Guidelines for Unani Practitioners for Clinical Management of Dengue Fever

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE
Ministry of AYUSH, Government of India
New Delhi
Guidelines for Unani Practitioners for Clinical Management of Dengue Fever

Dengue fever is known as *Humma Danj* in Unani medicine. It is one of the *Wabā‘ī Amrāz* experienced in the past and treated on the pattern of other *Wabā‘ī Amrāz*. Prevention and treatment of *Wabā‘ī Amrāz* has been well described in Unani system of medicine.

*Humma Danj* (Dengue Fever) is an acute febrile illness caused by a flavivirus transmitted by the *Aedes* mosquito and characterized by sudden onset of high fever, severe muscle and joint pain, headache, rash, sore throat, lymphadenopathy and depression.

**AETIOLOGY**
The causative agent of Dengue Fever is dengue virus which belongs to genus Flavivirus. There are four serotypes of dengue virus – DEN-1, 2, 3 and 4; all produce a similar clinical syndrome and all are transmitted by *Aedes aegypti* mosquitoes which bite in the daytime and breed in standing water. Infection with one serotype provides life-long immunity to that serotype but not to the other three serotypes.

Humans are infective during the first 3 days of the illness (the viraemic stage). Mosquitoes become infective about 2 weeks after feeding on an infected individual, and remain so for the rest of their lives.

**CLINICAL FEATURES**
The *incubation period* is 4 to 6 days (range 3 to 14 days) following the mosquito bite. Asymptomatic or mild infections are common. Two clinical forms are recognized: *Classic Dengue Fever* and *Dengue Haemorrhagic Fever* (DHF).

**Prodrome**
- 2 days of malaise and headache

**Acute onset**
- Fever:
  - Continuous or 'saddle-back', with break on 4th or 5th day and then recrudescence; usually lasts 7-8 days
- Break-bone aching ('break-bone fever'): severe headache, backache, myalgias and arthralgias
- Retro-orbital pain (pain on eye movement)
- Skin rash:
  - Initial flushing faint macular rash in first 1-2 days. Maculopapular, scarlet morbilliform rash from days 3-5 on trunk, spreading centrifugally and sparing
palms and soles, onset often with fever defervescence. May desquamate on resolution or give rise to petechiae on extensor surfaces

- Relative bradycardia
- Anorexia, Nausea, and Vomiting
- Lymphadenopathy
- Haemorrhagic manifestations:
  - A positive tourniquet test
  - Petechiae, ecchymoses, purpura
  - Bleeding per mucosa, GIT, other
  - Haematemesis, melaena.
  - Thrombocytopenia <100,000/mm³

**Convalescence**
- Slow

**Complications**
- Minor bleeding from mucosal sites, hepatitis, cerebral haemorrhage or oedema, rhabdomyolysis

In the past, the Central Council for Research in Unani Medicine has created awareness in the community on the preventive approach to control Dengue Fever. Unani medicines and preventive measures suggested by CCRUM proved fruitful.

**PREVENTIVE MEASURES FOR DENGUE**

Primary prevention of dengue is currently possible only with vector control and personal protection from the bites of infected mosquitoes.

- Be aware of countries or areas where dengue fever is endemic.
- Mosquitoes may be in more number close to or on spaces with plenty of trees, so keep away from such spaces.
- Don’t allow any kind of water around your environment.
- Changes to vector habitats: Management of “essential” containers
  - Frequently empty and clean the purposely-filled household containers such as water-storage vessels, flower vases and desert room coolers
  - Recycle or properly dispose of the rain-filled habitats – including used tyres and discarded food and beverage containers
  - Shelter stored tyres from rainfall
• Manage or remove from the vicinity of homes the plants such as ornamental or wild bromeliads that collect water in the leaf axils

• Actions to reduce human–vector contact
  o Install mosquito screening on windows, doors and other entry points
  o Use insecticide-treated mosquito nets while sleeping during daytime (e.g. infants, the bedridden and night-shift workers)
  o Wear covered clothes to minimize skin exposure during daylight hours when mosquitoes are most active
  o Apply mosquito repellents containing DEET, IR3535 or Icaridin to exposed skin or to clothing.
  o Use household insecticide aerosol products, mosquito coils or other insecticide vaporizers to reduce biting activity.

TREATMENT AND MANAGEMENT
• Bed rest during the acute phase
• Try to keep temperature below 102°F:
  o Use antipyretics to lower the body temperature:
    ▪ Habb-e-Ikseer Bukhar: 400 mg thrice a day with lukewarm water (NFUM-VI, page 15)
    ▪ Sharbat-e-Khaksi: 25-50 ml (NFUM-V, page 140)
    ▪ Malerian: Adult: 6 ml BD, Children: 3 ml BD with warm water, contraindicated for pregnant women (NFUM-VI, page 122)
  o Use cold sponging
• Try to avoid Dehydration:
  o Use Oral rehydration solution (ORS)
  o Use fruit juices like pomegranate juice
  o Sharbat-e-Anar Shirin: 25-50 ml (NFUM-I, page 221)
• Use the Unani drugs possessing immunomodulatory activity to boost your immunity:
  o Khamira Marwareed: 3-5 g (NFUM-I, page 111)
• Use the Unani drugs with hepato-corrective and hepato-protective activity to normalize the functions of the liver:
  o Majun Dabid-ul-Ward: 5 g BD (NFUM-V, page 90)
• Use Jawarishat to relieve the gastrointestinal symptoms including anorexia, nausea, and vomiting:
  o Jawarish Amla Sada: 5 g BD (NFUM-V, page 71)
Some Important Prescriptions

Prescription-1

i. Powder the following ingredients and prepare the tablets of 500 mg.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilo Khushk (Tinospora cordifolia Miers)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Tabasheer (Bambusa bambos Linn.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Tukhm Khurfa Siyah (Portulaca oleracea Linn.)</td>
<td>1 Part</td>
</tr>
</tbody>
</table>

Two tablets twice daily

ii. Sharbat Khaksi: 25 ml twice daily

Prescription-2

i. Habb-e-Ikseer Bukhar: 500 mg twice daily

ii. Sharbat Khaksi: 25 ml twice daily

Prescription-3

i. Sharbat Khaksi: 25 ml twice daily

ii. Majun Dabid-ul-Ward: 5 g twice daily

iii. Khamira Marwareed: 3-5 g twice daily

Prescription-4

The eminent Unani Physicians suggested that the sachet containing the following ingredients may be distributed for prevention. This may be used in the form of decoction or tea.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afsanteen (Artemisia absinthium Linn.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Chiraita (Swertia chirayita Karst.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Kasni (Cichorium intybus Linn.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Gaozaban (Borago officinalis Linn.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Nankhuah (Trachyspermum ammi)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Neem Bark (Azadirachta indica A. Juss.)</td>
<td>1 Part</td>
</tr>
<tr>
<td>Saad Kufi (Cyperus scariosus R. Br.)</td>
<td>1 Part</td>
</tr>
</tbody>
</table>

Always Remember

NOTHING TO PANIC
Dengue Fever is a self-limiting disease. Only timely and proper intervention is required to attain perfect health and to prevent complications and fatal outcome. Use preventive measures and medicines as mentioned above. The nearest hospital may be approached for proper treatment.

**CLINICAL RESEARCH**

Clinical studies on Dengue Fever may be conducted in collaboration with modern medical centres so that the life of the patients may be saved in emergency conditions. In active cases of Classic Dengue Fever, supportive Unani treatment for strengthening the Quwwa (Faculties) may be given as an adjuvant therapy to allopathic treatment in order to shorten the duration of illness, and to relieve the symptoms following the acute illness like general weakness and depression. The record of the efficacy of the Unani drugs evaluated may be maintained.

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For more information please contact

**CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE**

Ministry of AYUSH, Government of India, New Delhi)  
61-65, Institutional Area, Opposite “D” Block, Janakpuri, New Delhi-110058  
Tel. No.: +91-11-28521981  
Fax No.: +91-11-28522965  
Website: www.ccrum.net  
E-mail: unanimedicine@gmail.com