

ISSN 2311-4673  
**Journal of Pharmacy and Pharmaceutical Sciences**  
(Volume 3, Issue 1, 2015)

**Role of Qurs Fishar in Hypertension**

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**ABSTRACT**

**Hypertension rarely present symptoms and it is diagnosed when it has established any complication. Severe hypertension appears as headache, confusion and coma. Qurs Fishar was being used as antihypertensive medicine in alternative system of medicine since many years. In this study small clinical trial conducted to asses potential effect in the treatment of hypertension. Total 30 patients from mild to moderate hypertension were selected in this study from which twelve had anxiety neurosis while eighteen were using other antihypertensive but there was no effect on their blood pressure. After using Qurs Fishar for 4 weeks, 26 cases (86%) demand no other type of drug except Qurs Fishar to keep their blood pressure control and get over the neurosis. Patients found Qurs Fishar better as it has no side effects.**

**Qurs Fishar is a herbal formulation for treatment of hypertension. In present study clinical evaluation of Qurs Fishar was investigated. The drug Qurs Fishar was prescribed to the patients registered at Shif-ul-mulk Memorial Hospital Hamdard University Karachi. They all belong to Surrounding Areas of Gadap town Karachi. The age limit of patients was 25 to 60 years. The response of the treatment on symptomatology of hypertension was analysed. Qurs Fishar was found to be an economical, safe and effective drug for essential hypertension treatment**

**Keywords:** Antihypertensive, complication, effect, Qurs Fishar, response

**INTRODUCTION**

Increased arterial pressure has become a major public health problem in developed countries being readily detectable, asymptomatic, easily treatable, and if left untreated it often leads to severe complications. Both the diastolic and systolic pressures are very important in the assessment of the influence of arterial pressure on cardiovascular morbidity. Cardiovascular diseases (CVD) are not only a major factor of mortality in

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developed countries but also increasing in developing countries [1-2]. In Pakistan, as the major cause of morbidity and mortality, CVD have been predicted to overtake the infectious diseases within the next decade [3] while Prevalence of hypertension has increased from 17% in 1980 to 35% in 2008 in 18 years and older aged group adults [4]. The prevalence of uncontrolled hypertension varies around the world, with the highest prevalence in Poland (68.9% in men and 72.5% in women) while the lowest prevalence in rural India (3.4% in men and 6.8% in women)

[5]. Approximately 30% of the adult population in the United States has hypertension. National Health Survey of Pakistan from 1990 to 1994 revealed that about 70% to 85% of hypertensive patients were unaware of their disease [6]. Hypertension is a multifactorial disorder but any individual's risk factor can contribute to its overall increase [7]. Hypertension rarely present symptoms and it is diagnosed when it has established any complication. Severe hypertension appears as headache, confusion and coma. Complications of hypertension are stroke, aneurysm, myocardial infarction, and kidney failure and eye damage. 95% people suffer from essential or primary hypertension that has unknown cause. Only 5% have secondary hypertension that is due to any underlying cause. Some of secondary hypertension causes are renal failure, chronic alcohol abuse and endocrinal disturbances. There are certain risk factors which force heart to pump forcefully or obstruct passage of blood in arterioles that are obesity, smoking, diabetes, renal diseases, lack of exercise and certain medicines like steroids. In present study, herbal formulation Qurs Fishar was evaluated for treatment of hypertension.

### METHODOLOGY

The patients comprising of male and female having age 30-60 years with hypertension reporting in the Outpatient Department at Shifa-ul-mulk hospital were included in the study. Qurs Fishar, a unani formulation which comprises of different herbal drugs was prescribed to the patients. Clinical signs and symptoms of the patients were thoroughly examined, blood pressure and pulse rates properly recorded, Patients with all grades of hypertension, either newly detected or resistant to previous drug therapy were legally informed about the trial and were enrolled after signing a consent form. Patients with satisfactory results of clinical findings were considered for drug therapy. Patients with recent history of congestive cardiac failure, left ventricular failure, myocardial ischaemia renal failure or cerebrovascular accidents were excluded from the study. Thirty patients of 30-60 years of age were

receiving Qurs Fishar in this clinical trial. Blood pressure was recorded by the physician in the supine position at the same time of the day in weekly intervals, using the same sphygmomanometer and the mean of three readings was noted. At the end of 4 weeks of drug therapy, ECG, chest X-ray and laboratory investigations were repeated, drug therapy was tapered off and patients' numbers were decoded. A patient was categorized as a 'responder' if his or her diastolic blood pressure was less than 95 mmHg at the end of the study period (accepted by WHO) or if there was a fall of 20 mmHg or more in diastolic blood pressure as compared to the initial value. For comparison of the antihypertensive activity by reduction in diastolic blood pressure in 4 weeks was calculated as the area under the curve (AUC) using the trapezoidal rule.

### RESULTS

The study was prospective randomized, clinical trial. Detailed history interviews, physical examinations, and blood pressure, age, duration, sex, blood pressure and sign & symptoms were documented on data sheet at baseline and also recorded on every follow-up visit.

The study was carried out on the patients of age 30 to 60 year for 4 weeks. The trial was conducted on 30 patients after taking written consent, irrespective of socioeconomic status at Shifaul Mulk Memorial hospital for Eastern Medicine This randomized observational study was conducted to assess the efficacy of herbal treatment.

The patient's age ranged from 30 to 60 years of age; the maximum numbers of cases were between 30 to 50 years. The male to female ratio was 1:1 (Table1).

**Table 1:** Showing age and sex distribution in our 30 patients

Age in Yrs	Male	Female
30-35	2	2
36-40	4	3
41-45	3	5
46-50	3	3
51-55	2	2
56-60	1	0
Total	15	15

All the patients were selected and categorized according to past history of medication as given in Table 2. Herbal medicine (Qurs Fishar) prescribed to all the patients and the parameters before and after treatment was recorded. It had been observed that 3 patients did not show any response by using herbal medicine alone, while other responds very well (Table 2).

**Table 1**

Number of Drugs	Before Qurs Fishar	After Qurs Fishar
No Drug	12	26
Diuretics	7	0
Inderal+diuretic	5	2
M-dopa	4	1
Adelphane +diuretic	2	1
Total	30	30

Pulse rate and blood pressure was measured before treatment and after 4 weeks of treatment and it was noted that pulse rate had shown significant reduction ( $p < 0.01$ ). The average value and range of systolic and diastolic blood pressure is given in Table 3 and 4.

**Table 3:** Systolic pressure before and after Qurs Fishar

Systolic Pressure in mm Hg	No. of cases	2 weeks after	3 weeks after	4 weeks after
120-130	0	11	16	19
131-140	10	7	5	3
141-150	8	5	4	2
151-160	6	4	2	3
161-170	4	2	3	1
171 - 180	3	1	0	0

**Table 4:** Diastolic blood pressure before and after Qurs Fishar

Diastolic Pressure in mm Hg	No. of cases	2 weeks After	3 weeks After	4 weeks After
80 - 90	0	7	15	17
91 - 100	6	5	3	3
101 - 110	8	6	5	4
111 - 120	9	7	4	3
121 - 140	7	5	3	3

## DISCUSSION

Recently there is increasing research focus on herbal medicine to establish the clinical efficacy of compound preparations [8]. Qurs Fishar, as mentioned earlier, is a herbal compound preparation It acts on  $\beta$ -receptors to protects the cardiacmyopathies related disorders as well [9]. Previously, the efficacy and safety of this medicine has proven to cure angina pectoris, as relevant ailments [10]. It has been observed that Qurs Fishar has the potential to control blood pressure at prescribed dose.

## CONCLUSION

This prospective study has clearly shown the benefits of initiating treatment with unani medicine and that, the test drug was associated with higher blood pressure and greater reduction in both systolic and diastolic blood pressure from the base line. In conclusion, it has been found that herbal medicine resulted in early improved blood pressure with tolerability as compared with starting treatment with the dosage form design for patient with essential hypertension.

## REFERENCES

1. Nakanishi N, Li W, Fukuda H, Takatorige T, Suzuki K, Takara K. Multiple risk factor clustering and risk of hypertension in Japanese male office workers. *Ind Health* 2003;41:327-31.
2. Basile JN, Lackland DT, Basile JM, Riehle JE, Egan BM. A statewide primary care approach to cardiovascular risk factor control in high-risk diabetic and nondiabetic patients with hypertension. *J Clin Hypertension* 2004;6:18-25.
3. Murray CJ, Lopez AD. Mortality by cause for eight regions of the world: Global Burden of Disease Study. *Lancet* 1997; 349: 1269-76.[4]
4. G. Danaei, M. M. Finucane, J. K. Lin et al., "National, regional, and global trends in systolic

blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants,” *The Lancet*, vol. 377, no. 9765, pp. 568–577, 2011 [5].

5. P. M. Kearney, M. Whelton, K. Reynolds, P. K. Whelton, and J. He, “Worldwide prevalence of hypertension: a systematic review,” *Journal of Hypertension*, vol. 22, no. 1, pp. 11–19, 2004.

6. National Health Survey of Pakistan 1990-1994. Karachi, Pakistan: Pakistan Medical Research Council, 1998; pp 50.

7. Assmann G, Cullen P, Schulte H. The Munster Heart Study (PROCAM): results of follow-up at 8 years. *Eur Heart J* 1998;83(19 suppl):2-11.

8. Attisso, M.A., *Phytopharmacology and Phytotherapy in Traditional Medicine and Health Care Coverage*, ed. by Bannerman, R.H., Bunton, J. and Chich C.V., WHO, Geneva p. 195, 1983.

9. Shaligram, S.V., and Panicker, R., Effect of chronic treatment with Abana on the responsiveness of guinea-pig bronchial musculature to 150 isoprenaline. *Journal of J.J. Group of Hospitals and G.M. College* 30: 37, 1985.

10. Gowda, N.C. and Chinniah D., The management of angina pectoris, hypertension and tachycardia with Abana. *Probe* 25: 69, 1985.