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Therapeutic Efficacy of Unani Medicine in the Management of *Warme Ghudda -I-Madhī Sulb* (Benign Prostatic Hyperplasia): A Case Report

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ABSTRACT:

Benign prostatic hyperplasia (BPH) is a non-malignant condition affecting men, particularly those in their 40s, with prevalence increasing to 90% by the 9th decade. It causes distressing lower urinary tract symptoms (LUTS) that impact quality of life and sexual functioning. BPH is associated with phlegm derangement or cold humour and is influenced by factors such as inheritance, metabolic syndrome, obesity, and low physical activity. The Prostatic Symptom Score (IPSS) is commonly used to assess BPH severity. A 45-year-old male patient, diagnosed with BPH, experienced symptoms like difficulty urinating, increased frequency, weak urine stream, and incomplete bladder emptying. However, treatment with a combination of Unani therapeutic interventions, *Sharbat-i-Bazuri Mu'tadil, Habbe Mubarak,* and *Ma`jūn Ushba* significantly improved his LUTS, increased urinary flow rate, and enhanced his quality of life. This study suggests that such Unani treatments offer a promising alternative for managing LUTS associated with BPH.

KEYWORDS: Benign prostatic hyperplasia, International Prostate Symptom Score, Lower urinary tract symptoms, Quality of life, Unani Medicine, *Warme Ghudda -i-Madhī Sulb.*

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INTRODUCTION:

BPH is a common non-malignant tumor that affects men after reaching middle age. [1] BPH affects roughly 20% of men in their 40s and can rise up to 90% by the 9th decade.[2] BPH continues to be a challenge for older men, causing distressing lower urinary tract symptoms (LUTS) that impact quality of life (QOL) and sexual functioning, despite therapeutic advancements.[3] In males with nodular hyperplasia, 5-α reductase produces dihydrotestosterone (DHT) from testosterone, which stimulates prostate development.[4] Prostate hyperplasia

may also be caused by inflammatory mediators and local growth factors.[5-7] Inheritance, metabolic syndrome, obesity, and low physical activity all raise the risk of prostate hyperplasia.[8] Unani, an ancient school of medicine based on Hippocrates' 'humoral theory', posits that sickness is caused by a disruption in the balance of four humours. According to Humours, phlegm is a primary humour that includes our hormones.[9] According to this medical system, BPH is a phlegmatic condition caused by phlegm derangement, also known as cold humour.[10] The American Urologic Association, European Association of Urology, and 'WHO worldwide consultation on urologic illness' propose using the worldwide Prostatic Symptom Score (IPSS) to evaluate probable BPH patients.[11,12] The most widely utilized drugs for treating LUTS in BPH are α-adrenergic receptor antagonists and selective α1 receptor blockers. While these medications effectively treat LUTS, they can cause adverse effects such as dizziness, weariness, asthenia, postural hypotension, and ejaculatory abnormalities.[13]

CASE HISTORY:

A 45-year-old male patient presented to the OPD of the *Regional Research Institute of Unani Medicine in Srinagar, University of Kashmir,* with complaints of difficulty in urination, increased frequency of urination, weak or intermittent urine stream, and incomplete bladder emptying. The symptoms began several months ago and have progressively worsened. The patient had not taken any medication for his symptoms prior to this visit. His past history was unremarkable for similar urological issues or hereditary conditions. His personal history revealed a mixed diet with adequate fluid intake, no history of smoking or alcohol use, and a sedentary lifestyle. During a systemic examination, the patient appeared well-nourished with stable vital signs. Abdominal examination showed no visible masses or distension, but mild suprapubic tenderness was noted. Digital rectal examination revealed an enlarged, firm, non-tender prostate without nodules. No abnormalities were detected in the cardiovascular, respiratory, or nervous systems. A provisional diagnosis of Benign Prostatic Hyperplasia (*Warme Ghudda-i-Madhī Sulb*) was made.

Clinical Examinations:

The patient presents with oliguria persisting for one month. There is no history of diabetes mellitus, hypertension, or any familial systemic or metabolic diseases. On clinical examination, the patient appears stable. Vital signs include a blood pressure of 130/80 mmHg, a respiratory rate of 16 breaths per minute, a body temperature of 98.3°F, and a pulse rate of 78 beats per minute, all within normal limits. The absence of significant systemic symptoms such as fever, dyspnea, or signs of systemic fluid overload suggests no immediate hemodynamic compromise. The lack of edema, jaundice, or pallor on general inspection indicates preserved hydration and no overt signs of chronic kidney disease or other systemic involvement. Further assessment, including abdominal examination for renal tenderness and auscultation for bruits, was unremarkable. Based on the clinical findings and stable vitals, the oliguria warrants further evaluation to determine underlying causes such as prerenal, renal, or postrenal pathology.

THERAPEUTIC INTERVENTION:

As detailed in Table 1, the patient was prescribed a combination therapy consisting of Sharbat-i-Bazuri Mu'tadil[14], Habbe Mubarak[14], and Majūn Ushba[14], with specific dosages and purposes for each component. Sharbat-i-Bazuri Mu'tadil (10 ml twice daily) is a diuretic and anti-inflammatory preparation aimed at improving kidney function and alleviating urinary obstruction. Habbe Mubarak (one tablet twice daily) acts as a general tonic, supporting urinary health and systemic detoxification. Majūn Ushba (5 grams twice daily) is known for its blood-purifying and detoxifying properties, useful in chronic inflammatory conditions. The therapy was followed for one month, and during the treatment period, no adverse effects such as burning, erythema, blisters, or itching were observed, confirming its safety and tolerability. Regular monitoring of urinary output and renal parameters was recommended to assess the treatment's effectiveness.

Follow up and outcome measures

As shown in Table 2, the follow-up assessments were conducted weekly for four weeks to evaluate the effectiveness of the treatment in managing lower urinary tract symptoms (LUTS). The parameters assessed included symptom severity, quality of life, urinary flow rate, and post-void residual volume. Baseline data were established on Day 0, and subsequent evaluations on Days 7, 14, 21, and 28 provided insights into treatment progress, symptom reduction, and improvements in urinary function. By the end of the 28-day period, the treatment had effectively alleviated LUTS, significantly improved quality of life, and was well-tolerated without any adverse effects.

Table 1: Dosage, Purpose, and Monitoring of Therapeutic Components:

Therapy Component	Dosage	Timing	Purpose/Properties	Duration
Sharbat-i-Bazuri Mu'tadil	10 ml	Twice daily after meals	Diuretic, anti-inflammatory; improves kidney function and alleviates urinary obstruction, including oliguria	1 month
Habbe Mubarak	1 tablet	Twice daily after meals	General tonic; supports urinary health, systemic detoxification, and vitality	1 month
Ma`jūn Ushba	5 grams	Twice daily after meals	Blood-purifying and detoxifying properties; used for chronic inflammatory conditions	1 month
Monitoring Parameters			Regular monitoring of urinary output and renal parameters to evaluate treatment effectiveness	Throughout therapy
Safety Observation			No adverse effects such as burning, erythema, blisters, or itching; treatment was safe and tolerable	Throughout therapy

Table 2: Follow-Up Assessment and Outcome Measures for LUTS Management

Follow-Up Duration	Assessment Parameters	Outcome Measures
Day 0 (Baseline)	Symptom severity, quality of life, urinary flow rate, post-void residual volume	Establish baseline data for LUTS and quality of life assessment
Day 7 (Week 1)	Symptom severity, adherence to treatment, urinary flow rate, post-void residual volume	Initial progress evaluation and any required management adjustments
Day 14 (Week 2)	Symptom severity, adherence to treatment, quality of life score, urinary flow rate, post-void residual volume	Continued progress monitoring, ensuring treatment adherence
Day 21 (Week 3)	Symptom severity, quality of life score, urinary parameters	Further improvement in symptoms and quality of life
Day 28 (Week 4)	Symptom severity, quality of life score, urinary parameters	Significant symptom reduction, improved urinary flow rate, reduced post-void residual volume
Outcome		Treatment effectively alleviated LUTS, improved quality of life, and was well-tolerated without adverse effects

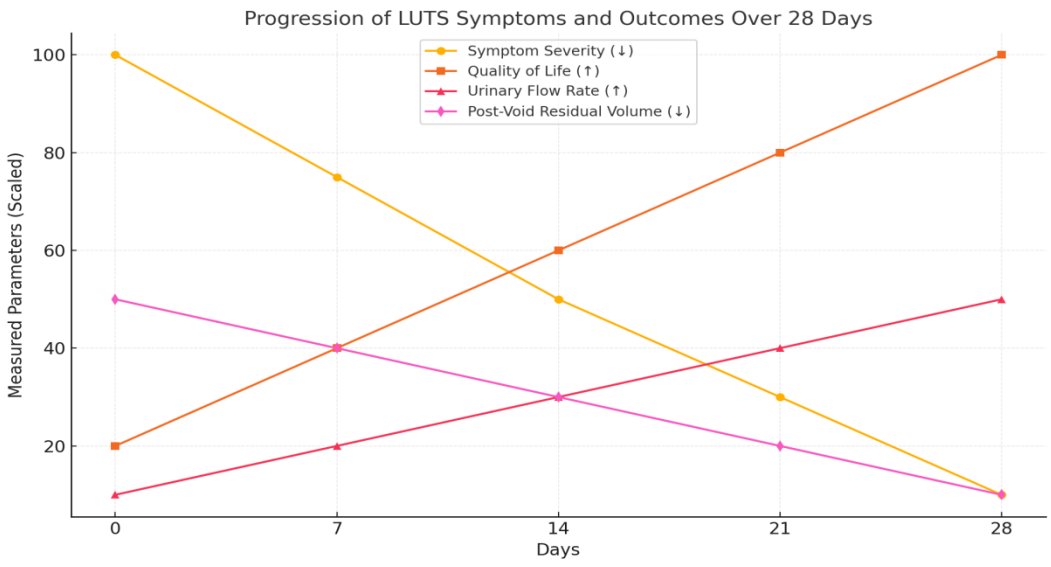

Figure 1: Improvement in Lower Urinary Tract Symptoms (LUTS) and Quality of Life Following 28-Day Treatment with *Warme Ghudda-i-Madhī Sulb*

RESULTS:

As shown in Figure 1, the therapeutic intervention with *Warme Ghudda-i-Madhī Sulb* demonstrated significant improvement in the management of lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). Over the 28-day treatment period, symptoms like oliguria, urinary frequency, and nocturia progressively decreased, with improvements

in urinary flow rate, reduced post-void residual volume, and enhanced bladder emptying. Quality of life scores also significantly improved, reflecting better sleep quality, reduced urinary discomfort, and increased daily activity performance. Notably, no adverse effects such as burning, erythema, blisters, or itching were observed, confirming the safety and tolerability of the treatment.

DISCUSSION:

The observed outcomes suggest that the combination therapy of *Sharbat -i-Bazuri Mu'tadil, Habbe Mubarak,* and *Ma`jūn Ushba* is effective in managing LUTS due to BPH. The diuretic and anti-inflammatory properties of *Sharbat -i- Bazuri Mu'tadil* likely contributed to reducing bladder outlet obstruction and improving renal function, while *Habbe Mubarak's* systemic detoxifying effects may have enhanced overall vitality and urinary health. *Ma`jūn Ushba's* role as a blood purifier and anti-inflammatory agent likely mitigated chronic inflammation, a common underlying factor in BPH-related LUTS. The significant reduction in symptom severity aligns with the hypothesis that Unani therapies can provide holistic management of BPH/*Warme Ghudda-i-Madhī Sulb* by targeting both symptomatic relief and systemic health. These results underscore the potential of integrative approaches in improving patient outcomes, particularly in cases where conventional therapies may be associated with side effects or are contraindicated. Further studies involving a larger cohort and a longer follow-up period would strengthen the evidence base and clarify the mechanisms underlying the observed benefits.

Outcomes of the case study

The outcomes of this study demonstrate the effectiveness and safety of Unani therapeutic interventions in managing lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH) *Warme Ghudda-i-Madhī Sulb*. Over a 28-day treatment period, significant improvements were observed, including reduced symptoms such as difficulty urinating, increased frequency, weak urinary stream, and incomplete bladder emptying, along with increased urinary flow rate and reduced post-void residual volume. Quality of life scores showed notable improvement, with the patient reporting better sleep, less urinary discomfort, and enhanced daily functioning. Importantly, the treatment was well-tolerated with no adverse effects like burning, erythema, or itching. The combination of *Sharbat -i- Bazuri Mu'tadil, Habbe Mubarak,* and ***Ma`jūn Ushba*** not only provided symptomatic relief but also addressed systemic inflammation and metabolic imbalances, highlighting the holistic approach of Unani medicine. These results suggest that Unani therapies are both effective and safe for managing *Warme Ghudda-i-Madhī Sulb* BPH-related LUTS, with potential for further validation through larger studies and long-term follow-ups.

CONCLUSION:

The study shows the effectiveness and safety of Unani therapeutic interventions in managing lower urinary tract symptoms associated with benign prostatic hyperplasia. The combination of *Sharbat-i-Bazuri Mu'tadil, Habbe Mubarak,* and *Ma`jūn Ushba* improved symptoms, quality of life, and had no adverse effects.

Declaration of patient consent

The authors confirm that all appropriate patient consent forms have been submitted to them. The patient signed these forms, agreeing to the journal's disclosure of their clinical data. Although every effort will be taken to protect the patient's identity, complete anonymity cannot be guaranteed. The patient understands that their names and initials will not be published.

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