



TANĪN-O-DAWĪ (TINNITUS): TREATMENT WITH SHARBAT-I-FAULĀD - A CASE REPORT

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Case Report

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ABSTRACT

Introduction: The term "tinnitus" originates from the Latin word *tinnire*, meaning "to jingle" or "to ring," and refers to the sensation of hearing a ringing or noise in the ear without any external source. In Unani System of Medicine (USM), tinnitus is referred to as *Tanīn-o-Dawī*. When the sound is of high pitch, it is referred to as *Tanin*, and when the sound is of low pitch, it is called *Dawī*. It is believed that tinnitus results from the diversion of *ghalaz akhlāt wa riyāh* (morbid material) from the brain to the ear. Factors such as malnutrition, dryness, starvation, and general weakness are also considered contributing causes. **Clinical presentation:** A 35 year old female patient, who is non-diabetic, non-hypertensive, and euthyroid, presented to the OPD of the Department of *Moalajat* at RRIUM, Srinagar, with complaints of ringing in both ears, along with a sensation of heaviness in the ears and head. The symptoms were aggravated when the patient had an empty stomach or was in a state of starvation. **Intervention:** The patient was prescribed 10 ml of *Sharbat-i-Faulād*, to be taken twice daily for 8 weeks, along with recommended lifestyle and dietary changes. **Results:** The sign and symptoms showed significant improvement and patient reported being free of tinnitus for approximately 35 out of 45 days and experienced a 75% reduction in symptoms during the remaining days. **Discussion:** The observed results can be attributed to the Unani formulation, along with lifestyle and dietary changes, which helped alleviate the symptoms of tinnitus. *Sharbat-i-Faulād*, with its significant hematinic effect, may have contributed by improving blood quality and circulation, further supporting symptom relief. **Conclusion:** The findings from the results and discussion suggest that the USM is an effective alternative for managing tinnitus.

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INTRODUCTION

Tinnitus is defined as a ringing sound in the ear, or a condition where the patient hears voices that aren't actually present.¹ It is a common and bothersome symptom that can range from mild and occurring only at night to constant and loud, potentially interfering with hearing. Tinnitus accounts for a significant portion of visits to ENT clinics, with estimates suggesting it affects about 5-15% of the adult population. Around one-third of adults experience tinnitus at some point in their lives, and 10-15% of them are disturbed enough to

seek medical attention.² Most Unani physicians refer to tinnitus as "*Tanīn-o-Dawī*," describing it as a ringing sound in the ear or a condition where the patient hears non-existent voices.³ According to *Allāma Nafīs*, "*Tanīn*" refers to the "*tasht ki khakhnahat*," and it is used to describe a situation where the patient hears voices that aren't actually present. This sound can occur continuously or intermittently. Unani physicians use two terms to describe tinnitus: *Tanīn* refers to a high-pitched sound, while *Dawī* is used to describe a low-pitched sound.⁴

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Tinnitus can be classified into two types:

- **Subjective tinnitus (*Tanin-i-zati*):** This type is experienced only by the patient.^{4,5}
- **Objective tinnitus (*Tanin-i-ghayr zati*):** This type is audible to both the patient and the examiner.^{4,5}

Causes of Tinnitus:

- a) *Mawad wa Fuzlat-i-Sar* (Congestion of the head with fluids and morbid materials).
- b) *Yabasat wa Faqah* (Extreme dryness and hunger).
- c) *Zo'f wa Natawani* (General weakness, particularly weakness of the hearing faculties).
- d) **Other factors:** Indigestion, excessive gas, general body weakness, anemia, the presence of wax in the ear, *ghaliz riyah* (thick air), and the diversion of waste material towards the ear.⁴

According to Unani physicians, the diversion of *ghalaz akhlat wa riyah* (morbid materials) from the brain towards the ear is a causative factor for tinnitus. Additionally, malnutrition, dryness, starvation, and general weakness are also considered predisposed factors that can lead to the development of tinnitus.⁴ The symptoms of tinnitus include a ringing sound, a booming sensation, roaring, chirping, whooshing, buzzing, clicking, or rushing sounds in the ears. It may also be accompanied by dizziness and hearing loss. Tinnitus is typically more unilateral, though it can be bilateral. It can be either continuous or intermittent, and its intensity may fluctuate. The sound is often more noticeable in quiet environments, during stressful conditions, or at night.⁶ Tinnitus can significantly impact quality of life, leading to complications such as fatigue, sleep disturbances, difficulty concentrating, stress, memory issues, anxiety, irritability, and depression. In conventional medicine, both medical and surgical treatments are used to manage tinnitus.²

Usul-i-Ilaj in USM (Principles of Treatment)⁴

1. *Tanqiya-i-Dimagh and Islah-i-Mi'da wa Hazam*
2. *Murattib Advia wa Aghzia*
3. *Muqawwi Aam wa Muqawwi Dimagh Advia wa Aghzia*

This case report describes the case of a patient with tinnitus who was successfully treated with *Sharbat-i-Faulad*.

MATERIAL AND METHODS

Selection of case; A diagnosed case of tinnitus was selected for the study from the OPD, Department of

Moalajat, Regional Research Institute of Unani Medicine, Habak, Srinagar, Kashmir, 190001.

Case presentation; A 35 year old female patient, who is not diabetic, hypertensive, or hypothyroid, visited the OPD of the Department of *Moalajat* at RRIUM, Srinagar, with complaints of ringing in both ears, along with a feeling of fullness or heaviness in the ears and head. The patient reported that her bilateral tinnitus was not painful, but it was persistent and intensified at night, eventually disturbing her sleep. These symptoms worsened when she had an empty stomach or was fasting. The patient's family history was not significant for tinnitus, and there were no notable past surgeries. Her appetite was normal, but her bowel movements were irregular, and she experienced constipation. Sleep was also disturbed. On physical examination, the patient showed no palpable tenderness in his ears, temporomandibular joints, sinuses, or neck. Palpation did not provoke any paresthesia in the cranial nerves. There were no carotid or temporal artery bruits, and the ENT examination was otherwise normal. No lymphadenopathy, cyanosis, edema, or jaundice was observed. However, the patient was found to be anemic, with a hemoglobin level of 8.6 g/dL. The patient was alert and oriented with time, place, and person. Heart sounds (S1 and S2) were normal with no added sounds, and respiratory sounds were also normal. The gastrointestinal examination was also normal, with the abdomen being soft and non-tender.

The only two specific factors in the patient's history that might be related to the onset of tinnitus were general weakness and anemia. Either of these factors could potentially be a causative factor for the tinnitus. In light of this possibility, and following the usual treatment approach for tinnitus in Unani medicine, the patient was prescribed *Sharbat-i-Faulad*.⁸

Duration of Study: The study lasted for 6 weeks, during which a total of 4 follow up visits were conducted, each after a 14 day interval, including the baseline visit.

INTERVENTION:

The interventions provided to the patient included the following:

1. Lifestyle modifications
2. Dietary changes
3. Pharmacotherapy

1. Lifestyle modifications

The following precautions and recommendations are advised for the patient:

- The ear should be cleaned regularly.
- The patient is advised to avoid prolonged exposure to *hawa-i-barid* (cold air).
- The patient is advised not to insert pins or sticks into the ear.
- The patient is advised to protect the ear from extreme temperatures (cold or hot), strong winds, foreign objects, and contaminated water.
- The patient is advised to avoid talking excessively and listening to loud sounds.

2. Dietary changes

The patient is advised to follow a diet consisting of *Jaiyyad ul Kaimas*, *Lataf*, and *Sara-ul-Hazam*. It is important for the patient to adhere as closely as possible to a salt-free diet. Additionally, the consumption of water, tea, coffee, and alcohol should be limited.

3. Pharmacotherapy

The patient was prescribed, *Sharbat-i-Faulad* 10 ml twice daily, after meals for 8 weeks.

RESULTS

Since starting the therapy, the patient has experienced a positive response. She reported being free of tinnitus for approximately 35 out of every 45 days. Furthermore, on the days when tinnitus was present, she estimated its severity had decreased by 75%. At the post-follow-up, she remains free of tinnitus.

DISCUSSION

Verma *et al.* reported that *Sharbat-i-Faulad* exhibits a significant hematinic effect. Additionally, it can be inferred that the drug is safe, as it did not cause any toxic effects, particularly on liver and kidney functions.⁹ The results observed in this case can be attributed to the administration of the Unani formulation, in combination with lifestyle modifications and dietary changes. These interventions contributed to the alleviation of the signs and symptoms of tinnitus. Specifically, *Sharbat-i-Faulad* is known for its significant hematinic effect, which may have played a key role in improving the patient's overall health and possibly aiding in the management of tinnitus. The hematinic properties of *Sharbat-i-Faulad* help enhance blood quality by increasing hemoglobin levels and improving circulation, which could have contributed to the

reduction of symptoms in this case. Given that conventional treatments often provide limited results, Unani treatment can be considered a viable alternative, potentially offering better outcomes in the management of tinnitus.

CONCLUSION

This case report demonstrates that the Unani formulation, including *Sharbat-i-Faulad*, can be an effective adjunct in managing tinnitus, especially when combined with appropriate lifestyle and dietary modifications. The hematinic properties of *Sharbat-i-Faulad* may contribute to overall improvement in blood quality and circulation, supporting symptom relief. Furthermore, the drug appears to be safe, as no adverse effects on liver or kidney functions were observed. These findings suggest that *Sharbat-i-Faulad* could be a promising therapeutic option in the management of tinnitus, with a favorable safety profile.

Abbreviations: Unani System of Medicine (USM), Ear, Nose, and Throat (ENT)

Compliance with Ethical Standards

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Limitations: The results of the study cannot be generalized.

Conflict of Interest: The authors declare that there are no conflicts of interest.

Informed Consent: The patient consented to participate in the study, and informed consent was obtained before the initiation of the intervention.

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