*Mizaj*), humoral balance in the organ and the body, and toning up of the stomach. All these principles are achieved mostly by three modes of treatment i.e. *Iaj bil Tadbeer* (Regimenal therapy), *Ilaj bil Ghiza* (Dietotherapy) and *Ilaj bil Dawa* (Pharmacotherapy). In this review article, *Waram-i Meda* (gastritis) is elaborated with its type, causes and treatment in Unani perspective with the objective to reduce the burden of gastritis and prevention of complications associated with gastritis.

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INTRODUCTION

Gastritis is one the major gastrointestinal problems affecting worldwide population and it usually remains undiagnosed. More than 50% of the population of developing countries and 37% of the population in developed countries suffer from gastritis globally. More than 50% of the population in developing countries suffers from gastritis, whereas 34.7 % of the population in developed countries had health problems due to gastritis⁽¹⁾. Gastritis has received much attention in modern medicine after the discovery of the *Helicobacter*

pylori in 1982, as this bacterium is found the main causative factor of gastritis in majority cases with exception of the autoimmune origin gastritis⁽²⁾. The significance of chronic gastritis as a serious disease is largely unvalued in clinical practice, even though the role of gastritis in the pathogenesis of ordinary peptic ulcers and gastric cancers is obvious⁽²⁾. It is more common in adolescents than older peoples and higher among women than men⁽³⁾. Normally, the lining of the stomach has protection against the irritating acid produced in stomach. Sometimes due to various reasons, the protective

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mechanism may become faulty, leading to discontinuity of the lining resulting in gastric inflammation and erosion and later ulceration if remain untreated. The aggressive factors include gastric juices, bile reflux, alcohol, infection, gastric mucosal ischemia, decreased bicarbonate secretion and use of Non Steroidal Anti Inflammatory Drugs (NSAIDs). These factors reduces mucosal defense^(3,4). It is more common in those who remain in hurry, anxious people and who consumes spicy food and take irregular diet. Certain life style factors and dietary factors such as skipping of diet or delaying in taking food, stress, consumption of tobacco, irregular intake of diet, alcohol, tea coffee or spicy foods, stimulates acid secretions which cause gastritis. Depending upon the severity, time, course and pathogenesis gastritis may be acute and chronic. Acute gastritis occurs suddenly persist for 2-3 days^(1,2). Histological studies demonstrated by marked filtrate of neutrophils with marked oedema and hyperemia in case of acute gastritis. Chronic gastritis occurs gradually last for long time and is responsible for gastric ulcer⁽³⁾. Chronic gastritis showing only very mild symptoms like discomfort and heaviness in the stomach. It is identified by inflammatory cell infiltration consisting of lymphocytes and plasma cells. Histological studies failed to demonstrate a significant association between gastritis and gastrointestinal symptoms, as gastritis does not always cause signs and symptoms⁽³⁾. However, in acute cases patients mainly complain of dyspepsia, gastrointestinal discomforts such as stomachache, bloating, nausea, vomiting, and loss of appetite. Multifocal atrophic gastritis, gastric atrophy with subsequent metaplasia, has been observed in *H. pylori* induced gastritis⁽⁴⁾. The molecular mechanisms and the role of environmental factors, like diet, and the role of other microbes than *H. pylori* on the course of chronic gastritis, are largely unknown⁽²⁾. So the individuals with gastritis are at risk of developing symptoms and certain complication such as gastric ulcers and gastric carcinoma, which have high morbidity and mortality⁽⁵⁾. Medicines that are used for the treatment of gastritis in conventional medicine are not very effective and show adverse effects on long term use⁽⁶⁾. In this context, Unani system of medicine can play an important role in reducing the burden of gastritis, which has been elaborately discussed by Unani physicians as *Waram-i meda* under the chapter on *Amraz-i Meda* (diseases of stomach/gastric diseases). In this review article, *Waram-i Meda* (gastritis) is discussed with its treatment following the general principles of treatment i.e. *Taskeen*, *Tadeel-i Mizaj-i Meda*, *Tehleel-i Waram*, *Tanqiya-i Meda wa Taqwiya-i Meda* as per Unani perspective. *Muhallil-i Waram* (anti-inflammatory) and *Muqawwi-i Meda* (stomachic) drugs are also mentioned for reference to carry out the research in this direction and to assess their potential role as an adjuvant therapy or alternative medicine in gastritis.

Concept of *Waram-i Meda* (Gastritis) in Unani Medicine:

In Unani system of medicine, gastritis is elaborated under the heading of *Waram-i Meda*. The word '*Waram*' refers to inflammation and '*Meda*' means stomach. Therefore the term "*Waram-i Meda*" refers to inflammation to the stomach lining tissue which may occur either instantly (acute) or gradually (chronic)^(7,8). As per the concept of Unani system of medicine, there are four humours in the body as postulated by Hippocrates. Health of a person depends on the qualitative and quantitative equilibrium of these four humours. The pathogenesis of diseases is attributed to, *Mizaj* (temperament), *Tarkeeb* (structural) and *Ittesal* (continuity). Any change or abnormality in these factors known as *Su-i Mizaj* (morbid temperament/ temperamental dyscracia), *Su-i Tarkeeb* (structural abnormality) and *Tafarruk-i ittesal* (discontinuity in tissue)^(9,10). *Waram* is an example of compound disease which may occurs due to changes in all these three factors. Hence *Waram-i Meda* is a type of compound disease as per concept of Unani medicine.

Asbab (causes) and *Mahiyat-i Marz* (pathogenesis) of *Waram-i Meda*:

It occurs mainly due to excess of *Hararat* (heat), accumulation of *Dam* (Sanguine), *Safra* (Yellow bile), *Balgham* (Phlegm) or *Sawda* (Black bile) or *Riyah* (flatulence) in the stomach^(11,12). In the *Mahiyat-i Marz* of *Waram-i Meda* (pathogenesis of gastritis), Ibn Hubal Baghdadi has mentioned that sometimes morbid matter reaches to the stomach through vessels that provides food material to the stomach or morbid matter directly accumulated and putrefied in the stomach causes gastritis. Sometimes weakness of stomach is the cause of gastritis. In case of *Zof-i Meda* (weakness of stomach), stomach tissues and its layer become weak causing delayed in digestion of food and delayed clearing of duodenal contents that have refluxed in the stomach. It could damage gastric mucosa leading to gastritis and gastric ulceration⁽¹²⁾. According to Rabban Tabri, morbid matter that putrefied in the stomach is the main cause of gastritis⁽¹³⁾. Razi has mentioned in the prognosis of *Waram-i Meda Haar* (acute gastritis) that it resolves completely or convert into *Waram-i Meda Muzmin* (chronic gastritis), or leading to *Qarha wa Buthur al-Meda* (gastric erosion, or gastric ulcers)⁽¹⁴⁾. Sometimes, inflammation does not subside and leads to *Dubayla-al meda* or *Khuraj al-Meda* (suppurative gastritis)⁽¹⁵⁾.

Excessive use of hot water leads to gastritis by causing weakness of stomach. Intake of hot spicy food, excessive use of sweet diet, alcohol and less digestive diet, stimulates production of gastric secretions from the glands found in stomach which causes irritation and inflammation of gastric mucosa⁽⁷⁾. Sometimes gastritis may be associated with hyperurecemia, and other diseases like pneumonia, cholera, liver and renal diseases^(7,16). It may also occur due to presence of *Jism-i Ghareeb* (foreign body) in the stomach as seen in

gastric tuberculosis, gastric carcinoma^(7,9,12). Whereas, the role of infection in gastritis gain attraction after the discovery of *H. pylori* in 1982, in conventional medicine⁽²⁾. Ibn Sina recognized the effects of gastritis on the other organs of the body. According to him, *Ghashi* (fainting) and *Ghabrahat* (palpitation) occurs in gastritis due to its effect on heart. Mental confusion and depression may be seen in gastritis⁽⁹⁾ due to upwards movement of morbid gases produced in the diseased stomach.

Types of *Waram-i Meda* (gastritis):

Ibn Hubal Baghdadi⁽¹²⁾ has classified *Waram-i Meda* as:

1. *Waram-i Haar* (Acute gastritis): It includes *Waram-i Meda Damawi* (Sanguineous gastritis) and *Waram-i Meda Safrawi* (bilious gastritis).
2. *Waram-i Barid* (Chronic gastritis): It is further sub-divided as *Balghami* or *Rikhw* (phlegmatic gastritis) or *Sawdawi* or *Sulb* (melancholic type or gastritis of hard consistency).
3. *Waram-i Meda Reehi* (gaseous gastritis): Gastritis that occurs due to gaseous collection.

Hakim Azam Khan⁽¹⁶⁾ has categorized *Waram-i Meda* into various types, depending upon the causative factor and severity:

- (A) Types of *Waram-i Meda* on the basis of temperamental dyscrasia:
- i. *Waram-i Meda Sada* (gastritis due to impairment of simple temperament): In this condition, gastritis occurs due to *Su-i Mizaj Sada* (simple impairment in the temperament) i.e. due to predominance of *Hararat* (heat), *Burudat* (cold), *Rutubat* (moistness) or *Yubusat* (dryness) in the stomach. Mostly, it is caused by predominance of *Hararat* (heat)⁽⁷⁾. It may be secondary to liver disease due to the close association of stomach with liver. General principle of treatment of this type of gastritis is *Ilaj bil Zidd* (heterotherapy). For example in case of predominance of heat, altered temperament is corrected through adopting cold measures such as cold diet like pursalane, curd prepared with cow milk, pomegranate juice is recommended^(12,15,16).
 - ii. *Waram-i Meda Maddi* (gastritis due to humoral imbalance): It is of four types depending upon the causative humour⁽¹⁶⁾:
 - *Waram-i Meda Damvi* (gastritis due to predominance of sanguine/ sanguineous gastritis)
 - *Waram-i Meda Safravi* (gastritis due to predominance of bile/ bilious gastritis)
 - *Waram-i Meda Balghami* (gastritis due to predominance of phlegm/phlegmatic gastritis)

- *Waram-i Meda Sawdavi* (gastritis due to predominance of black bile/Melancholic gastritis)
- (B) Most of the Unani scholars have categorized *Waram-i Meda* (gastritis) as^(7,9):
- i. *Waram-i Meda Haar* (acute gastritis)
 - ii. *Waram-i Meda Muzmin* (Chronic gastritis)
 - iii. *Waram-i Meda Sulb* (gastritis of hard consistency)

Alamaat wa Usool-i Ilaj (Clinical Features & General Principles of Treatment) of *Waram-i Meda*:

- i. *Waram-i Meda Haar* (acute gastritis): It includes gastritis due to predominance of *Dam* (sanguine humour) or *Safra* (yellow bile)⁽¹²⁾. Main features of this type of gastritis is epigastric pain^(8,9) which increases on coughing, after eating and in lying position, and swelling is felt on palpation particularly when inflammation is present in antral part of the stomach. Other symptoms are nausea, vomiting, anorexia, alternate diarrhea or constipation, headache, redness (in case of sanguine predominance) or yellowish discoloration of face, excess of thirst restlessness and weakness (in case of bilious gastritis)⁽⁷⁾. Fever is usually present⁽⁸⁾. *Waram-i Meda* (gastritis) may lead to *Zof-i Hazm* (delayed digestion). In children, if the inflammation reaches to intestines, it leads to diarrhea⁽⁷⁾. Sometimes it may cause mental confusion, meningitis and depression. Presence of mild, fever, epigastric pain, foul smelling belching and presence of blood, pus or mucus in the vomitus and stool indicates ulceration in the stomach⁽¹⁵⁾. For this type of gastritis, general principles of treatment are *Taskeen-i Alam* (to relief gastric pain), *Istafragh-i Madda* (evacuation of morbid humour) and *Tahleel-i Waram* (to reduce inflammation)⁽¹⁵⁾. To alleviate pain *Tamreekh* is done with *Roghan Safarjal*, *post Kadu shireen*, and *Arad-i Jaw*. *Takmeed Haar* (hot fomentation) also helps in alleviation of pain⁽⁹⁾. For predominance of sanguine matter bloodletting through basilica vein^(9,14) or *Akhal Vein*⁽¹²⁾ is advised followed by oral administration of pomegranate juice and *Ma al-Shaeer* (barley water)⁽¹⁵⁾. According to some physician, *Hijamah* (Cupping) is also beneficial to reduce gastralgia⁽¹⁶⁾. *Qay* (emesis) is contraindicated in acute gastritis⁽¹⁷⁾. For reduction of inflammation, drugs having *Rade* (repellent), *Muhallil-i Waram* (anti-inflammatory) and *Muhallil* (resolvent) pharmacological activities are used for oral administration and local application^(14,15). Repellent drugs prevent *Insibab-i Madda* (absorption/ accumulation of morbid matter in stomach), anti-inflammatory drugs reduce inflammation and resolvent drugs help to resolve thick and viscous humours present in the stomach. Skipping of meal if possible or very light dietary items like *Maa al-Shaeer* (barley water), *moong dal* (moong pulse), *bathwa* (goose berry), *khichrii*, *palak*

(spinach), *kadu* (cucurbita), *khurfa* (common purslane), *safarjal* (golden apple), *seb* (apple), *angoor* (grapes) are recommended in the diet^(8,9,15). *Harira* (sweet preparation) prepared with wheat husk, sugar and almond oil is also beneficial. *Barg-i chuqandar* (beet root leaves) is also useful^(8,12). Sweet, salty and spicy diet, alcohol and meat should be avoided⁽¹⁶⁾.

ii. **Waram-i Meda Muzmin** (Chronic gastritis): Phlegmatic gastritis included in this category. Either the acute gastritis converts into chronic gastritis, or it develops gradually due to *Zof-i Meda* (weakness of stomach) or accumulation of *balgham* (phlegm) in the stomach^(8,14). In chronic gastritis gastric mucosa becomes thick and grayish. There may found erosion or hemorrhagic points in the gastric mucosa. Stomach somehow increases in size and there is found increase mucoid secretion rather than gastric acid or juices. Main characteristic features of chronic gastritis are mild fever, mild pain, excessive salivation and stomatitis, belching, hiccup, loss of appetite, gastric distension and tenderness in epigastric region but no hardness is found on palpation⁽⁹⁾. Face becomes pale or whitish and odema may be present⁽⁷⁾. Patient becomes lazy, lethargic, weak and complaints of passage of concentrated urine and reduced frequency⁽¹⁵⁾. From the recent studies, it is clear that in chronic gastritis (acid-free and atrophic stomach), due to the impairment in secretion of intrinsic factor, absorption of the essential vitamins, like vitamin B12, are severely failed and dietary metabolism and absorption of micronutrients, like iron, calcium, magnesium and zinc are also affected leading to weakness, mental confusion, etc⁽²⁾. Its principle of treatment is *Istafragh-i Balgham* (evacuation of morbid phlegm), *Taqwiyat-i Meda* (to tone up stomach) and removal of the root cause. For removal of morbid phlegm *Munzija Mushil therapy* (concoction and purgation). Concoctive drugs are used before purgative drugs to modify the *madda* (matter) so that it can be excreted out easily⁽¹⁶⁾. Purgative drugs are recommended to eliminate the morbid matter through purgation. After this therapy, *Tabreed* (to produce calming effect) is recommended⁽¹⁵⁾ to reduce its drying effect. *Riyazat Khafeef* (Light exercise) is advised⁽¹¹⁾. In *Ilaj bil Ghiza* (dietotherapy), food in small quantity and light diet is recommended^(15,16). Food stuff that are beneficial in this type of gastritis are *Sirka* (vinegar), *Roghan Zaitoon* (olive oil), *Khubbazi* (mallow), *Chuqandar* (beet root), gravy prepared with small birds meat like *Batair* (Common partridge) and *Teetar* (partridge)^(12,16).

iii. **Waram-i Meda Sulb** (gastritis of hard consistency): Gastritis due to black bile included in this category. It develops due to non resolution of *Waram-i Meda Haar* (acute gastritis) or *Waram-i Meda Muzmin* (chronic

gastritis). It may occur due to predominance of black bile in the stomach. In Unani system of medicine morbid *sawda* is the main culprit humour behind the cancer⁽¹²⁾. Gastritis association with malignancy has mentioned in Unani medicine with reference to an ancient physician Rabban Tabri⁽⁷⁾. Recent research studies also confirmed that chronic and active gastritis will result in destruction of stomach mucosa and dysfunction of the gastric epithelium. Some of the alterations are reversal, may appear even at early stages of inflammation, but may particularly accumulate with time in premalignant conditions, such as atrophy, precancerous and malignant lesions⁽²⁾. Main feature of this type of gastritis is hardness in epigastric region on palpation, blackish discolouration of face, loss of weight and dryness of the skin and dry eyes, mental confusion, nightmares, and irritability with other symptoms of gastritis^(9,12). General principles of treatment of this type of gastritis is *Istafragh-i Sawda* (evacuation of morbid black bile), *Tahleel-i Waram* (to reduce swelling). *Munzija wa Mushil-i Sawda* (concoctive and purgation of morbid black bile) is advised as regimental therapy⁽¹²⁾. For softening and resolution of swelling *Zimad Mulayyina wa Muhallila* (paste prepared with drugs having softening and resolvent properties) are used locally. Such type of *Muhallil* (resolvent) drugs are advised which have mild astringent properties and are aromatic⁽⁹⁾. Light diet like chicken soup, *Halyun* (Asparagus), *Oont ka dudh* (camel's milk), *Khubbazi* (mallow/ blue mallow) and almond oil is advised. Besides this, *Harira* (semi liquid sweet preparation) prepared with *Sheera Qurtum* (*Carthamus tinctorius* Linn.), butter, wheat husk is also beneficial⁽¹²⁾. If *Qarha Humudi* (gastric ulcer) develops as a complication, is treated by adopting the treatment principles such as *Tanqiya-i Quruh* (cleansing of ulcers) with the drugs like *Ma al-Asal* (honey water), *Istafragh-i Madda* (removal of causative humour) with *Mulaiyyinat* (laxatives), *Indemal-i Quruh* (to heal ulcer) with the use of drugs having wound healing properties and *Taqwiyat-i Meda* (to tone up the stomach) with the use of *Muqwwiyat-i Meda* (stomachic)^(14,16).

Drugs useful in the management of Waram-i Meda (gastritis)

In Unani Medicine various plant origin drugs and their extracts are mentioned for the treatment of gastritis. Scientifically the extracts of plants are considered as important sources of new molecules that showed positive results in cure of gastritis. It is also proven that antioxidant potential of medicinal plants also helps for exhibiting the antiulcer activity due to the presence of various phytochemical constituents like tannins, gums, flavonoids, saponins, etc. in different parts of the plants.

Unani drugs recommended for *Waram-i Meda Haar* (acute gastritis)

Single drugs:

- Post Khashkhash* (rind of *Papaver somniferum* Linn.) boiled in *Araq Gulab* is used for hot fomentation⁽⁷⁾.
- Use of decoction of *Raihan* (*Ocimum sanctum* Linn.) as *Natool* (pouring of water at some distance). *Bajra* seeds tied in a cloth (*Pennissetum glaucum* R. Br.) are used for hot and dry fomentation to relieve pain⁽¹²⁾.
- Aab-i Mako sabz Murawwaq* (leaf extracts of *Solomon Nigrum* Linn.) is given orally^(8,16).
- Aab-i Kasni Murawwaq* (leaf extract of *Cichorium intybus* Linn.) administered orally⁽⁹⁾.
- Maweez* (*Vitis vinifera*), *Bihidana* (*Cydonia oblonga* Mill.) and *Sibr* (*Aloe vera*) is used orally^(9,17).
- Khaksi* (*Sisymbrium altissimum* L.) is used orally for fever associated with gastritis^(7,16).
- Maghz Faloos Khayar Shanbar* (fruit pulp of *Cassia fistula* Linn.) is used for oral and local application⁽⁷⁾.
- Rade* (repellent) drugs like *Gil Armani* (Armenian bole), *Gulab* (*Rosa damascena* Mill.), *Rasaut* (*Berberis aristata* DC.) are used in form of paste for local application over abdomen in initial stage^(9,16).
- Drugs like *Kundur* (*Boswellia serrata* Roxb.), *Khatmi* (*Althaea officinalis* Linn.), *Mastagi* (gum of *Pistacia lentiscus* Linn.), *Arad-i Jaw* (flour of *Hordeum vulgare* Linn.), *Babuna* (*Matricaria chamomilla* Linn.), *Nakhuna* (*Melilotus alba* Desr.), *Zarr-i Ward* (pollens of *Rosa damascena* Mill.) are used for local application in last stage of inflammation⁽¹⁶⁾.

Compound drugs:

- Sharbat Banafsha*⁽¹²⁾
- Araq Mako*, *Qurs Tabasheer*, *Sharbat Bazuri*, *Gulqand*⁽¹⁶⁾
- Sharbat Nilofar*^(15,16)
- Sikanjbeen* is given orally in last stage of inflammation^(12,16)

Drugs useful in *Waram Meda Muzmin/ Warm-i Rikhw* (chronic /phlegmatic gastritis)^(7,9,16):

Single drugs:

- Tukhm-i Kadu* (*Cucurbita moschata* (Duchesne) Poir)
- Heeng* (*Ferula foetida* regel)
- Aab-i Inab al-Salab* (extract of *Solanum nigrum* Linn.)
- Sana Makki* (*Cassia angustifolia* Linn.)
- Zanjabeel* (*Zingiber officinale* Roscoe)
- Zufa Khushk* (*Hyssopus officinalis* Linn.)
- Anjeer Khushk* (*Ficus carica* Linn.)
- Aab-i Badiyan* (*Foeniculum vulgare* Mill.) and *Asal al-Soos* (*Glycyrrhiza glabra* Linn.) for oral use.

Compound drugs:

- Tiryaaq-i Arba*⁽⁷⁾
- Maa al-Usool* with *Gulqand* or *Dawa al-Kurkum*⁽¹¹⁾
- Roghan Yasmeen* or *Roghan Gul* with *sirka* (vinegar) used locally on abdomen⁽¹⁶⁾.

For *Waram-i Meda Sulb* (gastritis with hard consistency)^(7,16):

Single drugs:

- Elwa* (*Aloe vera*)
- Badiyan* (*Foeniculum vulgare* Mill.)
- Faloos Khayar Shanbar* (pulp of *Cassia fistula* Linn.)
- Karafs* (*Apium graveolens* Linn.)
- Tukhm Raihan* (*Ocimum sanctum* Linn.)
- Gul Surkh* (*Rosa damascena* Mill.) and *Kasoos* (*Cuscuta reflexa* Roxb.) are used for oral administration.

Compound drugs

- Maa al-Usool*⁽¹⁶⁾
- Qurs Ward*, *Ayarij Loghazia*, *Ayarij Arkaghanees*, *Itrifal Sagheer* and *Majoon Gul*⁽¹⁶⁾
- Rub/Araq Afsanteen*, *Araq Badiyan*^(15,17), *Araq Ghekwar*⁽¹⁶⁾, *Rub Ghafis*⁽¹⁷⁾
- Roghan Bed Anjeer* (castor oil)⁽⁷⁾ and *Roghan Qust/ Roghan Nardain* used locally^(15,16)

Drugs for local application in form of paste^(9,12,16):

- Sunbul al-Teeb* (*Nardostachys Jatamansi* (D.Don) DC.)
- Methi* (*Trigonella foenum graecum* Linn.)
- Bazr-i Katan* (seed of *Linum usitatissimum* Linn.)
- Babuna* (*Matricaria chamomilla* Linn.)
- Qurtum* (*Carthamus tinctorius* Linn.)
- Afsanteen* (*Artemisia absinthium* Linn.)
- Karnab* (*Brassica olearacea* L.), *Mom* (Wax)

Muqawwiyyat-i Meda (Stomachic):

The concept of strengthening organs of the body is very much elaborated in Unani system of medicine. Strong and toned organs are not affected easily with excessive heat or cold and morbid humours. If somehow morbid humours are diverted toward the healthy organ are absorbed and resolved easily. Single and compound drugs as *Muqawwiyyat Meda* (stomachic) are described which strengthen or tone up the stomach. These drugs also strengthen other organs such as liver, heart and intestines. Some stomachic drugs are mentioned below^(18,19,20):

S. No.	Single Drugs	Botanical name
1.	Afsanteen	Artimissia absinthium Linn.
2.	Amla	Embllica officinalis Gaertn,
3.	Anar	Punica granatum Linn.
4.	Badiyan	Foeniculum vulgare Mill.
5.	Bihi/ Bihidana	Cydonia oblonga Miller.
6.	Bisbasa	Myristica fragrans Houtt.
7.	Belgiri	Aegle marmelos L.
8.	Darchini	Cinnamomum zeylanicum Blume
9.	Halayla Zard	Terminalia chebula Ritz.
10.	Jamun	Syzygium cuminii (Linn.) Skeels
11.	Kamun	Cuminum cyminum Linn.
12.	Marw/Kanocha	Phyllanthus maderaspatensis Linn.
13.	Nankhwah	Trachyspermum ammi (Linn.) Sprague
14.	Naar Mushk	Mesua ferrea Linn.
15.	Nagarmoth	Cyperus rotundus Linn.
16.	Nankhwah	Trachyspermum ammi (Linn.) Sprague
17.	Pudina	Mentha arvensis Linn.
18.	Qaranful	Syzygium aromaticum Linn.
19.	Seer	Allium sativum Linn.
20.	Zanjabeel	Zingiber officinale Roscoe

Compound drugs that are used as *Muqawwi-i Meda* (Stomachic) are as follows ^(19, 21, 22):

S. No.	Compound drugs	Dose
1.	<i>Habb Hilteet</i>	2 tablet twice a day.
2.	<i>Itrifal Zamani</i>	5-10 gm before sleep.
3.	<i>Jawarish Amla</i>	5-10 gm twice a day
4.	<i>Jawarish Bisbasa</i>	5-10 gm daily.
5.	<i>Jawarish Jalinoos</i>	5-15 gm (in divided doses) daily.
6.	<i>Jawarish Kamuni</i>	5-7 gm daily.
7.	<i>Jawarish Tamarhindi</i>	5-10 gm daily.
8.	<i>Jawarish Zanjabeel</i>	5-10 gm daily
9.	<i>Majoon Habbul Ghar</i>	4.5 gm per day.
10.	<i>Majoon Maluki</i>	4.5 gm per day.
11.	<i>Murabba Utraj /Murabba Turanj</i>	As directed by physician.
12.	<i>Qurs Tabasheer Qabiz</i>	3-5 gm daily (in divided doses).
13.	<i>Qurs Mushk</i>	4.5 gm daily (in divided doses).
14.	<i>Safoof Ood</i>	4.5 gm daily along with <i>Gulqand Aftabi</i> .
15.	<i>Safoof Nana</i>	3.5-9 gm daily in divided doses.
16.	<i>Sikanjbeen Safarjali</i>	As directed by physician.

CONCLUSION

Warām-i Meda is a term which has been used by the ancient Unani physicians in an attempt to explain the gastritis applicable to present day etymology. From the above review, it can be concluded that the recommendations of Unani physicians regarding principles of treatment, life style and dietary modifications along with treatment with drugs can be adopted for the management of gastritis, improvement of quality of life and prevention of complications associated with gastritis. The drugs mentioned in the article have a clear evidence of their potential in the treatment of gastritis. There is a need to undertake rigorous research on Unani drugs by adopting standard, reliable and scientific parameters for acceptance of efficacy of Unani drugs at scientific level and to highlight the strength of Unani medicine in reducing the burden of gastritis. Further studies on single as well as compound drugs are also needed to identify the bioactive compounds responsible for their pharmacological activities and therapeutic uses in gastritis.

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