

# Role of Unani Medicine in the Management of Tinnitus (Taneen)

Abdul Nasir<sup>1\*</sup> and Gazala Fatma<sup>2</sup>

<sup>1</sup>Department of Ain, Uzn Anaf Wa Halaq (Eye & ENT), School of Unani Medical Education & Research, Jamia Hamdard (Deemed to be University), New Delhi, India

<sup>2</sup>Department of Tahaffuzi Wa Samaji Tibb (Preventive and Social Medicine), School of Unani Medical Education & Research, Jamia Hamdard, New Delhi, India

## Abstract

The word tinnitus is derived from a latin word 'tinnire' which means a "jingle" or "to ring, defined as ringing of sound or noise in the ear by the patient without any external stimulation. This sound may be described by the patient as roaring, hissing, swishing, rustling or clicking type of noise. Unani physicians have defined the tinnitus in the name of Taneen wa Dawi and explained it is a ringing sound in the ear, or a condition in which patient hears non-existing voices. According to Allama Nafees 'Taneen' means 'tasht ki khakhnahat' and taneen is called where patient hears non-existing voices. This sound may appear continuously or time to time. According to unani physicians diversion of ghaleez akhlat wa riyah (waste material) from the brain towards ear is a causative factors for tinnitus. Malnutrition, dryness, starvation and general weakness also predispose the tinnitus. Unani scholars have described the symptoms like heaviness in ear and head with tinnitus (Taneen), sound in the ear is increased in empty stomach or starvation, the symptoms of general weakness may appear. Unani system of medicine possesses quality approach in the management of tinnitus with use of Ilaj-bil-Dawa (pharmacotherapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadabeer (regimental therapy) and Ilaj-bil-Yad (manual therapy/surgery). Tinnitus is one of the most complicated conditions to treat through conventional method, so, the material regarding the concept and management of tinnitus from unani system of medicine may be beneficial or helpful through this review paper.

**Keywords:** Tinnitus; Taneen wa Dawi; Ringing of ear

## Introduction

The word tinnitus is derived from a latin word 'tinnire' which means a "jingle" or "to ring" [1,2]. It is commonly defined as ringing of sound or noise in the ear by the patient without any external stimulation [3,4]. It accounts for a notable part of visit in ENT clinics and has been estimated to involve about 5-15% of adult population [5]. Tinnitus affects one third of adults at some time in their lives, whereas ten to fifteen percent are disturbed enough to seek medical evaluation [6]. Most of the unani physicians have defined the tinnitus in the name of Taneen wa Dawi and explained it is a ringing sound in the ear, or a condition in which patient hears non-existing voices [7,8]. According to Allama Nafees 'Taneen' means 'tasht ki khakhnahat' and taneen is called where patient hears non-existing voices.

This sound may appear continuously or time to time [9].

Among unani physicians two terms are used to define tinnitus:

- Taneen is called when the sound is of high pitch [9-11].
- Dawi is called when the sound is of low pitch [9,11,12].

## Literature Review

Tinnitus is very common and annoying symptom and may be mild and may occur only at night; sometimes it is constant and loud and interferes with hearing. Tinnitus is one of the most complicated symptoms to treat through conventional methodso, the material is extracted regarding the concept and

management of tinnitus from unani system of medicine through this review paper.

### Classification of tinnitus (Taneen)

Tinnitus can be classified as:

- Subjective tinnitus (Taneen-e-zati): which is experienced only by the patient [1,7].
- Objective tinnitus (Taneen-e-ghair zati): which is audible to both patient and examiner [1,7].

### Causes of tinnitus (Taneen)

The main causes of Tinnitus (Taneen) mentioned in unani literature are:

- Congestion of head with fluids and morbid material (Mawad wa Fuzalat-e-Sar) [9].
- Extreme dryness and hungriness (Yaboosat wa Faqah) [9].
- General weakness (specially weakness of the hearing faculties) (Zoaf wa Natawani) [9].
- Others: Indigestion, excessive flatus, general body weakness, anemia, presence of wax in the ear, ghaleez riyah, diversion of waste material towards ear [9].

\***Adress for Correspondence:** Abdul Nasir, Assistant Professor, Department of Ain, Uzn Anaf Wa Halaq (Eye & ENT), School of Unani Medical Education & Research, Jamia Hamdard (Deemed to be University), New Delhi 110062, India, Tel: +918860706029; E-mail: abdulnasirmoalejat@gmail.com

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In modern medicine causes are mentioned according to types of tinnitus may have in the external ear, middle ear, inner ear, VIII nerve or the central nervous system etc. details has been summarized in Table 1 [13-15].

**Table 1.** Causes of Tinnitus.

Subjective Tinnitus	Objective Tinnitus
<b>Otologic</b>	<b>Vascular</b>
Impacted wax	AV Shunts
Fluid in the middle ear	Congenital AV malformations
Otitis Media	Glomus tumour of middle ear
Menier's disease	<b>Arterial bruit</b>
<b>Metabolic</b>	Carotid aneurysm & stenosis
Hypothyroidism & Hyperthyroidism	Vascular loop pressing on VIIIth
Obesity & Hyperlipidemia	nerve
<b>Neurologic</b>	<b>Venous hum</b>
Temporal bone fractures, head injury	Dehiscent jugular bulb
Whiplash injury, brain hemorrhage	Patulous Eustachian tube
<b>Others</b>	Palatal myoclonus
Hypotension, Hypertension, Anaemia	Idiopathic stapedial or tensor tympani
Ototoxic drugs, Anxiety, Depression	Dental, clicking of TM joint

## Pathophysiology

According to unani physicians diversion of ghaleez akhlat wa riyah (waste material) from the brain towards ear is a causative factors for tinnitus. Malnutrition, dryness, starvation and general weakness also predispose the tinnitus [9].

The mechanisms of subjective tinnitus are often obscure. While it is not surprising that direct trauma to the inner ear can cause tinnitus, other apparent causes (e.g. temporomandibular joint dysfunction) are difficult to explain [16]. It may be caused by increased neural activity in the auditory brainstem, where the brain processes sounds, causing some auditory nerve cells to become over-excited. The basis of this theory is that many with tinnitus also have hearing loss [17].

## Clinical features (Alamat)

The symptoms appear in tinnitus are ringing sound in ears, booming sensation in ears, roaring, chirping and whooshing sound in the ears, buzzing type or clicking or rushing sound, dizziness, tinnitus with hearing loss. It is more Unilateral but may be bilateral. Tinnitus also may be continuous or intermittent, fluctuated. It is more audible in silent environment, stressful condition and at night [18,19].

According to the unani scholar several symptoms appear in tinnitus (taneen) on the basis of causative factors: [9]

a) Heaviness in ear and head with tinnitus (taneen) (If the cause is congestion of head with fluids and morbid material).

b) Sound in the ear is increased in empty stomach or starvation (if the cause is extreme dryness and hungeriness).

c) The symptoms of general weakness may appear (if the cause is general body weakness).

## Diagnosis and investigations

1. Detailed history along with general and ENT examination is very important [1,4].
2. Complete haemogramme [1,4].
3. Pure tone audiometry/impedence audiometry [1,4,20].
4. Speech discrimination score (SDS) and Speech reception threshold (SRT) [1,4,20].
5. Tinnitus matching ENG
6. CT scan of CP angle [1,4,20].

## Complications

Tinnitus can affect quality of life significantly, and produce complications like fatigue, sleep problems, trouble concentrating, stress, memory problems, anxiety and irritability and depression.

## Treatment

In conventional medicine, medical and surgical method of treatment is applied in case of tinnitus [1,4,13].

### Medical

- a. Treatment of cause is most important.
- b. Reassurance to the patient.
- c. Conservative treatment such as vasodilators, sedatives, vitamins and tranquilizers.
- d. Tocainide is the latest drug used for treatment.
- e. Use of tinnitus maskers (if no cause is found).

### Surgical

- a. Surgical treatment depending upon the cause.
- b. Endolymphatic sac decompression.
- c. Intratympanic injection of alcohol.
- d. Cryotherapy for cochlear destruction.
- e. Cochlear nerve section if no hearing.

## Treatment of tinnitus (taneen) in unani system of medicine

### Usool-e-Ilaj (Principle of treatment)

In the Unani system of medicine, the main emphasis of Usool-e-Ilaj are [9]:

1. Use of Tanqiya-e-Dimagh and Islahe Meda wa Hazam.
2. Use of Murattib Advia wa Aghzia.
3. Use of Muqawwi Aam wa Muqawwi Dimagh Advia wa Aghzia.

### Ilaj (Treatment)

There are four treatment methods, or modalities: Ilaj-bil-Dawa (pharmacotherapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadabeer (regimental therapy) and Ilaj-bil-Yad (manual therapy /surgery).

### A) Ilaj-bil-Dawa (Pharmacotherapy)

a. As Tanqiya-e-Dimagh and Islahe Meda wa Hazam drugs, Habbe Ayarij 2BD, Jawarish Jalinoos first and after that Sheerah Badiyan 7gm, Sheerah Tukhme Kasoos, Sheerah Maweez Munaqqa in the same quantity in the Arq Badiyan along with Gulqand 20 gm can be given twice daily in the morning and evening. Jawarish kamooni 5 g after meal twice daily if the cause is congestion of head with fluids and morbid material (Mawad wa Fuzalat-e-Sar) [21].

b. As Murattib Advia wa Aghzia Luab Behdana 3 gm, Sheerah Unnab 9 pieces, Sheerah Tukhme Kaddu Shireen 5 gm in Arq Gau Zaban 120 mL along with Sharbat Banafsha 20 mL can be given twice daily Roghan Banafsha, Roghan Gul, or Roghan Kahu 2 drop any one can be applied in the ear [9,21].

c. As Muqawwi Aam and in anaemia, Qurs Faulad 1tab, Jawarish Jalinoos 5 gm twice daily may be given [9,21].

d. As brain tonic (Muqawwi Dimagh), Khamira Gau Zaban Sada 5 gm in the morning and Itrifal Muqawi Dimagh 7 g at bed time [9,21].

### B) Ilaj-bil-Ghiza (Dietotherapy)

a. Diet such as Jaiyyad ul Kaimus (normal chyme), Lateef (tense diet) and Saree-ul-Hazm (fast appetizer) are recommended [9,11,21].

b. Patient should take energetic medicine such as milk, egg, butter, chicken soup [21].

c. Avoid excessive intake of garlic, onion and highly spicy diet [11,21].

### C) Ilaj-bil-Tadabeer (Regimental therapy)

a. Inkabab: through Mulattif wa Murattib Advia, steam inhalation of Decoction of Podina, Barghe Neelgiri, Biranjasif, Gule Banafsha each 10 gm can be given for this purpose [9, 11,21].

b. Pashwiya (Foot bath) by decoction of Barge Beri and Badiyan [9,21].

c. Hijama (Cupping) on pre auricular region, neck may be beneficial [9,11,21].

d. Qutoor (Drop) by Roghan Gul, Roghan Badam Shireen along with sirka 1 drop may be beneficial for these type of patient [9,11,21].

### D) Ilaj-bil-Yad (Manual therapy)

Ilaj-bil-Yad is manual therapy or surgery.

## Discussion

Tinnitus is well described as Taneen wa Dawi in various unani classical literature. There are so many causes are responsible for tinnitus but most of the unani physicians clearly explain about diversion of ghaleez akhlat wa riyah (waste material) from the brain towards ear is a causative factors for tinnitus. Malnutrition, dryness, starvation and general weakness also predispose the tinnitus. Various treatment and procedures are described in unani for the management of tinnitus (taneen). On the basis of available literature unani physicians have described causes, pathophysiology, clinical features, diagnosis and treatment well. Unani scholar has emphasized the management of tinnitus in different modalities i.e., Ilaj-bil-Dawa (pharmacotherapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadabeer (regimental therapy). As Ilaj-bil-Dawa (pharmacotherapy) Tanqiya-e-Dimagh and Islahe Meda wa Hazam drugs, Murattib Advia wa Aghzia, Muqawwi Aam (general tonic), Muqawwi Dimagh (brain tonic) advia (drugs) are beneficial in tinnitus. As Ilaj-bil-Ghiza (dietotherapy), Jaiyyad ul Kaimus (normal chyme), Lateef (tense diet) and Saree-ul-Hazm (fast appetizer) should use in this case. Most of the unani physician have recommended Inkabab, Pashwiya (Foot bath), Hijama (Cupping), Qutoor (drop) as Ilaj-bil-Tadabeer (regimental therapy) on the basis of what causes are responsible.

## Conclusion

With all above facts it can be concluded that unani system of medicine possesses quality approach towards alternative management of tinnitus with use of Ilaj-bil-Dawa (pharmacotherapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Tadabeer (regimental therapy) and Ilaj-bil-Yad (manual therapy/surgery). The efficacy of these drugs are validated by unani physician since thousands years. However all description and management mentioned in unani system of medicine has been included in this review. Because conventional treatment is not 100% effective, so unani treatment can be taken as alternative medicine, it will give better result in tinnitus.

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