e - ISSN – 3117-5163
Print ISSN - 3117-5155

International Journal of Traditional System of Medicine

Journal homepage: www.mcmed.us/journal/ijtsm

EFFICACY OF UNANI FORMULATION KHAMIRA ABRESHAM IN IMPROVING CARDIOVASCULAR HEALTH: A RANDOMIZED TRIAL

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Article Info

Received 25/01/2025
Revised 23/02/2025
Accepted 30/03/2026

Key words:
Unani Medicine, Khamira Abresham, Cardiovascular Health, Randomized Trial, Heart Rate Variability, Blood Pressure.

ABSTRACT

Khamira Abresham, a classical Unani polyherbal-cum-mineral formulation, is traditionally prescribed as a cardiotonic to enhance cardiac strength, reduce palpitations, and improve general vitality. This randomized controlled trial aimed to evaluate its efficacy on cardiovascular health parameters using modern scientific tools. A total of 60 participants aged 35–60 years with mild hypertension or palpitations were randomly assigned into two groups: Group A received Khamira Abresham (5 g twice daily), and Group B received a placebo, both for 8 weeks. Cardiovascular outcomes such as systolic/diastolic blood pressure (BP), heart rate variability (HRV), lipid profile, and subjective fatigue levels (Borg Scale) were assessed pre- and post-intervention. Group A showed a significant reduction in systolic BP (−11.2 mmHg) and LDL cholesterol (−15.4 mg/dL) compared to placebo ($p < 0.05$). HRV improved by 22% and fatigue levels decreased by 38% in the intervention group. The findings confirm that Khamira Abresham is an effective natural cardiotonic with measurable benefits in cardiovascular modulation. Further long-term trials are warranted.

INTRODUCTION

Cardiovascular diseases account for nearly 32% of global deaths, making preventive and supportive therapies crucial. In the Unani system of medicine, formulations like Khamira Abresham have been used for centuries to strengthen the heart (Muqawwi-e-Qalb). Its ingredients include Abresham (Silk Cocoon), Sandal Safed, Arq-e-Gulab, Amber, Warq-e-Nuqra (Silver Foil), and various herbal tonics.

While widely prescribed for conditions like *Zauf-e-Qalb* (cardiac weakness), scientific validation is limited. This trial bridges traditional claims with clinical assessment using vital parameters such as blood pressure, lipid profile, and autonomic regulation via HRV.

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METHODOLOGY STUDY DESIGN

- Type: Randomized, placebo-controlled clinical trial
- Duration: 8 weeks
- Participants: 60 subjects (30 per group)

Inclusion Criteria

- Age: 35–60 years
- Mild hypertension (SBP 130–150 mmHg) or frequent palpitations
- No current use of beta-blockers or lipid-lowering drugs

Outcome Measures

1. Systolic & Diastolic Blood Pressure
2. Heart Rate Variability (RMSSD value)
3. Lipid Profile (LDL, HDL, Total Cholesterol)
4. Subjective Fatigue (Borg CR-10 Scale)

Intervention

Group	Treatment	Dosage	Duration
A	Khamira Abresham (Unani Pharmacy Grade)	5 g orally, twice daily	8 weeks
B	Placebo (Sugar-based)	5 g orally, twice daily	8 weeks

Data Analysis

Table 1: Baseline vs Post-Intervention Outcomes

Parameter	Group A (Khamira Abresham)	Group B (Placebo)
SBP Change	−11.2 mmHg	−2.1 mmHg
DBP Change	−6.4 mmHg	−0.9 mmHg
LDL Reduction	−15.4 mg/dL	−3.2 mg/dL
HRV (RMSSD % Increase)	+22%	+4%
Fatigue Score Reduction	−38%	−8%

Statistical significance: $p < 0.05$ in all major parameters except HDL.

DISCUSSION

The results indicate that Khamira Abresham exerts multifaceted cardioprotective effects. The improvement in HRV suggests better autonomic regulation and parasympathetic activation. The presence of Amber, Sandal, and Abresham may contribute to mild vasodilatory and anxiolytic effects, reducing both blood pressure and stress-induced palpitations.

Unlike conventional antihypertensives, Khamira did not produce dizziness or fatigue; instead, it reduced tiredness, indicating adaptogenic properties.

CONCLUSION

Khamira Abresham significantly enhances cardiovascular parameters such as blood pressure, lipid profile, and heart rate variability. It holds promise as an effective complementary therapy for mild hypertension and cardiac weakness. Larger-scale trials with ECG and inflammatory markers are recommended.

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