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Cancer and its management in unani medicine-An appraisal

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Abstract

The word "cancer' is derived from the word "cancrum" which means crab. In the Unani System of medicine, cancer is described in the name of "Sartan' which is stand for cancer. According to Unani philosophy, it occurs due to the dominance of abnormal Sauda (black bile). Cancer is the world's second-largest cause of death. Cancer is a generic term for a large group of diseases that can affect any part of the body. While significant progress has been made in the treatment and control of cancer progression, there are still significant defects and room for improvement. During chemotherapy, a number of unfavorable side effects might arise. Natural therapies, such as the Unani System of Medicine, which is based on three sources (i.e., plant, mineral, and animal). The use of plant-based formulations in cancer treatment has the potential for negligible side effects. A few plants (Aftimoon, Kalonji, Sadabahar, Amla, Bisfayej, Bhui Amla, Habbul Neel, Kharbaq, etc.) are used for the management of different types of cancer, along with different regimes (e.g., Ishal, QAI, FASD, Hijama, etc.). The aim of this review is to explore the benefits of Unani drugs, on their scientific parameters to reduce the burden of cancer.

Keywords: cancer, sartan, abnormal sauda, unani medicine, herbal medicine.

Introduction

Unani System of Medicine is based on humoral theory [1]. Unani scholars attribute health to the functions or actions of the body in a normal way [2]. In Unani System of Medicine, humour (Akhlat) plays a vital role in the maintenance of health; imbalance of their proportion either qualitative or quantitative can cause disease [3]. Unani Physicians defined Sartan (cancer) as a Saudavi warm (melanotic swelling), occurs due to the combustion of either Safra (yellow bile) or both Balgham (phlegm) and Safra (yellow bile) in the body [4]. The word "cancer" originated from 'cancrum' which is a Greek word for Crab and it is credited to the Greek physician Hippocrates (460-370 BC) [5]. Hippocrates used the terms carcinos and carcinoma to describe non-ulcer forming and ulcer-forming tumors. In Greek, these words, most likely applied to the disease because the finger-like spreading projections from cancer called to mind the shape of a crab [6]. The Roman physician, Celsus (28-50 BC), later translated the Greek term into cancer, the Latin word for crab. Galen (130-200 AD) Roman physician, used the word oncos (Greek for swelling) to describe tumors [7]. Although, the crab analogy of Hippocrates and Celsus is still in use to describe malignant tumors [8]. Cancer is a major public health problem in most developed countries; however, there have been notable improvements in the survival rate of patients over the past three decades owing to early detection and progress in medical treatment [9, 10]. Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020 [11]. The most common cancers (listed in descending order according to estimated new cases in 2020) are breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, melanoma of the skin, bladder cancer, non-Hodgkin lymphoma, kidney and renal pelvis cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid cancer, and liver cancer [12]. Around one-third of deaths from cancer are due to tobacco use, high body mass index, alcohol use, low fruit and vegetable intake, and lack of physical activity [13].

In low- and lower-middle-income nations, cancer-causing diseases such as hepatitis and the human papillomavirus (HPV) account for roughly 30% of cancer cases [14].

Late-stage manifestation and a lack of access to diagnosis and treatment are common in low- and middle-income countries. Comprehensive therapy is available in more than 90% of high-income countries, but less than 15% in low-income countries, according to reports. ^[15]. Cancer has a major and growing economic impact. In 2010, the overall yearly economic cost of cancer was estimated to be \$1.16 trillion dollars ^[16].

Because each type of cancer necessitates a unique treatment plan, a correct cancer diagnosis is critical for appropriate and effective treatment. Radiation, chemotherapy, and/or surgery are commonly used in treatment [13]. The first step in the treatment process is to rule out what your treatment goals are. In general, the primary goal is to cure cancer or significantly extend life [12, 13, 14]. Another key goal is to improve the patient's quality of life. Support for the patient's physical, emotional, and spiritual well-being, as well as palliative care in the late stages of cancer, can help achieve this [13, 14].

Medicinal herbs and phytocompounds derived from them are becoming more widely acknowledged as effective cancer treatments. When herbal medications are used in combination with conventional therapies, a vast number of clinical trials have indicated favourable benefits on cancer patient survival, immunological regulation, and quality of life (QOL) [17].

Medicinal Plants and their anticancer activity Aftimoon (*Cuscuta reflexa* Roxb.)

Cuscuta reflexa Roxb. (Family: Convolvulaceae) is commonly known as Aftimoon, Amarbel, Akashbel, or dodder in the alternative medicine system. It is widely used in the Unani system of medicine (USM) for its useful therapeutic effects due to its active constituents [18]. One study carried out by Suresh V et al. reported that water extract of Cuscuta reflexa inhibits LPS induced inflammatory responses in RAW264.7 cells through an interplay of TNF-α, COX-2, and NF-κB signalling. It induced apoptosis in Hep3B cells through the up-regulation of p53, BAX, and downregulation of Bcl-2 and surviving [19]. One another study documented that, chloroform and ethanol extracts of C. reflexa exhibit significant antitumor activity in EAC-bearing mice that is comparable to that of the reference standard, 5- fluorouracil [20].

Kalonji (Nigella sativa Linn.)

Nigella sativa (family: Ranunculaceae) seed has been an important nutritional flavoring agent and natural remedy for many ailments for centuries in ancient systems of medicine, e.g. Unani, Ayurveda, Chinese and Arabic Medicines, It is commonly known as Kalonji [21]. Many active components have been isolated from N. sativa, including thymoquinone, thymohydroquinone, dithymoquinone, thymol, carvacrol, nigellimine-N-oxide, nigellicine, nigellidine and alphahederin [22]. Both *in vitro* and *in vivo* studies have revealed that TQ exhibits potent antiproliferative and anticancer activities against various types of cancers, including blood, hepatic, kidney, respiratory tract, colon, and prostate cancers [23]. Korak T (2020) reported that *N. sativa* might be used for its anti-cancer and antimetastatic properties and as an immune system activator against cancer [24].

Sadabahar (Vinca rosea Linn.)

Catharanthus roseus (synonymous with Vinca rosea, family: Apocynaceae) is a perennial plant commonly seen in

tropical countries [25]. There are four major vinca alkaloids in clinical use: Vinblastine (VBL), vinorelbine (VRL), vincristine, and vindesine (VDS), but only VCR, VBL and VRL are approved for use in the United States [26]. The main mechanisms of vinca alakaloid cytotoxicity is due to their interactions with tubulin and disruption of microtubule function, particularly of microtubules comprising the mitotic spindle apparatus, directly causing metaphase arrest [27, 28, 29, ^{30]}. Moon SH et al. reported that the bioactive compounds, vincristine contents, and antioxidant power were noticed significantly higher in 60 min exposure at 5 cm distances and with the directly collected sample (T7). A similar trend has also been noticed from the anticancer activity. Demonstration of TIA accumulation was found higher at 5 min exposure, at 20 cm distances, and 48 h of incubation (T21) and the result of TIA contents had the highest correlation effects of anticancer activities [31].

Bhui Amla (Phyllanthus amarus Linn.)

Bhui Amla is commonly known as "bhumi amla" which belongs to Euphorbiaceae family. In Unani literature it is described in the name of "BHUTI" which means Bhum Amlak (Amla of land). There are many chemical constituents reported in bhui amla, but major chemical constituents are mainly alkaloids, in the form of lignins, like phyllanthin and hypophyllanthin [32]. Aqueous extract of Phyllanthus amarus (P. amarus) treatment exhibited potent anticarcinogenic activity against 20-methylcholanthrene (20-MC) induced sarcoma development and increased the survival of tumour harboring mice [33]. Bhui Amla, has ability to induce apoptosis is an important marker for cytotoxic antitumor agents, and it can be used for the treatment of liver cancer [34,35].

Conclusion

According to WHO, 80 % of peoples depends upon Herbal Medicine? A literature survey based on published data, and classical text revealed that there is proof that plant compounds can have anticancer properties with low adverse effects. More research into plants and plant-derived compounds could lead to the development of effective anticancer drugs.

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References

- Ahmed SI. Introduction to Al-Umur-Al-Tabi'Yah. New Delhi: Central Council for Research in Unani Medicine, Ministry of Health & Family Welfare, Government of India [Urdu]. 2009, 5-136.
- 2. Ahmad W, Sofi G, Alam MA, Zulkifle M, Ahmad B. Understanding Holism in the light of principle underlying practice of Unani Medicine. Rev Environ Health. 2021. Doi: 10.1515/reveh-2021-0009.
- 3. Alam MA, Quamri MA, Sofi G. Understanding hormones in terms of humours (*Akhlat*) in Unani system of medicine. J Complement Integr Med. 2020;18(3):459-467. Doi: 10.1515/jcim-2020-0003.
- 4. Alam MA, Quamri MA, Ahmad M. Unani approach to cancer (Sartan) and its management. Prevalence. 2017;13(15):15-6.

- Manohar PR. Descriptions and Classification of Cancer in the Classical Ayurvedic Texts. Indian Journal of History of Science. 2015, 187-195.
- 6. Aslam M, Bano H, Vohra SB. Sartan (Cancer) and its Treatment in Unani Medicine. American Journal of Chinese Medicine. 1981;9(2):95-107.
- 7. Alam A, Ahmed S, Alam T, Azeez A. Cancer (Sartan) and Its Management in Unani (Greco-Arab) System of Medicine. International Journal of Pharmamedix India. 2013;1(4):612-630.
- 8. Emami SA, Sahebkar A, Najaran NT, Najaran ZT. Cancer and its Treatment in Main Ancient Books of Islamic Iranian Traditional Medicine (7th to 14th Century AD). Iran Red Crescent Med J. 2012;14(12):747-57.
- 9. Ohnishi S, Takeda H. Herbal medicines for the treatment of cancer chemotherapy-induced side effects. Frontiers in pharmacology. 2015;6:14.
- 10. DeSantis CE, Lin CC, Mariotto AB, Siegel RL, Stein KD, Kramer JL, *et al.* Cancer treatment and survivorship statistics CA: A cancer journal for clinicians. 2014;64(4):252-71.
- 11. Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, *et al.* Global Cancer Observatory: Cancer Today. Lyon: International Agency for Research on Cancer 2020.
- 12. https://www.cancer.gov/about-cancer/understanding/statistics. Cancer Statistics. Accessed on 1-11-2021.
- 13. https://www.who.int/news-room/fact-sheets/detail/cancer. Cancer. 1-11-2021.
- 14. de Martel C, Georges D, Bray F, Ferlay J, Clifford GM. Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis. Lancet Glob Health 2020;8(2):e180-e190.
- 15. Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey. Geneva: World Health Organization 2020.
- Wild CP, Weiderpass E, Stewart BW, editors. World Cancer Report: Cancer Research for Cancer Prevention. Lyon: International Agency for Research on Cancer 2020.
- 17. Yin SY, Wei WC, Jian FY, Yang NS. Therapeutic applications of herbal medicines for cancer patients. Evid Based Complement Alternat Med 2013;2013:302426. doi: 10.1155/2013/302426.
- Mannan MN, Zakir M, Ahmad I, Ahmad T, Kazmi MH. A Simplified Review On Aftimoon (Cuscuta Reflexa Roxb.), A Parasitic Vine With Special Reference To Unani Medicine.2021: New Horizons in Education 2021;18:113-127
- 19. Suresh V, Sruthi V, Padmaja B, Asha VV. *In vitro* anti-inflammatory and anti-cancer activities of Cuscuta reflexa Roxb. J Ethnopharmacol. 2011;134(3):872-7. Doi: 10.1016/j.jep.2011.01.043.
- 20. Chatterjee D, Sahu RK, Jha AK, Dwivedi J. Evaluation of antitumor activity of Cuscuta reflexa Roxb (Cuscutaceae) against Ehrlich ascites carcinoma in Swiss albino mice. Tropical Journal of Pharmaceutical Research. 2011;10(4):447-54.
- 21. Randhawa MA, Alghamdi MS. Anticancer activity of Nigella sativa (black seed) a review. Am J Chin Med.

- 2011;39(6):1075-91. Doi:10.1142/S0192415X1100941X.
- 22. Agbaria R, Gabarin A, Dahan A, Ben-Shabat S. Anticancer activity of Nigella sativa (black seed) and its relationship with the thermal processing and quinone composition of the seed. Drug design, development and therapy. 2015;9:3119.
- 23. Khan A, Chen HC, Tania M, Zhang DZ. Anticancer activities of Nigella sativa (black cumin). African Journal of Traditional, Complementary and Alternative Medicines. 2011, 8(5S).
- 24. Korak T, Ergül E, Sazci A. Nigella sativa and Cancer: A Review Focusing on Breast Cancer, Inhibition of Metastasis and Enhancement of Natural Killer Cell Cytotoxicity. Curr Pharm Biotechnol. 2020;21(12):1176-1185. doi: 10.2174/1389201021666200430120453.
- 25. Loh K. Know the Medicinal Herb: *Catharanthus roseus* (Vinca rosea). Malays Fam Physician. 2008 Aug31;3(2):123.
- 26. Moudi M, Go R, Yien CY, Nazre M. Vinca alkaloids. Int J Prev Med. 2013;4(11):1231-5.
- 27. Himes RH. Interactions of the catharanthus (Vinca) alkaloids with tubulin and microtubules. Pharmacol Ther. 1991;51:257-67.
- 28. Correia JJ, Lobert S. Physiochemical aspects of tubulininteracting antimitotic drugs. Curr Pharm Des. 2001;7:1213-28.
- 29. Downing KH. Structural basis for the interaction of tubulin with proteins and drugs that affect microtubule dynamics. Annu Rev Cell Dev Biol. 2000;16:89-111.
- 30. Bennouna J, Delord JP, Campone M, Nguyen L. Vinflunine: A new microtubule inhibitor agent. Clin Cancer Res. 2008;14:1625-32.
- 31. Moon SH, Pandurangan M, Kim DH, Venkatesh J, Patel RV, Mistry BM. A rich source of potential bioactive compounds with anticancer activities by *Catharanthus roseus* cambium meristematic stem cell cultures. J Ethnopharmacol. 2018 May;217:107-117. Doi: 10.1016/j.jep.2018.02.021.
- 32. Sadique Husain M, Alam A, Ahmed S, Quamri A, Khan MA. Hepatoprotective, anticancer & antiviral effects of Bhui Amla in unani medicine: an overview. Journal of Medicinal Plants. 2014;2(6):50-2.
- 33. Rajeshkumar NV, Joy KL, Kuttan G, Ramsewak RS, Nair MG, Kuttan R. Antitumour and anticarcinogenic activity of Phyllanthus amarus extract. J Ethnopharmacol2002;81(1):17-22. Doi: 10.1016/s0378-8741(01)00419-6.
- 34. de Araújo Júnior RF, de Souza TP, Pires JG, Soares LA, de Araújo AA, Petrovick PR, et al. A dry extract of Phyllanthus niruri protects normal cells and induces apoptosis in human liver carcinoma cells. Exp Biol Med (Maywood). 2012;237(11):1281-8. Doi: 10.1258/ebm.2012.012130.
- 35. Rajeshkumar NV, Kuttan R. Phyllanthus amarus extract administration increases the life span of rats with hepatocellular carcinoma. J Ethnopharmacol. 2000;73(1-2):215-9. Doi: 10.1016/s0378-8741(00)00311-1.