

**STANDARD
UNANI
TREATMENT GUIDELINES
FOR COMMON DISEASES**

Volume-II



**HAKIM AJMAL KHAN INSTITUTE FOR LITERARY AND
HISTORICAL RESEARCH IN UNANI MEDICINE**
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Preface

Unani System of Medicine has a long and glorious history of promotion of health, and prevention and management of diseases through its holistic approach by time-tested drugs and therapies. With the patronage and support from the Government of India, the system has developed a vast infrastructure of education, research and healthcare. As a result, India is enjoying the position of world leader in the field of Unani System of Medicine.

The research activities in Unani System of Medicine got a boost in 1969, when the Government of India established Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH). Further, Central Council for Research in Unani Medicine (CCRUM), an autonomous organization under the then Ministry of Health & Family Welfare, Government of India was set up in 1979. Since then, research and development in Unani System of Medicine is by and large in the hands of CCRUM. The Council's progress in the areas of Literary Research, Clinical Research, Drug Standardisation and Survey & Cultivation of Medicinal Plants has attracted international attention. The Council has also taken initiative to start Postgraduate (MD) and Doctorate (Ph.D) courses in Unani System of Medicine at its two research institutes, viz. Central Research Institute of Unani Medicine, Hyderabad and Regional Research Institute of Unani Medicine, Srinagar.

Unani System of Medicine has the privilege to have a great legacy of textual and theoretical treasure to its credit in the form of manuscripts. Fortunately, there are numerous libraries and repositories of Arabic and Persian medical manuscripts in India and abroad. The literary research has been one of the priority areas of the Council. The research and development

in the field of Unani literature is mainly carried out by its literary research institute i.e. Hakim Ajmal Khan Institute for Literary and Historical Research in Unani Medicine (HAKILHRUM). This institute is dedicated to the arduous job of editing, compilation and translation of classical literature and rare manuscripts of Unani System of Medicine. The Institute has also collected rare Unani classical books and manuscripts from different libraries. Besides reprinting rare classical books and manuscripts, the Institute has also published a compendium of 4,028 terms of Unani System of Medicine entitled “*Standard Unani Medical Terminology*” under a collaborative programme of CCRUM and WHO for Traditional Medicine in which the Council’s literary research institute played a major role.

In the recent past, the Council signed an MoU with Jamia Millia Islamia (JMI), New Delhi which paved the way for relocation of the literary research institute in the campus of Jamia Millia Islamia. Now we have active collaboration with different Departments of JMI. For all these developments, I extend my sincere thanks to Prof. Talat Ahmad, Vice Chancellor, JMI who wholeheartedly welcomed our institute in the university campus. I am pleased that our efforts in this direction have proved fruitful.

In the year 2013, the Institute was assigned the responsibility of bringing out few volumes on standard Unani treatment guidelines. The first volume of “*Standard Unani Treatment Guidelines for Common Diseases*” has been published. It gives me immense pleasure to bring out its second volume. It not only includes common diseases but also many lifestyle disorders, e.g., Diabetes, Hypertension, etc.

I wish to place on record my sincere gratitude to Dr. Khalid Mehmood Siddiqui, Deputy Director General, CCRUM for his valuable suggestions in the execution of this document. My sincere thanks are due to Hakim Abdul Hannan, Formerly Joint Director, CCRUM, Prof. Mohammad Anwar, Department of Ilaj bi'l-Tadbeer, Aligarh Muslim University, Aligarh, Dr. Yasmeen Shamsi, Associate Professor, Department of Moalajat, Jamia Hamdard, New Delhi and Dr. Asia Sultana, Associate Professor, Department of Ilaj bi'l-Tadbeer, Aligarh Muslim University, Aligarh for reviewing the document.

I am grateful to Dr. Mohammad Fazil, In-charge, HAKILHRUM who has been instrumental in the accomplishment of this project. My thanks

are also due to Project Coordinators Dr. Sagheer A. Siddiqui, formerly In-charge, HAKILHRUM and Dr. Amanullah, Research Officer (Unani), CCRUM Headquarters. I would like to place on record my deep appreciation to the editors, Dr. Bilal Ahmad, Dr. Fakhre Alam, Dr. Neelam Quddusi – all Research Officers (Unani), HAKILHRUM for their sincere efforts in the preparation and development of the document.

I am also thankful to the officers of the council Dr. Shagufta Parveen, Dr. Ahmad Sayeed, Dr. Azma, Dr. Anwar Jamal, Dr. Shaista Urooj, Dr. Usama Akram, Dr. Merajul Haque, Dr. Mahboobus Salam – all Research Officers (Unani) and Dr. Waseem Ahmad, Technical Officer (Unani) who have been associated with the project and provided technical inputs. Appreciation is also due to Mr. Mohammad Niyaz Ahmad, Research Officer (Publication), CCRUM Headquarters for his important role in bringing out this publication. These efforts would be well rewarded, if the document is used extensively for reference by practitioners, academicians, students and researchers of Unani System of Medicine in India and abroad.

Prof. Rais-ur-Rahman
Director General, CCRUM

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Introduction

The Central Council for Research in Unani Medicine (CCRUM) ever since its inception is actively involved in editing, reprinting and translation of rare manuscripts and classical literature of Unani Medicine. The quantum of work done by the CCRUM in the area of literary research can be realized by the fact that most of the Unani classics of Arabic and Persian languages are now easily available in Urdu and English languages. It is indeed a great way to propagate the knowledge preserved in the classics of this system of medicine. This treasure of knowledge can be put to use for further researches, thereby benefitting the suffering humanity. Considering the need to implement the outcomes of literary research in clinical practice, the CCRUM came up with a project to compile 'Standard Unani Treatment Guidelines for Common Diseases' in the year 2013. The project was undertaken at the Council's literary research institute now known as Hakim Ajmal Khan Institute for Literary & Historical Research in Unani Medicine. The first volume of the book was published in 2014.

Keeping in view the overwhelming response to the first volume from Unani physicians and appreciation from researchers and academia, it was felt to come up with more diseases in the second volume of this document. The selection of the diseases in this volume has been made meticulously. The commonly occurring diseases that a physician usually deals with at his/her clinic have been included to make this document more useful. Apart from commonly occurring diseases, few *Amrāz Ghayr Mudawwana* and lifestyle disorders e.g. Benign Prostatic Hyperplasia, Hypertension, Diabetes have also been included in this volume. The management of the diseases has been described into three sections. First section is based on single drugs with simple combinations that a physician can easily prepare at

his/her clinic. The second section is based on pharmacopoeial preparations by leading pharmaceutical companies, readily available in the market. Furthermore, details of dietotherapy and regimenal therapy have also been provided with an aim to alleviate the disease causing diverse attributes of therapeutic management and offer a holistic approach of treatment. Third section includes the preventive measures for the corresponding disease as mentioned in Unani classics. Another distinguished feature of this volume is that a list of basic investigations for each disease has also been given to help the Unani practitioners in making the diagnosis of the disease

The presentation of this volume has been made simple and captivating, so that the reader can easily assimilate the logical sequence and a link between the cause of the disease, principles of treatment and treatment itself. Unani terms have been used preferentially, however for a wider readership, especially for those who are not well-acquainted with Unani terms, but are interested to learn Unani Medicine, possible English equivalents have been provided in parenthesis following each term.

The classical literature of Unani Medicine was prized to be the source material to prepare and develop the document, so as to ensure its authenticity and retain the imprints of Unani theories. Standard classical books of Unani Medicine such as *Kitāb al-Hāwī fi'l-Tibb* by Muhammad b. Zakariyya Rāzī (d. 926 AD), *al-Mu'ālajāt al-Buqrātiyya* by Abū Hasan Ahmad b. Muhammad Tabarī (d. 985 AD), *Kāmil al-Sanā'a al-Tibbiyya* by 'Alī b. 'Abbās Majūsī (d. 994 AD), *Ghinā Munā* by Abū Mansūr al-Hasan Qamrī (d. 999 AD), *al-Qānūn fi'l-Tibb* by Ibn Sinā (d. 1037 AD), *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* by Ibn Zuhr (d. 1162 AD), *Kitāb al-Mukhtārāt fi'l-Tibb* by Ibn Hubal (d. 1213 AD), *Sharah al-Asbāb wa-al-'Alāmāt* by Nafīs b. 'Iwaz (d. 1439 AD), *Hudūd al-Amrāz* by M. Akbar Arzānī (d. 1721 AD), *Iksīr-i A'zam* and *Rumūz-i A'zam* by Muhammad A'zam Khān (d. 1902 AD), *Makhzan al-Jawāhir* by Ghulām Jilānī (d. 1985 AD), etc. have been primarily referred to in the compilation of this volume. These references encompass not only the inputs of authors, but reflect the research work on therapeutic guidelines followed during the Greek, Roman, Arabian, Persian and Indian periods. These references are provided for further reading after the description of each disease. The dosage of single drugs in many cases have not been mentioned as there may be variations from patient to patient and in different age groups. Though this document has been prepared especially for the physicians, I hope it will

be equally appreciated by the teachers and the students of Unani System of Medicine as well. I expect that the book will be used by researchers, academicians and scholars of Unani Medicine as a reference document.

All possible efforts have been made to ensure correctness of the contents. However, if any inadvertent error occurs in the contents, the corrective measures shall be taken up once such errors are brought to notice.

Dr. Mohammad Fazil

In-charge

HAKILHRIUM, New Delhi

***Sudā' Shirkī Mi'dī* (Referred Headache)**

Introduction:

- ❖ It is a condition in which headache occurs due to gastric involvement.¹
- ❖ It is caused by *Sū'-i Mizāj Mufrad Mi'da* (Simple morbid temperament of the stomach),¹ *Imtilā'-i Akhlāt* (Accumulation of humours)^{1,2,3} or *Rīh* (Gas) in the stomach and *Zu'f-i Mi'da* (Gastric debility).⁴
- ❖ It is characterized by headache starting from frontal region.³ It is accompanied with or preceded by nausea, anorexia, indigestion, flatulence, gastric pain, etc. depending upon the causative factor.
^{3,4} The severity of pain decreases after vomiting in case of *Imtilā'-i Akhlāt* and it may increase and decrease in case of *Rīh*.⁴

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Ta'dīl-i Sū'-i Mizāj* (Correction of morbid temperament)⁴
- ❖ *Tanqiya-i Mi'da* (Evacuation of stomach)²
- ❖ *Tahlīl-i Riyāh* (Resolution of gases)⁴
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)⁴
- ❖ *Taqwiyat-i Dimāgh* (To tone-up the brain)²

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Mā' al-'Asl* in case of phlegm being the causative factor.²
- ❖ Oral administration of *Joshānda-i Aftīmūn* in case of predominance of black bile as causative factor.⁵

- ❖ Oral administration of *Kishnīz Khushk* (*Coriandrum sativum* Linn.) mixed with sugar after meal for gaseous collection.²
- ❖ Oral administration of *Shīra-i Tukhm-i Kasūs* (Seed of *Cuscuta reflexa* Roxb.) and *Shīra-i Bādiyān* (*Foeniculum vulgare* Mill.) along with *Gulqand*.⁴
- ❖ Oral administration of powdered *Mastagī* (*Pistacia lentiscus* Linn.) along with *Gulqand*.^{2,4}
- ❖ Oral administration of *Rubb* (Dry extract) of *Bihūdāna* (*Cydonia oblonga* Linn.)/ *Anār* (*Punica granatum* Linn.)/ *Ghawra* (Unripe grape) for *Taskīn-i Harārat* (Normalization of heat) and *Taqwiyat-i Mi'da*.⁴
- ❖ Local Application of *Roghan-i Gul*² or *Roghan-i Banfsha* or *Roghan-i Nīlofar*⁵ on scalp.

Compound drugs:

<i>Ayārij-i Fayqra</i> ²	3-5 gm. with <i>Itrifal Saghīr</i> 7 gm.
<i>Habb-i Sibr</i> ²	4.5 gm. with lukewarm water at bedtime for 3 days
<i>Itrifal Zamānī</i> ⁶	5-9 gm. at bedtime
<i>Itrifal Kishnīzī</i> ⁶	9-20 gm. with ' <i>Arq-i Bādiyān</i>
<i>Itrifal-i Ustūkhudūs</i> ⁶	7-12 gm. with water in the morning and at bedtime
<i>Jawārish Kamūnī</i> ⁶	10 -15 gm.
<i>Jawārish-i Pudīna</i> ⁴	5-10 gm.
<i>Jawārish Jālīnūs</i> ⁶	7-12 gm.
<i>Jawārish-i Tabāshīr</i> ⁶	5-7 gm in the morning
<i>Murabba-i Halayla</i> ⁶	1-2 washed pieces at bedtime

'Ilāj bi'l-Tadbīr (Regimenal Therapy):

- ❖ *Qay'* (Emesis)²
- ❖ *Ishāl* (Purgation)^{2,4}
- ❖ *Natūl* (Irrigation) with lukewarm water on head.²
- ❖ *Dalk* (Massage) on extremities.^{2,5}
- ❖ *Hammām Mu'tadil*²

Dietary recommendations:

- ❖ *Mā' al-Sha'ir* with *Sikanjabīn*⁵ (In case of yellow bile being the causative factor)
- ❖ *Aghziya Latifa*²
- ❖ *Aghziya Mahmūda*²
- ❖ *Aghziya Qābiza*³
- ❖ *Aghziya Hāmiza*^{3,4}
- ❖ *Aghziya Murattiba*⁵ (In case of black bile being the causative factor)

Dietary restrictions:

- ❖ *Aghziya Ghalīza*²
- ❖ Fried and sweet dishes⁵ (In case of yellow bile being the causative factor)

Tahaffuz (Prevention/Precaution):

- ❖ Always take meal on time.²
- ❖ Avoid alcohol.²
- ❖ Avoid NSAIDs, tobacco chewing and smoking

Investigations:

- ❖ Endoscopy

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Sudā' Shamsī

Introduction:

- ❖ It is a condition in which *Sudā' Hār Sāda* (Simple headache) occurs due to heat.^{1,2,3}
- ❖ It is caused by *Sū'-i Mizāj Hār Sāda* (Simple hot morbid temperament) resulting from prolonged exposure to sun.^{1,2,3}
- ❖ It is characterized by headache associated with dry mouth and nostrils and excessive thirst. The patient gets relief on application of cold items on the head and inhalation with aromas having cold temperament.^{1,2,3,4}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tabrīd* (Cooling)^{1,2,4}
- ❖ *Tartīb* (Humidification)^{1,2,4}
- ❖ *Taskīn-i Alam* (Analgesia)^{1,2,4}

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Lu'āb* of following drugs with *Sharbat-i Nīlofar*/ Sugar 24 gm.⁵:
Bihīdāna (Seed of *Cydonia oblonga* Mill.), *Tukhm-i Kāhū Muqashshar* (Dehusked seed of *Lactuca sativa* Linn.), *Maghz-i Tukhm-i Tarbūz* (Seed kernel of *Citrullus vulgaris* Schrad.)
- ❖ Oral administration of mucilage of seed of *Plantago ovata* Forsk. 4 gm. obtained in *Āb-i Anār Tursh* 84 ml.⁴
- ❖ Inhalation of *Sandal* (*Santalum album* Linn.), camphor and rose water.⁴

- ❖ Local application of paste of *Nīlofar* (*Nymphaea lotus* Linn.), fresh coriander, *Gul-i Banafsha* (Flower of *Viola odorata* Linn.), *Post-i Khashkhāsh* (Rind of *Papaver somniferum* Linn.) and rose water.⁵
- ❖ Local application of paste of *Ārd-i Jaw* (Flour of seed of *Hordeum vulgare* Linn.), *Gul-i Khatmī* (Flower of *Althaea officinalis* Linn.), *Gul-i Banafsha* (Flower of *Viola odorata* Linn.), *Nīlofar* (*Nymphaea lotus* Linn.), rose water, vinegar and *Roghan-i Gul* on the forehead.⁵
- ❖ Local application of cotton soaked in '*Arq-i Gulāb*, vinegar and *Roghan-i Gul* on anterior fontanelle.⁵
- ❖ Snuffing of milk mixed with *Roghan-i Gul* and *Roghan-i Banafsha* after cooling with ice.¹
- ❖ Local application of *Roghan-i Kadū*/*Roghan-i Banafsha*/*Roghan-i Nīlofar* after cooling with ice on head.¹

Compound Drugs:

<i>Sharbat-i Banafsha</i> ⁶	24 ml. with water in the morning
<i>Sharbat-i Nīlofar</i> ^{4,6}	24 ml. with water in the morning
<i>Sharbat-i Fālsa</i> ⁶	24 ml. with water
<i>Roghan-i Gul</i> ⁴	Local application
<i>Roghan-i Kadū</i> ⁴	Local application

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Warīd-i Jabha* (Bloodletting through mandibular vein)¹
- ❖ Massage of feet¹
- ❖ *Hijāma* (Cupping) on nape of neck.¹

Dietary Recommendations:

- ❖ *Aghziya Latīfa*⁵
- ❖ *Mā al-Sha’ir*⁵
- ❖ Reduce the quantity of food intake¹

Tahaffuz (Prevention/Precaution):

- ❖ *Avoid exposure to sun in hot weather.*

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Duwār (Vertigo)

Introduction:

- ❖ It is a condition in which the patient feels that surrounding objects are spinning.¹ It is also accompanied with the sensation of spinning of body and brain along with the objects.²
- ❖ It is caused by heating of abnormally accumulated *Khām Ghalīz Mawād* (Immature concentrated matter) in the brain producing thick gases thereby stimulating *Rūh Nafsāniyya* (Psychic pneuma).³
- ❖ It is characterized by sensation of spinning of head and objects, darkness in front of eyes,⁴ heaviness of head and tinnitus.⁵ These symptoms appear while standing and the patient falls down due to imbalance.⁵

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqiya-i Dimāgh* (Evacuation of morbid matter from brain)³
- ❖ *Tanqiya-i Mi'da* (Cleansing of stomach)²
- ❖ *Tahlīl-i Riyāh* (Resolution of gases)²
- ❖ *Taltif-i Ghizā* (Dietary modulation)⁶
- ❖ *Taqwiyat-i Dimāgh* (To tone-up the brain)⁶

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Aftīmūn* in case of predominance of black bile.⁶
- ❖ Oral administration of *Shīra* prepared with *Bādām* (*Prunus amygdalus* Baill.) 5 pieces, *Khashkhāsh* (Seed of *Papaver somniferum* Linn.) 9 gm.,

Kishnīz (*Coriandrum sativum* Linn.) 9 gm. mixed with 36 gm. of sugar and sprinkled with 7 gm. of *Tukhm-i Faranjmushk* (Seed of *Ocimum basilicum* Linn.).⁶

- ❖ Oral administration of concoction prepared with *Āmla* (*Phyllanthus emblica* Linn.), *Halayla* (*Terminalia chebula* Retz.), *Balayla* (*Terminalia bellerica* (Gaertn.) Roxb.) and *Kishnīz* (*Coriandrum sativum* Linn.).⁶
- ❖ Oral administration of concoction prepared with *Āmla* (*Phyllanthus emblica* Linn.) 10.5 gm., *Kishnīz* (*Coriandrum sativum* Linn.) 10.5 gm. and *Nīlofar* (*Nymphaea lotus* Linn.) 31.5 gm. and mixed with 21 gm. of sugar.⁶

Compound drugs:

<i>Ayārij-i Fayqra</i> ⁶	3-5 gm.
<i>Habb-i Qawqāya</i> ⁶	4.5 gm. with lukewarm water at bed time
<i>Murabba-i Āmla</i> ⁶	As directed by physician
<i>Murabba-i Seb</i> ⁶	As directed by physician
<i>Itrīfal Kishnīzi</i> ⁵	9-24 gm. at bed time
<i>Itrīfal-i Aftīmun</i> ⁵	9 gm.
<i>Anūshdārū Lūluwī</i> ⁵	7 gm.
<i>Jawārish-i Tabāshīr</i> ⁵	5-7 gm with 'Arq-i Gāozabān
<i>Khamīra-i Marwārīd</i> ⁵	3-5 gm.
<i>Mā' al-Lahm</i> ⁶	108 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Qīfāl* (Bloodletting through cephalic vein)⁴
- ❖ *Fasd-i Urūq-i Khalf al-Uzn* (Bloodletting through veins situated behind the ears)⁴
- ❖ *Hijāma* (Cupping) on the nape of neck and calf muscles.⁴
- ❖ *Ta'tīs* (To induce sneezing)⁴
- ❖ *Qay'* (Emesis) in case of gastric involvement⁴

Dietary recommendations:

- ❖ *Aghziya Latīfa*⁶
- ❖ *Aghziya Musakhkhina* in case of predominance of *Burūdat* (Cold)⁶

Dietary restrictions:

- ❖ *Aghziya Mubakhkhira*⁶

Investigations:

- ❖ Complete Blood Count
- ❖ X-ray Cervical Spine

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Mālankhūliyā (Melancholia)

Introduction:

- ❖ It is the derangement of imagination and thinking .¹
- ❖ It is caused by accumulation of *Sawdā* (Black bile) in the brain, *Marāq* (Hypochondrium) or any part of the body.²
- ❖ It is characterized by unexplained fear, hyperirritability, confusion, negative thoughts, sadness, delirium, hallucination, absent mindedness, palpitation, vertigo, restlessness¹ and insomnia.³

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqīya* (Evacuation of morbid matter)¹
- ❖ *Tafrīh-i Taba'* (Exhilaration)²
- ❖ *Tarwīh* (To strengthen pneuma)⁴
- ❖ *Tanwīm* (To induce sleep)^{1,5}
- ❖ *Tartīb-i Dimāgh o Badan* (To produce moistness in the brain and the body)¹
- ❖ *Taqwiyat-i Qalb* (To tone-up the heart)⁵

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Aftīmūn*.²
- ❖ Oral administration of *Aftīmūn* (*Cuscuta reflexa* Roxb.) along with goat milk and sugar.³
- ❖ Oral administration of *Bādranjboya* (*Nepeta ruderalis* Ham.) with sugar.³
- ❖ Oral administration of decoction of *Ustūkhūdūs* (*Lavandula stoechas* Linn.).³

- ❖ Oral administration of *Murabba-i Āmla* washed and wrapped in silver foil followed by administration of *Shīra* prepared with *Maghz-i Tarbūz* (Seed kernel of *Citrullus lanatus* Thunb.) 12 gm. and *Tukhm-i Kāhū* (Seed of *Lactuca sativa* Linn.) 12 gm. in 'Arq-i Gulāb 48 ml. and 'Arq-i Shāhtra 280 ml.³
- ❖ Oral administration of decoction of *Aftīmūn* (*Cuscuta reflexa* Roxb.) 35 gm., *Halayla Kābulī* (*Terminalia chebula* Retz.) 35 gm., *Ustūkhūdūs* (*Lavandula stoechas* Linn.) 35 gm., *Mawīz Munaqqā* (*Vitis vinefera* Linn.) 35 gm., *Bisfā'ij* (*Polypodium vulgare* Linn.) 17.5 gm., half crushed *Turbud* (*Ipomoea turpethum* R. Br.) 14 gm., *Sanā Makkī* (*Cassia angustifolia* Vahl.) 24.5 gm. prepared in 2.32 litre of water.³

Compound drugs:

<i>Ma'jūn-i Najāh</i> ²	5-10 gm.
<i>Ma'jūn Mufarrīh</i> ²	9-11 gm.
<i>Itrīfal Saghīr</i> ²	12 gm. at bed time
<i>Itrīfal-i Aftīmūn</i> ²	9 gm.
<i>Itrīfal Zamānī</i> ³	5-9 gm.
<i>Habb-i Aftīmūn</i> ²	5-9 gm.
<i>Tiryāq-i Zahab</i> ³	4.5 gm.
<i>Habb-i Lājward</i> ³	10.5 gm. with <i>Mā' al-Jubn</i>
<i>Khamīra-i Khashkhāsh</i> ³	7-12 gm. in the morning
<i>Khamīra-i Gāozabān 'Ambarī</i> ³	3-7 gm. in the morning
<i>Khamīra-i Gāozabān</i> ³	12 gm. in the morning
<i>Dawā al-Misk</i> ³	7 gm. in the morning
<i>Sikanjabīn Aftīmūnī</i> ³	12-24 ml. with <i>Mā' al-Jubn</i>
<i>Sharbat-i Khashkhāsh</i> ⁴	24 ml.
<i>Sharbat-i Aftīmūn</i> ³	24 ml. with <i>Mā' al-Jubn</i>
<i>Sharbat-i Ābresham</i> ³	24-48 ml.
<i>Mufarrīh Yāqūtī</i> ³	4.5-9 gm.
<i>Roghan-i Banafsha</i> ³	Local application on scalp

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath)¹
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)²
- ❖ *Fasd-i Akhal* (Bloodletting through median cephalic vein)²

Dietary recommendations:

- ❖ *Aghziya Mubarrida*^{1,5}
- ❖ *Aghziya Muwallid-i Dam*^{1,5}
- ❖ *Mā' al-Sha'īr*^{4,5}
- ❖ *Mā' al-Jubn*^{1,5}
- ❖ Sweet dishes^{1,5}

Dietary restrictions:

- ❖ *Aghziya Māliha*^{1,5}
- ❖ *Aghziya Hirrīfa*^{1,5}
- ❖ *Aghziya Hāmiza*^{1,5}
- ❖ *Aghziya Muwallid-i Sawdā*^{2,5}
- ❖ Lentil, horse bean, cabbage, salted meat, beef and mutton²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid excessive sexual indulgence.¹
- ❖ Avoid excessive perspiration.¹

Investigations:

- ❖ Computed Tomography of head
- ❖ Magnetic Resonance Imaging of head

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Waram-i Tajāwīf-i Anf Muzmin (Chronic Sinusitis)

Introduction:

- ❖ It is a condition which resembles *Nazla o Zukām Bārid* as described in Unani classical literature.
- ❖ It is caused by *Sū'-i Mizāj Bārid* (Cold morbid temperament) of brain as a result of various external factors e.g. exposure to cold water, cold air, etc.^{1,2} It may also be caused by collection of *Khilt 'Afin* (Putrified matter) in and around the olfactory organs.³ The predisposing factors include cold season, cold temperament of individual and old age.^{1,2}
- ❖ It is characterized by *Tamaddud* (Heaviness) of face, forehead and head, nasal discharge,^{1,2,3} *Sudda-i Anf* (Nasal obstruction),^{4,5} *Nazla Halaqī* (Post nasal drip), *Ghunna* (Nasal voice), *Nuqsān o Butlān-i Hiss-i Shamm* (Hyposmia/ Anosmia), *Daghdagha* (Irritation), diminished taste and cough.^{1,2,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskhīn-i Rās* (To warm the head)^{1,2}
- ❖ *Nuzj-i Mawād* (To make the causative matter suitable for evacuation)^{1,2}
- ❖ *Tanqīya-i Mawād* (To remove the causative matter)²
- ❖ *Taftīl-i Sudda* (To remove the obstruction)^{1,2}
- ❖ *Taqwiyat-i Dimāgh* (To tone-up the brain)^{2,4}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Takmīd Hār* with *Sabūs* (Wheat husk) tied in cloth.²
- ❖ *Takmīd Hār* with common salt and *Jāwras* (*Pennissetum glaucum* R. Br.).²
- ❖ Local application of paste of *Khardal* (Seed of *Brassica nigra* Linn.) and *Qust* (*Saussurea lappa* Clarke.) on forehead and head.²
- ❖ *Inkibāb* (Steaming) of head with turnip and *Bābūna* (*Matricaria chamomilla* Linn.).²
- ❖ Oral administration of decoction of *Asl al-Sūs* (*Glycyrrhiza glabra* Linn.) 7 gm., *Gāozabān* (*Borago officinalis* Linn.) 7 gm., *Parsi-yāoshān* (*Adiantum capillus-veneris* Linn. & Bedd.) 7 gm., *Mako* (*Solanum nigrum* Linn.) 9 gm., *Banafsha* (*Viola odorata* Linn.) 9 gm. and 'Unnāb (*Zizyphus vulgaris* Lamk.) 7 pieces with *Khamīra-i Banafsha* 48 gm.²
- ❖ Oral administration of powder of *Shonīz* (Seed of *Nigella sativa* Linn.) 1 gm., *Zarabād* (*Curcuma zedoaria* (Christm.) Roscoe.) 1 gm., *Bishāsa* (Aril of *Myristica fragrans* Houtt.) mixed with 24 ml. of honey.²
- ❖ Oral administration of powder of *Tukhm-i Bādranjboya* (Seed of *Nepeta ruderalis* Ham.) 1.5 gm. and *Ustūkhūdūs* (*Lavandula steochas* Linn.) 2 gm. mixed with 12 ml. of honey.²
- ❖ Oral administration of powder of *Tukhm-i Alsī Biryān* (Roasted seed of *Linum usitatissimum* Linn.) mixed with honey and small amount of *Filfil* (*Piper nigrum* Linn.).⁵
- ❖ Oral administration of powder of *Kundur* (*Boswellia serrata* Roxb.) mixed with purified honey.⁵
- ❖ Instillation with the combination of 3.5 gm. of powdered *Ustūkhūdūs* (*Lavandula steochas* Linn.) and suitable quantity of honey.⁶
- ❖ Chewing of almond, sugar and pine nuts.²
- ❖ Oral administration of *Harīra* prepared with wheat husk and almond oil.²
- ❖ *Bakhūr* (Fumigation) with *Shonīz* (Seed of *Nigella sativa* Linn.).²
- ❖ *Bakhūr* (Fumigation) with *Qust* (*Saussurea lappa* Clarke.).²
- ❖ Inhalation with *Shonīz* (Seed of *Nigella sativa* Linn.).²

- ❖ Inhalation with *Qust* (*Saussurea lappa* Clarke).²
- ❖ Instillation of nasal drops prepared with *Shonīz Biryān* (Roasted seed of *Nigella sativa* Linn.) soaked in vinegar and mixed with olive oil.²

Compound drugs:

<i>Habb-i Ayārij</i> ²	3-9 gm. with lukewarm water at bed time
<i>Sharbat-i Ustūkhūdūs</i> ²	24-48 ml.
<i>Sharbat-i Zūfā</i> ²	24 ml.
<i>Ma'jūn-i Falāsifa</i> ²	7 gm.
<i>Itrīfal-i Ustūkhūdūs</i> ⁴	Up to 12 gm. at bed time
<i>Itrīfal Zamānī</i> ⁴	7 gm. at bed time
<i>Itrīfal Mulayyin</i> ²	4.5-13.5 gm. at bed time
<i>Itrīfal Muqawwī-i Dimāgh</i> ²	12 gm. in the morning on empty stomach
<i>Roghan-i Banafsha</i> ²	Instillation and local application on chest
<i>Qayrūtī Hār</i> ²	Local application on chest

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Takmīd* with warm cloth.²
- ❖ To induce sneezing²
- ❖ *Daghdagha* (To produce irritation) in the nostrils²
- ❖ Intake of lukewarm water²

Dietary recommendations:

- ❖ *Mā' al-'Asl*²
- ❖ *Mā' al-Sha'īr*²
- ❖ *Aghziya Latīfa*²
- ❖ *Aghziya Musakhkhina*²

Dietary restrictions:

- ❖ Excessive food intake¹
- ❖ *Aghziya Bārīda*¹
- ❖ Oily food²
- ❖ Heavy food²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid sleeping in the day time and intake of cold water.¹
- ❖ Avoid exposure to cold.¹
- ❖ *Avoid smoking.*

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ X-ray Paranasal Sinuses

References

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Ru'āf (Epistaxis)

Introduction:

- ❖ It is a condition in which bleeding occurs from nose.^{1,2}
- ❖ It is caused by nasal polyp, *Busūr-i Anf* (Nasal pustules), rupture of vessels due to *Shiddat-i Imtilā'* (Extreme congestion), *Hiddat-i Dam* (Increased heat of sanguine) due to *Ghalba-i Safrā'* (Predominance of yellow bile) and trauma. It may also occur as a result of *Buhrān-i Amrāz Hādda* (Crisis of acute diseases).¹
- ❖ It is characterized by bleeding per nose. In case of *Shiddat-i Imtilā'*, it is preceded by headache and redness of face and eyes. Other clinical features will be according to causative factors.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taskīn* (Neutralization of causative humour)²
- ❖ *Tabrīd* (To produce cold)²
- ❖ *Taksīf-i Dam* (To make the consistency of sanguine thicker)²
- ❖ *Habs-i Dam* (To stop bleeding)¹ but not in case of *Buhrān* (Crisis) until the patient's condition deteriorates.
- ❖ *Taqlīl-i Ghizā* (To reduce the quantity of food)¹

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Shīra-i Tukhm-i Kāhū* (Seed of *Lactuca sativa* Linn.), *Shīra-i 'Unnāb* (*Zizyphus vulgaris* Lamk.) and *Lu'āb-i Bihīdāna* (Mucilage of seed of *Cydonia oblonga* Mill.) along with *Sharbat-i Nīlofar*.²

- ❖ Oral administration of *Shīra-i Tukhm-i Khurfa* (Seed of *Portulaca oleracea* Linn.) and *Shīra-i Tukhm-i Kāhū* (Seed of *Lactuca sativa* Linn.) with *Katīra* (Gum of *Sterculia urens* Roxb.).²
- ❖ Local application of paste prepared with *Nashāsta* (Starch)/*Gil Armanī* (Armenian Earth) mixed with vinegar on scalp.²
- ❖ Instillation of nasal drop prepared with *Kāfūr* (Camphor) mixed with almond oil.¹
- ❖ Instillation of nasal drop prepared with *Kāfūr* (Camphor) boiled in vinegar.²
- ❖ *Sa'ūt* (Snuff) with *Kāfūr* (Camphor) 32 mg. mixed with 21 gm. of juice of fresh coriander.²

Compound drugs:

<i>Sharbat-i Anjabār</i> ¹	25-50 ml.
<i>Sharbat-i 'Unnāb</i> ³	12-24 ml.
<i>Sharbat-i Nīlofar</i> ²	24 ml.
<i>Sharbat-i Khashkhāsh</i> ¹	12-24 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)²
- ❖ *Fasd-i Qīfāl* (Bloodletting through cephalic vein)³
- ❖ *Hijāma* (Cupping) on nape of the neck⁴
- ❖ Sprinkling of cold water on scalp and extremities.³

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*¹
- ❖ *Mā' al-Jubn*¹
- ❖ *Aghziya Mughalliz-i Dam*³
- ❖ *Aghziya Hāmiza Qābiza*⁵

Dietary restrictions:

- ❖ *Aghziya Muraqqiq-i Dam*⁵

Tahaffuz (Prevention/Precaution):

- ❖ Rigorous physical activities should be avoided.¹

Investigations:

- ❖ Complete Blood Count
- ❖ Platelet count
- ❖ Prothrombin time test
- ❖ Peripheral blood film
- ❖ Bleeding time
- ❖ Clotting time
- ❖ X-ray Paranasal Sinuses (Water's view)

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Fasād-i Shamm (Parosmia)

Introduction:

- ❖ It is defined as the perversion of sense of smell.^{1,2,3}
- ❖ It is caused by *Sū'-i Mizāj* (Morbid temperament) of anterior part of brain, accumulation of varied kind of bad quality humors in the anterior part of brain.¹It is also caused by the presence of decayed matter or putrefied ulcer on the posterior and uppermost part of the nose. Sometimes, it is caused due to trauma of nasal bone or obstruction in the upper most part of nose.^{2,3}
- ❖ It is characterized by the perception of only one kind of smell, good or bad.^{1,2,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqiya-i Mādda* (Evacuation of morbid matter)^{1,3}
- ❖ *Taftīh-i Sudda* (To remove the obstruction)²
- ❖ *Ta'dīl-i Mizāj-i Dimāgh* (To correct the morbid temperament of brain)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Instillation of *Qutūr* (Nasal Drops) prepared after dissolving '*Ambar* (*Ambergris*) in *Āb-i Pudīna* (Juice of fresh *Mentha arvensis* Linn.).³
- ❖ Inhalation of *Mushk* (Musk) in case of perception of only bad odours.^{1,2}
- ❖ Inhalation of *Jundbedastar* (Castorium) in case of perception of only good odours.^{1,2}

- ❖ Instillation of *Qutūr* (Nasal Drops) prepared with *Kalonjī* (*Nigella sativa* Linn.), vinegar and olive oil.²
- ❖ *Nafūkh* (Insufflation) with powder of *Hurmul* (*Peganum harmala* Linn.) and *Filfil Safed* (*Piper nigrum* Linn.).²

Compound drugs:

<i>Roghan-i Bādam Talkh</i> ²	Used as snuff
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‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting) ^{2,3}
- ❖ *Hijāma* (Cupping) on head²

Dietary recommendations:

- ❖ *Aghziya Ghayr Mubakkhira*³

Dietary restrictions:

- ❖ *Aghziya Mubakkhira*³

Investigations:

- ❖ Nasoscopy
- ❖ Magnetic Resonance Imaging of head
- ❖ Odor Stix Test
- ❖ UPSIT (University of Pennsylvania Smell Identification Test)

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Taghayyur-i Lawn-i Asnān (Discoloration of teeth)

Introduction:

- ❖ It is a condition in which teeth get discolored.¹
- ❖ It is caused by *Insibāb-i Mādda Radī* (Pouring of bad quality matter) on teeth.¹
- ❖ It is characterized by abnormal change in the colour of teeth. This new colour resembles the colour of bad quality matter poured on them.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqiya* (Evacuation of bad quality matter)²
- ❖ *Tajliya-i Dandān* (Cleansing of teeth)¹

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ *Mazmaza* (Mouth wash) with *Āb-i 'Inab al-Sa'lab* (Juice of *Solanum nigrum* Linn.) mixed with vinegar (Yellowish discoloration).²
- ❖ *Mazmaza* (Mouth wash) with deseeded *Hanzal* (*Citrullus colocynthis* Schard.) boiled with vinegar (Greenish/blackish discoloration).¹
- ❖ Local application of paste prepared with *Bekh-i Kibr* (Root of *Capparis spinosa* Linn.), *Afsantīn* (*Artemisia absinthium* Linn.), *Aftīmūn* (*Cuscuta reflexa* Roxb.), *Ushna* (*Usnea longissima* Asch.) and *Mastagī* (*Pistacia lentiscus* Linn.) mixed with *Roghan-i Gul* (Greenish/blackish discoloration).²
- ❖ Local application of paste prepared with *Post-i Bekh-i Kibr* (Root

bark of *Capparis spinosa* Linn.) and *Mastagi* (*Pistacia lentiscus* Linn.) mixed with *Roghan-i Gul*.¹

Compound drugs:

<i>Roghan-i Mastagi</i> ² (Chalky white teeth)	Local application on teeth
<i>Sanūn Mujallī</i> ³	Local application on teeth
<i>Sanūn Missī</i> ³	Local application on teeth

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)¹
- ❖ *Hijāma* (Cupping)¹
- ❖ *Ishāl* (Purgation)¹ by drugs specific to causative matter.

Dietary restrictions:

- ❖ Cold drinks (Chalky white teeth)¹

Tahaffuz (Prevention/Precaution):

- ❖ Avoid consumption of cold things (Chalky white teeth).¹

Investigations:

- ❖ Complete Blood Count
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Thyroid profile
- ❖ Liver Function Test
- ❖ Renal Function Test

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 57-58.
2. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, pp. 227-228.
3. Kabīruddin M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 110-111.

Bakhr al-Fam (Halitosis)

Introduction:

- ❖ It is a condition in which bad smell arises from mouth and nose.¹
- ❖ It is caused by '*Afūnat-i Lissa o Asnān* (Infection within gums & teeth), *Sū'-i Mizāj Hār* (Hot morbid temperament) of oral cavity, accumulation of bilious and phlegmatic humours in stomach, '*Afūnat-i Riya* (Lung Infection) and *Qurūh-i Riya* (Lung ulcers).²
- ❖ It is characterized by bad breath and may be accompanied with features related to diseases of gums, teeth, stomach and lungs as per the causative factor.^{1,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Sabab* (To remove the causative factor)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Tanqīya-i Asnān* (Cleaning of teeth) with vinegar and water.⁵
- ❖ Oral administration of fresh *Zard Ālū* (*Prunus armeniaca* Linn.).⁵
- ❖ Oral administration of decanted water of *Tamar Hindī* (*Tamarindus indica* Linn.) and *Shīra-i Zarishk* (*Berberis vulgaris* DC.) with *Sharbat-i Anār Shīrīn* and *Sikanjabīn*.⁴
- ❖ *Mazmaza* (Mouth wash) with *Māzū* (*Quercus infectoria* Oliv.), *Barg-i Ās* (Leaf of *Myrtus communis* Linn.), *Gulnār* (Flower of *Punica granatum* Linn.) boiled in vinegar when gums are involved.⁴
- ❖ *Mazmaza* (Mouth wash) with '*Arq-i Gulāb* mixed with vinegar.⁴
- ❖ *Mazmaza* (Mouth wash) with *Khall al-'Unsul*.⁵

- ❖ Local application of honey.⁴

Compound drugs:

<i>Murabba-i Zanjabil</i> ⁵ (in case of phlegmatic humour in stomach)	12-24 gm.
<i>Murabbā-i Halayla</i> ⁴	1-2 for a longer period of time
<i>Itrīfal Saghīr</i> ⁵ (in case of phlegmatic humour in stomach)	12 gm.at bedtime.

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Qay’* (Emesis)⁵ if the cause is related to stomach.
- ❖ *Ishāl* (Purgation)⁵ if the cause is related to stomach.
- ❖ *Fasd-i Chahār Rag* (Bloodletting through superior and inferior labial veins) if gums are involved.⁴

Dietary recommendations:

- ❖ *Aghziya Latīfa*⁴

Dietary restrictions:

- ❖ Sweet dishes⁴
- ❖ Meat⁴
- ❖ Milk⁴
- ❖ *Aghziya Murattiba*⁴
- ❖ *Aghziya Saqīla*⁴
- ❖ *Aghziya Muwallid-i Balgham*⁴

Tahaffuz (Prevention/Precaution):

- ❖ Oral hygiene to be maintained.⁵
- ❖ *Avoid tobacco chewing.*

Investigations:

- ❖ Complete Blood Count
- ❖ Kidney Function Test
- ❖ Liver Function Test

- ❖ Thyroid Stimulating Hormone
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Ultrasonography-Whole abdomen

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 125-126.
2. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 182-183.
3. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, pp. 209-210.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 21.
5. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 270-272.

Lissa Dāmiya (Bleeding Gums)

Introduction:

- ❖ It is a condition in which gums bleed.¹
- ❖ It is caused by *Zu'f-i Quwwat Ghāziya* (Weakness of nutritive faculty) of gums^{1,2} and *Imtilā'-i Dam* (Congestion of sanguine).³
- ❖ It is characterized by loosening of gums followed by bleeding and other features of predominance of sanguine.⁴

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taslīb-i Lissa/Taqwiyat-i Lissa* (To strengthen the gums)⁴
- ❖ *Taqil-i Ghizā* (Dietary modulation)^{1,3} in case of *Imtilā'-i Dam*

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Application of powder of *Barg-i Ās* (Leaf of *Myrtus communis* Linn.), '*Adas Sokhta* (Burnt seeds of *Lens esculenta* Moench.), *Tabāshīr* (*Bambusa bambus* Druce.), *Sumāq* (*Rhus coriaria* Linn.), *Barg-i Babūl* (Leaf of *Acacia Arabica* Willd.) on gums.¹
- ❖ *Mazmaza* (Mouth wash) with decoction of *Sumāq* (*Rhus coriaria* Linn.) and *Gul Surkh* (Flower of *Rosa damascena* Mill.) prepared in vinegar.⁴
- ❖ *Mazmaza* (Mouth wash) with decoction of *Gulnār* (Flower of *Punica granatum* Linn.).⁴
- ❖ *Mazmaza* (Mouth wash) with decoction of *Masūr* (*Lens esculenta* Moench.).⁴

Compound drugs:

<i>Sanūn-i Chob Chīnī</i> ⁵	Local application on gums
<i>Sanūn Kalān</i> ⁵	Local application on gums
<i>Sanūn-i Supārī</i> ⁵	Local application on gums
<i>Sanūn-i Post-i Mughilān</i> ⁵	Local application on gums

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁴
- ❖ *Fasd-i Chahār Rag* (Bloodletting through superior and inferior labial veins)⁴
- ❖ *Hijāma* (Cupping)⁴

Dietary recommendations:

- ❖ *Aghziya Ghalīza*⁶

Dietary restrictions:

- ❖ Salt⁴
- ❖ Meat⁴
- ❖ Sweet dishes⁴

Investigations:

- ❖ Complete Blood Count
- ❖ Bleeding time and clotting time
- ❖ Plasma ascorbic level
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Liver Function Test
- ❖ X-ray teeth (To rule out dental carries or abcess)

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 134.
2. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 238.

3. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, p. 231.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 65-66.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 109-110.
6. Kāzīm M, 1906, *Aghziya al-Marzā*, Afzal al-Matābī', Delhi, p. 21.

Suqūt al-Lahāt (Uvuloptosis)

Introduction:

- ❖ It is a condition of *Istirkhā'* (Flaccidity) in which there is relaxation and elongation of uvula.^{1,2}
- ❖ It is caused either by *Sū'-i Mizāj Damawī* (Sanguineous morbid temperament) or *Sū'-i Mizāj Balghamī* (Phlegmatic morbid temperament).^{1,2}
- ❖ It is characterized by redness and heat of uvula in case of *Sū'-i Mizāj Damawī* and by excessive drooling in case of *Sū'-i Mizāj Balghamī*. Sometimes uvula become so elongated that it causes dysphagia. This condition may occur with or without fever.^{2,3,4}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqīya-i Mādda* (Evacuation of morbid matter)^{1,2,3}
- ❖ *Tahlīl-i Mādda* (Resolution of matter)^{1,2}
- ❖ *Tajfīf-i Rutūbat* (Desiccation) in case of *Sū'-i Mizāj Balghamī*¹
- ❖ *Inqibāz* (To induce constriction) in case of *Sū'-i Mizāj Balghamī*^{1,2}
- ❖ *Talyīn-i Tabī'at* (Laxation) in case of *Sū'-i Mizāj Damawī*⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Joshānda-i Fawākih*.⁴
- ❖ *Ghargharah* (Gargle) with *Āb-i Mako* (Juice of fresh *Solanum nigrum* Linn.) and *Āb-i Kishnūz Sabz* (Juice of fresh *Coriandrum sativum* Linn.) in case of *Sū'-i Mizāj Damawī*.¹

- ❖ *Ghargharah* (Gargle) with decoction of *Gulnār* (Flower of *Punica granatum* Linn.), *Mūrad* (*Myrtus communis* Linn.), *Gul Surkh* (Flower of *Rosa damascena* Mill.), *Sumāq* (*Rhus coriaria* Linn.).⁴
- ❖ *Ghargharah* (Gargle) with a combination of *Mā' al-Rummān* (Juice of *Punica granatum* Linn.), *Shibb* (Alum), *Gil Armani* (Armenian earth), *Zar-i Ward* (Stamen of *Rosa damascena* Mill.).³
- ❖ *Nafūkh* (Insufflation) with combination of *Phitkirī* (Alum), burnt horn of Staghorn and *Nawshādar* (Ammonium chloride) on uvula in case of *Sū'-i Mizāj Balghamī*.¹
- ❖ Local application of flour of *Māsh* (*Vigna mungo* Linn.) and powders of *Gil Armani* (Armenian earth), *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.) and *Katīra* (Gum of *Sterculia urens* Roxb.) on head after mixing them with egg's white in case of *Sū'-i Mizāj Balghamī*.⁴

Compound drugs:

<i>Rubb-i Tūt</i> ⁴	Orally
<i>Habb-i Ayārij</i> ^{4,5}	3-9 gm. with lukewarm water at bed time.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Qifāl* (Bloodletting through cephalic vein) in case of *Sū'-i Mizāj Damawī* ^{3,4}
- ❖ *Hijāma bi'l-Shart* (Wet Cupping) on nape of neck and below chin in case of *Sū'-i Mizāj Damawī* ^{3,4}

Dietary recommendations:

- ❖ Use of diets having hot temperament.

Dietary restrictions:

- ❖ Avoid diets having cold temperament.

Tahaffuz (Prevention/Precaution):

- ❖ Maintain oral hygiene.

Investigation:

- ❖ Complete Blood Count

References

1. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 240.
2. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, p. 312.
3. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 183-185.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 96-98.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 38.

Buhha al-Sawt (Hoarseness of voice)

Introduction:

- ❖ It is a condition in which the voice becomes husky.¹
- ❖ It is caused by *Nazla Hār*, *Sū'-i Mizāj Hār Sāda/Bārid Sāda/Ratab Sāda/Yābis Sāda* (Simple hot/simple cold/simple wet/simple dry morbid temperament) of larynx and trachea, air pollution, excessive and prolonged shouting and diseases of neighboring organs of larynx.¹
- ❖ It is characterized by hoarseness of voice, feeling of roughness and irritation in throat (in case of *Nazla Hār*), fever (in case of *Sū'-i Mizāj Hār*), cough with expectoration (in case of *Sū'-i Mizāj Bārid*) and heaviness in throat (in case of *Sū'-i Mizāj Ratab*).²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Nazla* (To treat the catarrh)²
- ❖ *Ta'dīl-i Mizāj* (To normalize the temperament)²
- ❖ *Tartīb* (To produce wetness)² in case of air pollution and *Sū'-i Mizāj Yābis*
- ❖ *Talyīn-i Halaq* (Soothing of throat)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of decoction of *Zanjabīl (Zingiber officinale Roscoe.)* 9.5 gm. mixed with jaggery 17.5 gm. in morning.¹
- ❖ Oral administration of decoction of *Sapīstān (Cordia latifolia Linn.)* 9.5 gm., *Khatmī (Althea officinalis Linn.)* 9.5 gm. and *Khubbāzī (Malva sylvestris Linn.)* 9.5 gm. mixed with sugar 10 gm.¹

- ❖ Oral administration of decoction of *Tukhm-i Khatmī* (Seed of *Althea officinalis* Linn.) 4 gm., *Asl al-Sūs* (*Glycyrrhiza glabra* Linn.) 4 gm. and *'Unnāb* (*Zizyphus jujuba* Mill & Lamk.) 5 pieces mixed with sugar 12 gm.¹
- ❖ Oral administration of lukewarm *Lu'āb-i Aspghol* (*Plantago ovata* Frosk.) mixed with sugar in case of *Sū'-i Mizāj Yābis*.⁴
- ❖ Oral administration of *Lu'āb-i Aspghol* (*Plantago ovata* Frosk.) and *Lu'āb-i Behidāna* (*Cydonia oblonga* Mill.) with *Sharbat-i Banafsha*.⁵
- ❖ Oral administration of *Hiltit* (*Asafoetida*) with lukewarm water.⁵
- ❖ Mastication of *Khulanjān* (*Alpinia galanga* Willd.) in case of *Nazla* and *Sū'-i Mizāj Ratab*.⁵
- ❖ Mastication of *Kabāb Chīnī* (*Piper cubeba* Linn.).⁵
- ❖ *Gharghara* (Gargle) with decoction of *Anīsūn* (Seed of *Pimpinella anisum* Linn.), *Īrsā* (*Iris ensata* Thunb.) and *Bādiyān* (*Foeniculum vulgare* Gaertn.) mixed with honey.⁴

Compound drugs:

<i>Sharbat-i Khashkhāsh</i> ² (in case of <i>Nazla Hār</i>)	12-24 ml.
<i>Sharbat Faryādras</i> ¹	12-24 ml.
<i>Sharbat-i Tūt Siyāh</i> ⁶	24 ml. in the morning with water
<i>La'ūq-i Katān</i> ¹	6-12 gm.
<i>La'ūq-i Sapistān</i> ¹	7 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath)³ if the cause is excessive shouting

Dietary recommendations:

- ❖ *Mā' al-Sha'īr* with almond oil⁷ if the cause is excessive shouting
- ❖ *Aghziya Mugharriyya*³ in case of dryness

Dietary restrictions:

- ❖ *Aghziya Māliha*³
- ❖ *Aghziya Hāmiza*³

❖ *Aghziya Hirrifa*³

Tahaffuz (Prevention/Precaution):

❖ Avoid consumption of alcohol.³

Investigations:

- ❖ Laryngoscopy (To rule out singer's nodules, laryngitis, foreign body)
- ❖ Complete Blood Count with Erythrocyte Sedimentation Rate
- ❖ Montoux test
- ❖ X-ray Chest
- ❖ Computed Tomography (CT Scan)
- ❖ Magnetic Resonance Imaging (MRI)
- ❖ Thyroid profile

References

1. Khān M A, 1906, *Iksir-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 114-119.
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3. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 344-345.
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7. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 193-195.

Nafs al-Dam (Haemoptysis)

Introduction:

- ❖ It is a condition in which fresh blood comes through mouth while clearing the nose or throat or during coughing. The bleeding may occur from throat, mouth, uvula, trachea, lungs (especially) or chest.¹
- ❖ It is caused by *Imtilā'* (Congestion), rupture of blood vessels, injury, trauma, corrosion and infection of the affected organ.² *The most important cause is pulmonary tuberculosis.*
- ❖ It is characterized by bleeding through mouth with the related features of affected organ. In case of involvement of lungs blood comes out with cough.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Habs-i Dam* (To check bleeding)²
- ❖ *Imāla* (Diversion of matter)²
- ❖ *Ta'dīl-i Mizāj* (Correction of morbid temperament)²
- ❖ *Taskīn* (Physical & psychic Rest)²
- ❖ *Tabrīd* (To produce cold in the body)²
- ❖ *Indimāl* (To promote healing)²
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)³ in case of *Imtilā'*

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Shīra-i 'Unnāb* (*Zizyphus jujuba* Mill. & Lamk.), *Lu'āb-i Bihīdāna* (*Cydonia oblonga* Mill.), *Shīra-i Maghẓ-i Tarbūz* (Seed

kernel of *Citrullus lanatus* Thunb.), *Post-i Bekh-i Anjbār* (*Polygonum bestorata* Linn.), *Shīra-i Khurfa* (*Portulaca oleracea* Linn.) with *Sharbat-i Habb al-Ās* sprinkled with *Bārtang* (Seed of *Plantago major* Linn.).³

- ❖ Oral administration of powder of *Dam al-Akhwayn* (*Pterocarpus marsupium* Roxb.) and *Samagh 'Arabī* (Gum of *Acacia arabica* Willd.) with *Sharbat-i Khashkhāsh*.³
- ❖ Oral administration of *Āb Āhan Tāb* (Water treated with hot iron rod).³

Compound drugs:

<i>Qurs-i Kahrubā</i> ³	3-5 gm.
<i>Qurs-i Gulnār</i> ³	5-7 gm.
<i>Sharbat-i Anjbār</i> ³	24 ml. in morning with water
<i>La'ūq Bārid</i> ³	4.5 gm.
<i>Khamīra-i Khashkhāsh</i> ⁴	12 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Qifāl* (Bloodletting through cephalic vein)⁵ when source of bleeding is throat.
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁵ when source of bleeding is in lungs and thorax and in case of *Imtilā'*.
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)³
- ❖ *Hijāma-i Sāqayn* (Cupping on calf muscles)³

Dietary recommendations:

- ❖ *Aghziya Mugharriyya*³
- ❖ *Mā' al-Sha'īr*³
- ❖ *Aghziya Qābiza*⁶

Dietary restrictions:

- ❖ *Aghziya Musakhkhina*³
- ❖ *Aghziya Hirrīfa*³
- ❖ Salty dishes³
- ❖ Sweet dishes³

Tahaffuz (Prevention/Precaution):

- ❖ Restrict physical and mental exertion.³
- ❖ Avoid excessive sexual indulgence.³
- ❖ Avoid alcohol consumption.³

Investigations:

- ❖ Complete Blood Count
- ❖ Bleeding time
- ❖ Clotting time
- ❖ Sputum examination
- ❖ X-ray Chest
- ❖ Bronchoscopy
- ❖ Electrocardiogram
- ❖ Echocardiogram

References

1. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 204-207.
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Zāt al-Janb (Pleurisy)

Introduction:

- ❖ It is a condition in which inflammation occurs in covering of lungs, inner muscles of thoracic cavity and diaphragm.¹
- ❖ It is caused by *Safṛā'* (Yellow bile) and *Dam Safṛāwī* (Bilious sanguine).¹
- ❖ It is characterized by dry cough, dyspnoea, high grade fever, piercing pain² and *Nabz Minshārī* (Pulsus serratus).¹

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqīya* (Evacuation)³
- ❖ *Tahlīl* (Resolution)³
- ❖ *Tatfiya* (To extinguish the abnormal heat)³
- ❖ *Taltīf* (Rarefaction)³
- ❖ *Talyīn* (Laxation)³
- ❖ *Taskīn-i Su'āl o Waja'* (To ease cough & pain)³
- ❖ *Tartīb* (To produce wetness)³
- ❖ *Taqwiyat* (To strengthen the body)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Mā' al-Fawākih*.³
- ❖ Oral administration of *Mā' al-'Asl*.³
- ❖ Oral administration of decoction of '*Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Sapistān* (*Cordia latifolia* Linn.), *Khatmī* (*Althaea officinalis*

Linn.), *Khubāzī* (*Malva sylvestris* Linn.), *Asl al-Sūs* (*Glycyrrhiza glabra* Linn.) and *Khayārayn* (*Cucumis sativus* Linn.) with *Sharbat-i 'Unnāb*.³

- ❖ Oral administration of decoction of *'Unnāb* (*Zizyphus jujuba*, Mill & Lamk.), *Anjīr* (*Ficus carica* Linn.), *Sabūs-i Gandum* (Wheat Husk), *Jaw Muqashshar* (Dehusked seed of *Hordeum vulgare* Linn.) and *Parsiyāoshān* (*Adiantum capillus-veneris* Linn.) with *Khamīra-i Banafsha*.³
- ❖ Oral administration of decoction of *'Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Bihīdāna* (*Cydonia oblonga* Mill.) and *Gul-i Banafsha* (*Viola odorata* Linn.) after mixing with *Sharbat-i 'Unnāb* and sprinkling with *Khāksī* (*Sisymbrio irio* Zinn.).³
- ❖ Oral administration of decoction of *'Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Khatmī* (*Althaea officinalis* Linn.) and *Gul-i Banafsha* (Flower of *Viola odorata* Linn.) after mixing with *Sharbat-i Nīlofar* and sprinkling with *Khāksī* (*Sisymbrio irio* Zinn.).³
- ❖ Oral administration of *Shīra-i Dāna-i Ilā'ichī Khurd* (Seed of *Elettaria cardamomum* Maton.) 3 gm. with *'Arq-i Mako* 60 ml. and *Gulqand Āftābī* 24 gm.³
- ❖ Local application of *Roghan-i Gul* boiled with decoction of *Post-i Khashkhāsh* (Rind of *Papaver somniferum* Linn.).³

Compound drugs:

<i>La'ūq-i Katān</i> ⁴	24-48 gm.
<i>La'ūq-i Khayārshambar</i> ⁴	7-12 gm. thrice daily
<i>Sharbat-i Zūfa</i> ³	24 ml. with water in morning
<i>Sharbat-i Khashkhāsh</i> ³	24 ml. with water in morning
<i>Sharbat-i Nīlofar</i> ³	24 ml. with water in morning
<i>Sharbat-i 'Unnāb</i> ³	24-48 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)³
- ❖ *Hijāma* (Cupping)³
- ❖ *Ishāl* (Purgation)³

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*³
- ❖ *Aghziya Latīfa*³

Dietary restrictions:

- ❖ *Aghziya Hārra*³
- ❖ Excessive intake of food.³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid exposure to cold air.³

Investigations:

- ❖ Complete Blood Count
- ❖ Montoux test
- ❖ X-ray Chest
- ❖ Ultrasonography

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2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā*, CCRUM, New Delhi, pp.70-77.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 231-252.
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Zīq al-Nafas (Bronchial Asthma)

Introduction:

- ❖ It is a condition in which the body does not get normal amount of air required for *Tarwih-i Qalb* (supply of *Rūh* to heart),¹ resulting in patient's unrest due to breathlessness.²
- ❖ It is caused by *Waram* (Inflammation) of air passage (larynx, trachea, bronchi, bronchioles, lung parenchyma),³ accumulation of *Ghalīz Rutūbāt* (Thick secretions) within bronchi and alveoli, spasmodic condition due to dryness, *Imtilā'-i Sadr* (Thoracic congestion) and pressure from neighboring organs.¹ It may also be caused due to nervine disorders and *Abkhira Dukhāniyya* (Air pollution).⁴
- ❖ It is characterized by continuous shallow breathing with decreased periodicity resulting in exhaustion.² It is episodic in nature, familial history may be positive and other features may be related to the specific causative factor.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taltif* (Rarefaction)⁵
- ❖ *Tahlīl* (Resolution)⁵
- ❖ *Tanqiya* (Evacuation)⁵
- ❖ *Taskhīn* (To produce warmth)¹
- ❖ *Taskīn* (To relieve the spasm)⁵ through *Murattibāt* (drugs producing wetness) in case of dryness
- ❖ *Taftih-i Sudad* (To remove the obstruction)⁵
- ❖ *Tawsi'-i Nafas* (To relieve breathlessness)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of decoction of *Tukhm-i Hulba* (Seed of *Trigonella foenum-graeceum* Linn.) 7 gm., *Tukhm-i Katān* (Seed of *Linum usitatissimum*, Linn.) 7 gm. and *Mawīz Munaqqa* (*Vitis vinifera* Linn.) 12 gm.⁵
- ❖ Oral administration of decoction of *Sabūs-i Gandum* (Wheat husk) mixed with *Namak-i Sāmbhar* (Salt from Sambhar lake) at bed time.⁵
- ❖ Oral administration of decoction of *Tukhm-i Hulba* (Seed of *Trigonella foenum-graeceum* Linn.) after mixing with honey.²
- ❖ Oral administration of decoction of *Tukhm-i Hulba* (Seed of *Trigonella foenum-graeceum* Linn.), *Anjīr* (*Ficus carica* Linn.), *Īrsā* (*Iris ensata* Thunb.), *Zūfa* (*Hyssopus officinalis* Linn.) and *Bādiyān* (*Foeniculum vulgare* Gaertn.) after mixing with honey.²
- ❖ Oral administration of decoction of *Anjīr* (*Ficus carica* Linn.), *Banafsha* (*Viola odorata* Linn.), *'Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Sapistān* (*Cordia latifolia* Linn.) and *Barg-i Gāozabān* (Leaf of *Borago officinalis* Linn.) after mixing with sugar.²

Compound drugs:

<i>Habb-i Banafsha</i> ⁵	7-12 gm.
<i>Sharbat-i Zūfa Sāda</i> ⁵	24 ml. with water in morning
<i>Sharbat-i Zūfa Murakkab</i> ⁵	24 ml. with water in morning
<i>Sikanjabīn 'Unsuli</i> ⁵	24 ml.
<i>La'ūq-i Sapistān</i> ⁵	6-12 gm.
<i>La'ūq-i Katān</i> ⁵	24-48 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁵
- ❖ *Fasd-i Haft Andām* (Bloodletting through *Haft Andām* vein)⁵

Dietary recommendations:

- ❖ *Aghziya Hārra Yābisa*¹
- ❖ *Muzawwarāt*⁴

Dietary restrictions:

- ❖ *Aghziya Hirrifa*⁵
- ❖ Sour dishes⁵
- ❖ *Aghziya Muwallid-i Balgham*⁵

Tahaffuz (Prevention/Precaution):

- ❖ Avoid diuretics as they may increase the thickness of secretions.⁵
- ❖ *Avoid dusty and dirty environment.*
- ❖ *Avoid known allergens.*

Investigations:

- ❖ Complete Blood Count
- ❖ Serum IgE
- ❖ ABG (Arterial Blood Gases) analysis
- ❖ X-ray Chest
- ❖ Pulmonary Function Test
- ❖ Hypersensitivity skin test

References

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***Zāt al-Riya* (Pneumonia)**

Introduction:

- ❖ It is a condition in which lungs get affected with *Waram Hār* (Acute inflammation).¹
- ❖ It is caused by *Dam* (Sanguine), *Safra'* (Yellow bile), *Balgham Muta'affin* (Putrefied phlegm) [primarily] and *Insibāb-i Nazla* (Pouring of secretions) [secondarily].^{2,3}
- ❖ It is characterized by continuous fever, cough, severe breathlessness, pain with heaviness in chest , polydipsia, flushed face,^{4,5} pain on lying on the affected side.⁶

Note: The treatment is same as in *Zāt al-Janb* (Pleurisy)⁶ and it follows:

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqīya* (Evacuation)⁶
- ❖ *Tahlīl* (Resolution)⁶
- ❖ *Tatfiya* (To extinguish the abnormal heat)⁶
- ❖ *Taltīf* (Rarefaction)⁶
- ❖ *Talyīn* (Laxation)⁶
- ❖ *Taskīn-i Su'āl o Waja'* (To ease cough & pain)⁶
- ❖ *Tartīb* (To produce wetness)⁶
- ❖ *Taqwiyat* (To tone-up the body)⁶

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Mā' al-Fawākih*.⁶

- ❖ Oral administration of *Mā' al-'Asl*.⁶
- ❖ Oral administration of decoction of '*Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Sapistān* (*Cordia latifolia* Linn.), *Khatmī* (*Althaea officinalis* Linn.), *Khubbāzī* (*Malva sylvestris* Linn.), *Asl al-Sūs* (*Glycyrrhiza glabra* Linn.) and *Khayārāyn* (*Cucumis sativus* Linn.) with *Sharbat-i 'Unnāb*.⁶
- ❖ Oral administration of decoction of '*Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Anjīr* (*Ficus carica* Linn.), *Sabūs-i Gandum* (Wheat Husk), *Jaw Muqashshar* (Dehusked seed of *Hordeum vulgare* Linn.) and *Parsiyāoshān* (*Adiantum capillus-veneris* Linn.) with *Khamīra-i Banafsha*.⁶
- ❖ Oral administration of decoction of '*Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Bihādāna* (*Cydonia oblonga* Mill.) and *Gul-i Banafsha* (*Viola odorata* Linn.) after mixing with *Sharbat-i 'Unnāb* and sprinkling with *Khāksī* (*Sisymbrio irio* Zinn.).⁶
- ❖ Oral administration of decoction of '*Unnāb* (*Zizyphus jujuba* Mill & Lamk.), *Khatmī* (*Althaea officinalis* Linn.) and *Gul-i Banafsha* (*Viola odorata* Linn.) after mixing with *Sharbat-i Nīlofar* and sprinkling with *Khāksī* (*Sisymbrio irio* Zinn.).⁶
- ❖ Oral administration of *Shīra-i Dāna-i Ilā'ichī Khurd* (Seed of *Elettaria cardamomum* Maton.) 3 gm. with '*Arq-i Mako* 60 ml. and *Gulqand Āftābī* 24 gm.⁶
- ❖ Local application of *Roghan-i Gul* boiled with decoction of *Post-i Khashkhāsh* (Rind of *Papaver somniferum* Linn.).⁶

Compound drugs:

<i>La'ūq-i Katān</i> ⁵	24-48 gm.
<i>La'ūq-i Khayārshambar</i> ⁵	7-12 gm. thrice daily
<i>Sharbat-i Zūfa</i> ⁶	24 ml. with water in morning
<i>Sharbat-i Khashkhāsh</i> ⁶	24 ml. with water in morning
<i>Sharbat-i Nīlofar</i> ⁶	24 ml. with water in morning
<i>Sharbat-i 'Unnāb</i> ⁶	24-48 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)⁶

- ❖ *Hijāma* (Cupping)⁶
- ❖ *Ishāl* (Purgation)⁶

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*⁶
- ❖ *Aghziya Latīfa*⁶

Dietary restrictions:

- ❖ *Aghziya Hārra*⁶
- ❖ Excessive intake of food.⁶

Tahaffuz (Prevention/Precaution):

- ❖ Avoid exposure to cold air.⁶

Investigations:

- ❖ Complete Blood Count
- ❖ Sputum microscopy Culture & Sensitivity
- ❖ Blood culture
- ❖ X-ray Chest

References

1. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 375-377.
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3. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 156-158.
4. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 216-217.
5. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, pp. 289-298.
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Zaght al-Dam Qawī (Hypertension)

Introduction:

- ❖ It is a type of vascular congestion which occurs due to increased volume of blood¹ or due to narrowing of blood vessels.²
- ❖ It is caused by the factors responsible for non resolution of waste products such as lack of exercise and evacuation of bodily waste, excessive and irregular use of foods and drinks, *Zu'f-i Quwwat Hāzima o Dāfi'a* (Weakness of digestive and expulsive faculty) and *Qawī Quwwat Māsika* (Strong retentive faculty) of the body, narrowing of vessels,² psychological factors, etc.³
- ❖ It is characterized by hypervoluminous and congestive vessels, redness of face, warm body, pandiculation, drowsiness, heaviness of head, eyes and temporal region and confusion in case of congestion in vessels. There may be bleeding, apoplexy and sudden death in severe condition.¹

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Istifrāgh* (Evacuation) through *Idrār* (Diuresis), *Ishāl* (Purgation) and *Fasd* (Bloodletting)¹
- ❖ *Taskīn-i Qalb* (To normalize the heart rate)³
- ❖ *Tafrīh* (Exhilaration)³
- ❖ *Tawsī'-i Urūq* (Dilatation of blood vessels) in case of narrowing of vessels
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)¹
- ❖ *Tahzīl* (To reduce the body weight)³

- ❖ *Islāh-i Nizām-i Hazm* (To correct the digestive system)³

'Ilāj bi'l-Dawā (Pharmacotherapy):

- ❖ Oral administration of *Shīra* of *Khashkhāsh* (Seed of *Papaver somniferum*, Linn.) 3 gm. and *Hil Kalān* (*Amomum subulatum* Roxb.) 1 piece in the morning and evening.⁴
- ❖ Oral administration of concoction prepared with *Kishnīz* (*Coriandrum sativum* Linn.) in '*Arq-i Bed-i Mushk* and '*Arq-i Gulāb*. It is used with *Sharbat-i Anār* 20 ml. and *Tukhm-i Bālangū* (Seed of *Lallemantia royleana* Benth.) 4 gm.⁵
- ❖ Oral administration of *Shīra* prepared with *Tukhm-i Khurfa* (Seed of *Portulaca oleracea* Linn.), *Tukhm-i Tarbūz* (Seed of *Citrullus lanatus* Thunb.), *Tukhm-i Kadū* (Seed of *Cucurbita moschata* Duchesne.) and *Kishnīz* (*Coriandrum sativum* Linn.) along with *Qurs-i Kāfūr* 1-2 Tablets and *Sharbat-i Sandal*.³

Compound drugs:

<i>Qurs Dawā' al-Shifā</i> ⁶	2 tablets with water once a day
<i>Asrīn</i> ⁶	1 tablet twice a day
<i>Qurs-i Kāfūr</i> ⁵	3 gm.
<i>Khamīra-i Sandal</i> ⁵	12-24 gm.
<i>Khamīra-i Ābresham</i> ⁵	7 gm.
<i>Khamīra-i Ābresham Hakīm Arshad Wāla</i> ⁵	3-6 gm. with ' <i>Arq-i Gāozabān</i> 144 ml.
<i>Khamīra-i Gāozabān</i> ⁵	12 gm. with ' <i>Arq-i Gāozabān</i> 144 ml.
<i>Mufarrīh Bārid</i> ⁵	9 gm.
<i>Yāqūtī Mu'tadil</i> ⁵	3-5 gm.
<i>Itrīfal Kishnīzī</i> ⁵	9-24 gm. at bed time
<i>Jawārīsh-i Āmla</i> ⁵	7-9 gm.
<i>Sharbat Bazūri Mu'tadil</i> ⁵	24-48 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)^{1,5}
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)^{1,5}
- ❖ *Hijāma* (Cupping) in between shoulders³

- ❖ *Ishāl* (Purgation)^{1,5}
- ❖ *Idrār* (Diuresis)³
- ❖ *Riyāzat* (Exercise)⁷

Dietary recommendations:

- ❖ *Aghziya Latīfa*³
- ❖ *Aghziya Bārīda*³
- ❖ Buttermilk³
- ❖ *Mā' al-Sha'īr*³

Dietary restrictions:

- ❖ *Aghziya Muwallid-i Dam*³
- ❖ *Aghziya Hārra*³

Investigations:

- ❖ Serum sodium
- ❖ Serum potassium
- ❖ Serum calcium
- ❖ Lipid Profile
- ❖ Liver Function Test
- ❖ Kidney Function Test
- ❖ Electrocardiograph
- ❖ Urine examination-Routine & Microscopic

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Waram-i Sadī (Mastitis)

Introduction:

- ❖ It is the inflammation of breast.¹
- ❖ It is caused by *Ghalba-i Akhlāt* (Predominance of humours) especially *Dam* (Sanguine) or *Dam Āmez Balgham* (Phlegm mixed with sanguine).² It may also be caused by *Jumūd-i Dam wa Laban* (Coagulation of blood and milk) within the breast.³
- ❖ It is characterized by fever, redness and increased heat of breast.⁴ There will be pain⁵ of throbbing nature with engorgement of breasts.⁶ In case of *Waram Bārid* the clinical features shall be mild.^{2,6}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskīn-i Waja'* (Analgesia)⁵
- ❖ *Tanqīya* (Evacuation)⁶
- ❖ *Tahlīl* (Resolution)⁶
- ❖ *Man'-i Ta'affun* (To check the infection)¹
- ❖ *Qat'-i Tajabbun* (To resolve the coagulation)¹
- ❖ *Taqīl-i Laban* (To suppress milk production)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Application of cloth dipped in water and vinegar on breast.⁵
- ❖ Local application of mucilaginous decanted liquid prepared from *Tukhm-i Hulba* (Seed of *Trigonella foenum-graecum* Linn.).⁵
- ❖ Local application of mucilaginous decanted liquid prepared from *Khatmī* (*Althea officinalis* Linn.).⁵

- ❖ Fomentation with hot water and *Khall al-Khamr* (initial stage).⁷
- ❖ Local application of paste prepared with leaves of *Mako* (*Solanum nigrum* Linn.) mixed with *Roghan-i Gul* (initial stage).⁷
- ❖ Local application of paste prepared with *Nākhūna* (Pods of *Trigonella uncata* Boiss.), *Ārd-i Bāqla* (Flour of *Phaseolus vulgaris* Linn.) and *Roghan-i Kunjad*.⁷
- ❖ Local application of seed of *Aspghol* (*Plantago ovata* Forsk.) mixed with water and *Sikanjabīn* (*Waram Hār*).⁴
- ❖ Local application of paste prepared with *Kamūn* (*Carum carvi* Linn.) and *Āb-i Karafs* (Juice of *Apium graveolens* Linn.) (*Waram Bārid*).⁴
- ❖ Local application of mixture of juice of leaves of *Mako* (*Solanum nigrum* Linn.), *Roghan-i Gul* and vinegar of grapes.²
- ❖ *Natūl* (Irrigation) with the decoction of *Hulba* (Seed of *Trigonella foenum-graeceum* Linn.), *Nākhūna* (Pods of *Trigonella uncata* Boiss.) and *Bābūna* (*Matricaria chamomilla* Linn.).²
- ❖ Oral administration of decoction of *Panjgusht* (*Vitex negundo* Linn.) 7 gm., *Sudāb* (*Ruta graveolens* Linn.) 7 gm. and *Kamūn* (*Carum carvi* Linn.) 7 gm. to suppress the lactation.⁴

Compound drugs:

<i>Zimād Muhallil</i> ⁶	Local application
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'*Ilāj bi'l-Tadbīr* (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)²
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)⁶
- ❖ *Fasd-i Mābiz* (Bloodletting through popliteal vein)⁶
- ❖ *Ishāl* (Purgation)⁶
- ❖ *Idrār-i Tams* (Induction of menstruation)⁶

Investigations:

- ❖ Complete Blood Count
- ❖ Breast Ultrasonography
- ❖ Culture of aspirate

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 178.
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***Zu'f-i Mi'da* (Gastric Debility)**

Introduction:

- ❖ It is a condition in which digestion within the stomach does not occur properly.^{1,2}
- ❖ It is caused by *Sū'-i Mizāj Bārid* (Cold morbid temperament) and *Zu'f-i Alyāf-i Mi'da* (Weakness of gastric muscle fibers). It may also occur as a result of excessive vomiting and dyspepsia.²
- ❖ It is characterized by decreased appetite, *Ghasayān* (Nausea), belching, *Qarāqir* (Gurgling), gastric pain, headache and general weakness.³

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Istifrāgh-i Mādda* (Evacuation of matter)²
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)²
- ❖ *Tajfīf* (Desiccation)³ in case of *Sū'-i Mizāj Bārid* (Cold morbid temperament).
- ❖ *Taskhīn* (To produce heat)³
- ❖ *Taqlīl-i Ghizā* (To reduce the quantity of food)³
- ❖ *Taltīf-i Ghizā*³

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Jadwār* (*Delphinium denudatum* Wall.) 2.25 gm. rubbed with '*Arq-i Gulāb*.³
- ❖ Oral administration of powder of *Qaranfal* (*Myrtus caryophyllus* Linn.), *Bādiyān* (*Foeniculum vulgare* Gaertn.), *Anīsūn* (*Pimpinella*

anisum Linn.), *Mastagī* (*Pistacia lentiscus* Linn.) each 7 gm., *Zanjabīl* (*Zingiber officinale* Roscoe.) 3.5 gm., sugar 3.5 gm. in the dose of 7 gm.³

- ❖ Oral administration of powder of *Tabāshīr* (*Bambusa bambus* Druce.) and *Mastagī* (*Pistacia lentiscus* Linn.) with *Gulqand*.³
- ❖ Oral administration of powder of *Tabāshīr* (*Bambusa bambus* Druce.) with *Sikanjabīn*.³

Compound drugs:

<i>Jawārish-i Āmla</i> ³	5-10 gm.
<i>Jawārish-i Zarishk</i> ³	5-10 gm.
<i>Jawārish Shāhī</i> ³	5-10 gm.
<i>Jawārish Safarjalī</i> ³	9-14 gm.
<i>Ma'jūn-i Khubs al-Hadīd</i> ³	3-7 gm.
<i>Ma'jūn-i Sangdāna</i> ³	7 gm.
<i>Anushdārū Sāda</i> ³	5-10 gm.
<i>Anushdārū Lūluwī</i> ³	5-10 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Ishāl* (Purgation)³ for evacuation of matter

Dietary recommendations:

- ❖ *Aghziya Latifa*³

Dietary restrictions:

- ❖ *Batī al-Hazm Aghziya*³
- ❖ Excessive food intake³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid consumption of alcohol.³
- ❖ Avoid water intake just after food.³

Investigations:

- ❖ Endoscopy
- ❖ X-ray Barium swallow

- ❖ X-ray Barium meal
- ❖ Urea breath test
- ❖ C-labelled glycocholic breath test
- ❖ Hydrogen breath test

References

1. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 472-475.
2. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 255-257.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 390-399.

***Zu'f-i Ishtihā'* (Anorexia)**

Introduction:

- ❖ It is a condition in which the desire for food i.e. appetite decreases.¹
- ❖ It is caused by *Harārat Hādd* (Intense heat), *Sū'-i Mizāj Bārid Mufrat* (Excessive Cold morbid temperament), accumulation of *Khilt Mirārī* (Bilious humour) or *Khilt Mālih* (Salty humour) or excessive amount of *Balgham Lazij* (Viscous phlegm) or *Khilt 'Afin* (Putrid humour) in the stomach, *Imtilā'-i Badan* (Excess of fluid in the body), *Qillat-i Tahallul* (Decreased catabolism), *Zu'f-i Kabid* (Hepatic debility) and *Zu'f-i Hiss-i Fam-i Mi'da* (Decreased sensitivity of cardiac end of stomach).²
- ❖ It is characterized by decreased desire for food. There will be *Jashā' Dukhānī* (Burnt belching) [when the cause is *Harārat Hādd*], *Laza'* (Irritation), *Ghasayān* (Nausea), *Qay'* (Vomiting) [in case of *Khilt Mirārī* or *Khilt Mālih* being the causative factors], *Tamaddud* (Abdominal distension) [when the cause is *Balgham Lazij*] and *Taqallub-i Nafs* (Excessive nausea) [in case of *Khilt 'Afin* being the causative factor].²

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Ta'dīl-i Mizāj-i Mi'da* (To normalize the gastric temperament)²
- ❖ *Tanqiya* (Evacuation of morbid material)²
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)²
- ❖ *Taqwiyat-i Jigar* (To tone-up the liver)²
- ❖ *Izāla-i Sabab* (To remove the causative factor)²

***Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of powder of *Nānkhwāh* (Seed of *Ptychotis ajowan* DC.) soaked in lemon juice and dried seven times in case of *Harārat Hādd*.³
- ❖ Oral administration of decoction of *Afsantīn* (*Artemisia absinthium* Linn.) in case of *Harārat Hādd*.³
- ❖ Oral administration of powder of *Qaranfal* (*Myrtus caryophyllus* Linn.) 14 gm., *Mastaḡī* (*Pistacia lentiscus* Linn.) 14 gm., *Zanjabīl* (*Zingiber officinale* Roscoe.) 70 gm. and Sugar 196 gm. in a dose of 8-10 gm. after meal in case of *Sū'-i Mizāj Bārid*.³
- ❖ Oral administration of powder of *Nānkhwāh* (Seed of *Ptychotis ajowan* DC.) 17.5 gm., *Pudīna Nahrī* (*Mentha aquatica* Linn.) 17.5 gm., *Bādiyān* (*Foeniculum vulgare* Gaertn.) 17.5 gm., *Qaranfal* (*Myrtus caryophyllus* Linn.) 7 gm., *Mastaḡī* (*Pistacia lentiscus* Linn.) 7 gm. and *Sumbul al-Tīb* (*Nardostachys jatamansi* (D.Don) DC.) 7 gm. in case of *Sū'-i Mizāj Bārid*.³

Compound drugs:

<i>Jawārish-i 'Ūd</i> ²	5-7 gm.
<i>Jawārish-i Zarishk</i> ³ (in case of <i>Harārat Hādd</i>)	5-10 gm.
<i>Jawārish-i Anārayn</i> ³ (in case of <i>Harārat Hādd</i>)	7-10 gm. after meal
<i>Jawārish-i Āmlā</i> ³ (in case of <i>Harārat Hādd</i>)	5-10 gm.
<i>Jawārish Kamūnī</i> ⁴ (in case of <i>Sū'-i Mizāj Bārid</i>)	7-12 gm.
<i>Jawārish Falāfilī</i> ⁴ (in case of <i>Sū'-i Mizāj Bārid</i>)	3 gm.
<i>Murabba-i Zanjabīl</i> ⁴ (in case of <i>Sū'-i Mizāj Bārid</i>)	12-24 gm.
<i>Murabba-i Halayla</i> ⁴	1-2 pieces with water at night.

***Ilāj bi'l-Tadbīr* (Regimenal therapy):**

- ❖ *Qay'* (Emesis)² for evacuation of matter
- ❖ *Ishāl* (Purgation)² for evacuation of matter
- ❖ *Ta'riq* (Diaphoresis)² in case of *Imtilā'*
- ❖ *Dalk* (Massage)² in case of *Imtilā'*
- ❖ *Riyāzat Mu'tadila* (Moderate exercise)³

Dietary recommendations:

- ❖ Diets producing good humour³
- ❖ Lemon pickle³
- ❖ Spices³ in case of *Sū'-i Mizāj Bārid*
- ❖ Vinegar³

Dietary restrictions:

- ❖ *Aghziya Ghalīza*³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid consumption of alcohol.³

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Thyroid Stimulating Hormone
- ❖ Kidney Function Test
- ❖ Liver Function Test
- ❖ Blood Sugar-Fasting & Postprandial

References

1. Jilani G H, 1998, *Makhzan al-Jawāhir*, I'jāz Publishing House, New Delhi, p. 515.
2. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 294-296.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 445-456.
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***Jū' al-Baqar* (Bulimia)**

Introduction:

- ❖ It is a condition in which the body organs need nutrition but stomach do not accept the food.¹
- ❖ It is caused by abnormal condition of *Fam-i Mi'da* (Cardiac end of stomach) due to its *Sū'-i Mizāj Bārid* (Cold morbid temperament),¹ *Ghalba-i Khilt* (Predominance of humour) and *Tahallul-i Quwā* (Dissolution of body faculties).²
- ❖ It is characterized by loss of appetite and desire for food, *Lāgharī'-i Badan* (Wasting of body), *Zu'f-i Harārat Gharīzī* (Weakened innate heat) and *Ghashī* (Syncope).²

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqiya* (Evacuation)¹
- ❖ *Taskhīn-i Mi'da* (To alter the cold temperament of the stomach)¹
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)¹
- ❖ *In'āsh* (To energize the faculties)¹ in case of syncope

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Mā' al-Fawākih*.²
- ❖ Local application of paste prepared with *Gul Surkh* (Flower of *Rosa damascena* Mill.), *'Ūd* (*Aquilaria agallocha* Roxb.), *Mastagī* (*Pistacia lentiscus* Linn.), *Sumbul al-Tib* (*Nardostachys jatamansi* (D.Don) DC.) and *'Arq-i Gulāb* on epigastric region.³

Compound drugs:

<i>Mā' al-Lahm</i> ²	60 ml.
<i>Dawā' al-Misk</i> ² for <i>In'āsh</i>	7 gm.
<i>'Arq-i Bed-i Mushk</i> ³	60 ml.
<i>Jawārish-i Mastagī</i> ³	5-9 gm.
<i>Jawārish Kamūni</i> ³	7-12 gm.

Tlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Qay'* (Emesis)¹
- ❖ *Ishāl* (Purgation)¹

Dietary recommendations:

- ❖ *Zūd Hazm Aghziya*¹

Dietary restrictions:

- ❖ *Batī' al-Hazm Aghziya*¹

Investigations:

- ❖ Complete Blood Count
- ❖ Liver Function Test
- ❖ Kidney Function Test including Serum electrolytes
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Urine Examination-Routine & Microscopic

References

1. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 301-303.
2. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 284-285.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 471-475.

Qurūh-i Mi'da (Gastric Ulcers)

Introduction:

- ❖ It is a condition in which *Qurūh* (Ulcers) appear inside the stomach.¹
- ❖ It is caused by sharp and corrosive matter either produced within the stomach due to intake of hot and spicy foods or poured on it from other organs. It may also be caused due to ingestion of poisonous or hot material.²
- ❖ It is characterized by pain in between the shoulders (when the ulcer occurs in esophagus) or behind the sternum (when the ulcer occurs in cardiac end of stomach) or above the umbilicus (when the ulcer occurs in the body of stomach), presence of blood or pus in the vomitus or stool, excessive belching with foul smell and dryness of tongue.³

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Habs-i Dam* (To check bleeding) in case haematemesis¹
- ❖ *Tanqiya-i Qurūh* (To clean the ulcers)⁴
- ❖ *Indimāl-i Qurūh* (To promote healing) after *Tanqiya-i Qurūh*¹

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Mā' al-'Asl* to clean the ulcer.¹
- ❖ Oral administration of *Jullāb* to clean the ulcer.⁵
- ❖ Oral administration of powder of following drugs with *Rubb-i Bihī* and *Rubb-i Seb*:⁶

Dam al-Akhwayn (*Pterocarpus marsupium* Roxb.) 17.5 gm., *Kundur* (*Boswellia serrata* Roxb.) 17.5 gm., *Gil Armanī* (Armenian earth) 10.5 gm., *Gulnār* (Flower of *Punica granatum* Linn.) *Kahrubā* (*Pinus succinifera* Linn.) 7 gm., *Gul Surkh* (Flower of *Rosa damascena* Mill.) 7 gm.

- ❖ Oral administration of pills prepared with following drugs in a dose of 7 gm. along with juice of *Khurfa* (*Portulaca oleracea* Linn.)⁶:

Gil Qabrasī (Red fragrant clay) 17.5 gm., *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.) 17.5 gm., *Dam al-Akhwayn* (*Pterocarpus marsupium* Roxb.) 10.5 gm.

- ❖ Local application of paste prepared with *Afyūn* (Dried latex of *Papaver somniferum* Linn.) 250 mg., *Za'farān* (*Crocus sativus* Linn.) 250 mg., *Murdār Sang* (Litharge) 4.5 gm., *Safeda-i Arzīz* (Tin oxide) 1.75 gm. and *Roghan-i Gul* 17.5 gm.⁷

Compound drugs:

<i>Qurs-i Kahrubā</i> ¹ (to check haematemesis)	3 pills of 1 gm. each with <i>Āb-i Sumāq</i> (Juice of <i>Rhus coriara</i> Linn.) and <i>Āb-i Bārtang</i> (Juice of <i>Plantago major</i> Linn.)
<i>Qurs-i Tabāshīr</i> ⁶ (to check haematemesis)	5 gm. with <i>Āb-i Sumāq</i> (Juice of <i>Rhus coriara</i> Linn.) and <i>Āb-i Bārtang</i> (Juice of <i>Plantago major</i> Linn.)
<i>Ayārij-i Fayqra</i> ⁴ (to clean chronic ulcer)	3-5 gm.
<i>Sharbat-i Bihī</i> ⁵	24-48 ml.
<i>Sharbat-i Anār</i> ⁵	24-48 ml.

Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting) (when the ulcer is not suppurated or there is predominance of sanguine).⁷

Dietary recommendations:

- ❖ *Zūd Hazm Aghziya*⁵
- ❖ *Mā' al-Sha'īr* to clean the ulcer.¹
- ❖ Buttermilk⁵ after cleansing of ulcer.
- ❖ *Khurfa* (*Portulaca oleracea* Linn.)⁶

- ❖ *Bihī* (*Cydonia oblonga* Mill.)⁶
- ❖ Guava⁶
- ❖ Apple⁶

Dietary restrictions:

- ❖ Sour and spicy diets⁷

Tahaffuz (Prevention/Precaution):

- ❖ Avoid use of potent *Munaqqiyāt-i Qurūh* (Cleansers of ulcers) as they may aggravate the condition.³
- ❖ *Avoid tobacco chewing, smoking, alcohol, NSAID's.*

Investigations:

- ❖ Endoscopy
- ❖ Blood antibody test for *Helicobacter pylori*

References

1. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 298-299.
2. Bahā' al-Dawla, 1866, *Khulāsa al-Tajārib*, Matba' Muhammadi o Ahmadi, Delhi, pp. 374-375.
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4. Rāzi Muhammad b. Zakariyya, 1957, *Kitāb al-Hāwī fi'l-Tibb*, Vol. V, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, p. 49.
5. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 506-507.
6. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 503-506.
7. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, p. 392.

Waja' al-Fuwād

Introduction:

- ❖ It is the pain of the cardiac end of the stomach.^{1,2}
- ❖ It is mainly caused by *Insibāb -i Safrā'* (Pouring of bile) at cardiac end of the stomach^{1,2} and *Sū'-i Mizāj Hār* (Hot morbid temperament) of cardiac end of stomach.² Sometimes it occurs due to pouring of *Balgham 'Afin* (Putrefied phlegm) or *Ijtimā'-i Rīh Bārid wa Ghalīz* (Collection of cold and thick gases) at the cardiac end of the stomach.³
- ❖ It is characterized by severe pain at the cardiac end of the stomach (increasing on empty stomach) which may lead to syncope and cold extremities,² thirst, dryness of mouth, belching (when the cause is *Harārat*).⁴ When the cause is *Insibāb -i Safrā'* there will be yellowing of tongue and bitter taste along with other features of *Harārat*.⁴ In case of *Ijtimā'-i Rīh*, pain is episodic in nature and gets relieved with belching and passing of wind.⁴ In case of *Balgham 'Afin*, there will be puffiness of eyes and face and vomiting with phlegm in vomitus.³

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqiya-i Mawād* (Evacuation of morbid matter)¹
- ❖ *Man'-i Insibāb -i Safrā'* (To check the pouring of yellow bile)³
- ❖ *Tabrīd* (To induce cooling)³ in case of *Harārat* being the causative factor.
- ❖ *Taskhīn* (Calefaction)³
- ❖ *Tahlīl-i Riyāh* (Resolution of gases)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Sikanjabīn* with lukewarm water to induce vomiting.¹
- ❖ Oral administration of *Lu'āb-i Aspghol* (Mucilage of seed of *Plantago ovata* Frosk.) prepared with rose water in case of *Harārat*.⁴
- ❖ Oral administration of *Shīra-i Zarishk* (*Berberis vulgaris* DC.) prepared in rose water and '*Arq-i Gāozabān* and mixed with *Sikanjabīn* and *Sharbat-i Lemūn* in case of *Harārat*.⁴
- ❖ Oral administration of *Ghārīqūn* (*Agaricus alba* Linn.) 3 gm. with *Murabba-i Āmla* 01 piece in case of *Balgham*.⁴
- ❖ Oral administration of *Hiltīt* (Asafoetida) dissolved in water in case of *Balgham* and *Rīh*.^{3,4}
- ❖ Local application of paste prepared with *Barg-i Angūr* (Leaf of *Vitis vinifera* Linn.) and *Roghan-i Ās* on the epigastric region in case of *Harārat*.¹
- ❖ Local application of paste prepared with *Sandal* (*Santalum album* Linn.), *Gulāb* (*Rosa damascena* Mill.), *Tabāshīr* (*Bambusa bambus* Druce.), *Sumāq* (*Rhus coriaria* Linn.), Rose water and *Lu'āb-i Aspghol* (Mucilage of seed of *Plantago ovata* Frosk.) on epigastric region in case of *Insibāb -i Safrā'*.^{3,4}
- ❖ Local application of lukewarm paste prepared with *Dārchīnī* (*Cinnamomum zeylanicum* Blume.), '*Ūd* (*Aquilaria agallocha* Roxb.), *Waj* (*Acorus calamus* Linn.), *Zarāmbād* (*Curcuma zedoaria* Rosc.), *Mastagī* (*Pistacia lentiscus* Linn.), Rose water on epigastric region in case of *Balgham*.^{3,4}
- ❖ Local application of '*Itr-i Gulāb* on the epigastric region in case of *Balgham*.⁴
- ❖ *Huqna* (Enema) prepared with *Mā' al-Sha'īr*, *Roghan-i Gul* and *Āb-i Bāqla Humqa* (Juice of fresh *Portulaca oleracea* Linn.) in case of *Insibāb -i Safrā'*.¹

Compound drugs:

<i>Sikanjabīn</i> ^{1,4}	12- 24 ml.
<i>Sikanjabīn Laymūnī</i> ³	12-24 ml. with water
<i>Sharbat-i Hummāz</i> ⁵	24 ml. with water in the morning
<i>Sharbat-i Anār</i> ¹	24 ml. with water in the morning
<i>Safūf-i Namak Sulaymānī</i> ⁴	3-4 gm. with water after meal
'Arq 'Ajīb ⁵	2-4 drops mixed with water

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Qay'* (Emesis)¹
- ❖ *Ishāl* (Purgation) in case of *Balgham 'Afin*.⁴
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein) in case of *Insibāb -i Safrā'*.³
- ❖ *Hijāma bi'l-Shart* (Wet cupping) at calf muscles and between the shoulders in case of *Balgham 'Afin*.³
- ❖ *Huqna* (Enema)¹

Dietary recommendations:

- ❖ Chilled buttermilk⁴
- ❖ *Aghziya Hāmiza*⁴

Dietary restrictions:

- ❖ *Aghziya Hārra*³
- ❖ *Aghziya Mubakhkhira*³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid mental stress.³
- ❖ Avoid hunger.²
- ❖ Avoid NSAIDs, tobacco chewing, smoking and alcohol.

Investigations:

Endoscopy

References

1. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 342.
2. Nafīs b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 316-317.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Nawal Kishor, Lucknow, pp. 559-561.
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5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 116, 136.

***Humūzat-i Mi'da* (Hyperacidity)**

Introduction:

- ❖ It is a condition in which increased quantity of *Sawdā* (Black bile) is poured on the stomach leading to burning sensation in the chest.¹
- ❖ It is caused by pouring of increased quantity of *Sawdā* (Black bile) on the stomach.²
- ❖ It is characterized by burning sensation in the chest on empty stomach, relieved by food intake,¹ excessive hunger, flatulence, indigestion and sour belching.²

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Istifrāgh* (Evacuation of causative matter)¹
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)¹

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Aftīmūn*.¹
- ❖ Oral administration of powder of *Lājward Maghsūl* (Washed Lapis lazuli) 1 gm., *Tabāshīr* (*Bambusa bambus* Druce.) 1 gm., and *Dāna-i Ilā'ichī Khurd* (Seed of *Elettaria cardamomum* Maton.) 1 gm. mixed with one *Murabba-i Āmla* and wrapped in silver foil.¹
- ❖ Oral administration of 4-9 gm. of following formulation along with sugar¹:

Powder of *Āmla* (*Phyllanthus emblica* Linn.) soaked in goat milk for 24 hours and dried in shade. This powder is soaked again in vinegar and dried. Thereafter, it is mixed with equal quantity of *Asl al-Sūs Muqashshar* (Peeled root of *Glycyrrhiza glabra* Linn.)

- ❖ Oral administration of powder of equal quantity of *Gul-i Darakht-i Mughilān* (Flower of *Acacia arabica* Willd.) and sodium chloride in a dose of 7 gm.¹
- ❖ Oral administration of *Shīra* of *Kunjad Muqashshar* (Dehusked seeds of *Sesamum indicum* Linn.) prepared with water and mixed with small amount of sugar.¹
- ❖ Oral administration of mucilage of seeds of *Aspghol* (*Plantago ovata* Forsk.) 17.5 gm. mixed with sugar.¹

Compound drugs:

<i>Murabba-i Āmla</i> ¹	As directed by physician
<i>Murabba-i Halayla</i> ¹	As directed by physician
<i>Itrifal Saghūr</i> ¹	12 gm. at bed time
<i>Sikanjabīn 'Unsulī</i> ¹	24-48 ml.

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i lbtī* (Bloodletting through axillary vein)¹
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein) [Left hand]¹
- ❖ *Fasd-i Usaylim* (Bloodletting through *Usaylim* vein) [Left hand]¹

Dietary recommendations:

- ❖ *Mā’ al-Jubn*¹
- ❖ Gravy of chick with bread¹

Dietary restrictions:

- ❖ *Aghziya Muwallid-i Sawdā*¹

Tahaffuz (Prevention/Precaution):

- ❖ Avoid things producing black bile.¹
- ❖ Avoid tobacco chewing, smoking, alcohol, NSAID’s and spices.

Investigations:

- ❖ Fractional Test Meal
- ❖ Endoscopy

References

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2. Rāzī Muhammad b. Zakariyya, 1957, *Kitāb al-Hāwī fi'l-Tibb*, Vol. V, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, p. 52.

Zu'f-i Kabid (Hepatic Debility)

Introduction:

- ❖ It is a condition in which all the four faculties of liver or some of them become weak.¹
- ❖ It is caused by *Sū'-i Mizāj Sāda/Māddī* (Simple/organic morbid temperament), *Amrāz-i A'zā' Mujāwira* (Diseases of neighbouring organs) e.g. stomach, spleen, uterus, gall bladder, etc.^{1,2} and other hepatic disorders such as *Imtilā'-i Kabid* (Hepatic congestion), *Hasāt-i Kabid* (Hepatic calculi), *Tasaghghur-i Kabid* (Hepatic atrophy), *Waram-i Kabid* (Hepatitis), etc.²
- ❖ It is characterized by the yellowish or whitish discoloration of skin,³ weight loss, decreased/suppressed appetite, stool colour similar to the colour of washed water of meat and other features related to disease of liver or its neighboring organs (as per the causative factor).²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Sabab* (To remove the causative factor)⁴
- ❖ *Ta'dīl-i Mizāj* (To correct the morbid temperament)⁴
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)⁵
- ❖ *Taqwiyat-i Jigar* (To tone-up the liver)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Murawwaqayn* with *Sikanjabīn*.⁶
- ❖ Oral administration of decoction of *Anīsūn* (*Pimpinella anisum* Linn.), *Bādiyān* (*Foeniculum vulgare* Gaertn.) and *Mastagī* (*Pistacia lentiscus*

Linn.) with *Gulqand 'Aslī*.⁶

- ❖ Oral administration of decoction of *Bādiyān* (*Foeniculum vulgare* Gaertn.) and *Mako* (*Solanum nigrum* Linn.) with *Gulqand 'Aslī*.⁶

Compound drugs:

<i>Ma'jūn Dabīd al-Ward</i> ⁴	7 gm. in morning
<i>Qurs-i Zarishk</i> ⁴	4 pills of 1 gm.
<i>Dawā' al-Kurkum</i> ⁴	9 gm.
<i>Dawā' al-Luk</i> ⁴	3.5-4.5 gm.
<i>Sharbat-i Afsantīn</i> ^{4,6}	24-48 ml.
<i>Sharbat Dīnār</i> ⁴	24-48 ml.
<i>Sharbat-i Kasūs</i> ⁴	24-48 ml. in morning
<i>Jawārish-i Āmla</i> ⁴	7-9 gm.
<i>Jawārish-i Anārayn</i> ⁴	7-10 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Usaylim* (Bloodletting through *Usaylim* vein)⁴
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁴
- ❖ *Ishāl* (Purgation)⁴ in case of *Sū'-i Mizāj Māddī*

Dietary recommendations:

- ❖ *Mā' al-Jubn*⁶
- ❖ *Mā' al-'Asl*⁶
- ❖ Pomegranate⁴
- ❖ Apple⁶
- ❖ Guava⁶
- ❖ *Zūd Hazm Aghziya*⁵

Dietary restrictions:

- ❖ *Aghziya Ghalīza Lazija*⁴

Investigations:

- ❖ Complete Blood Count
- ❖ Liver Function Test

- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Thyroid Profile
- ❖ X-ray Chest

References

1. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 02-04.
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4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 21-26.
5. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 353-355.
6. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 03-07.

Sū' al-Qinya

Introduction:

- ❖ It is a pre stage of ascites. It is also known as *Fasād-i Mizāj* (Derangement of temperament)¹ or *Fasād-i Mizāj-i Kabid* (Derangement of hepatic temperament).²
- ❖ It is caused by *Fasād-i Mizaj* (Derangement of temperament) leading to hepatic debility,^{1,2} *Fasād-i Mi'da* (Malfunctioning of stomach), *Zu'f-i Mi'da* (Gastric debility).³ Sometimes, it is caused by amenorrhoea due to various etiology and *Muta'affin Hawā* (Putrefied air).⁴
- ❖ It is characterized by yellowish or pale discoloration of the body, puffiness of eyelids, face and oedema of extremities which can involve the whole body, *Fasād-i Hazm* (Indigestion), irregular bowels, disturbed sleep, nausea, reduced sweating, oliguria, flatulence, delayed healing of wound and ulceration of gums.¹

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Islāh-i Jigar* (Correction of hepatic functions)⁴
- ❖ *Man'-i Tawallud-i Fuzlāt* (To check the waste production)⁴
- ❖ *Tanqiya-i Badan* (Evacuation of morbid matter from body) through *Ishāl* (Purgation), *Idrār* (Diuresis) and *Ta'riq* (Perspiration)⁴
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)⁴
- ❖ *Taqlīl-i Ghizā'* (To decrease the quantity of food)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Shīra* prepared with *Mako* (*Solanum nigrum* Linn.), *Tukhm-i Kasūs* (Seed of *Cuscuta reflexa* Roxb.), *Bādiyān*

- (*Foeniculum vulgare* Mill.), *Kāsnī* (*Cichorium intybus* Linn.) along with *Sharbat Bazūrī*.⁴
- ❖ Oral administration of decoction of *Mako* (*Solanum nigrum* Linn.), *Bādiyān* (*Foeniculum vulgare* Mill.), *Bekh-i Bādiyān* (Root of *Foeniculum vulgare* Mill.), *Bekh-i Kāsnī* (Root of *Cichorium intybus* Linn.) along with *Gulqand*.⁴
 - ❖ Oral administration of decoction prepared with *Dārchīnī* (*Cinnamomum zeylanicum* Blume.), *Bādiyān* (*Foeniculum vulgare* Mill.), *Shukā'ī* (*Echinops echinatus* Roxb.), *Dāna-i Hīl* (Seed of *Elettaria cardamomum* Linn.) and '*Arq-i Afsantīn* for three days. It is followed by administration of the decoction of same drugs except replacing *Shukā'ī* with *Izkhar* (*Andropogon jwarancusa* Jones.) for next three days. *Asārūn* (*Asarum europaeum* Linn.), *Bādiyān* (*Foeniculum vulgare* Mill.) and *Bekh-i Karafs* (Root of *Apium graveolens* Linn.) are added to the decoction one by one at every three day interval. ⁴
 - ❖ Oral administration of decoction of *Bekh-i Bādiyān* (Root of *Foeniculum vulgare* Mill.), *Tukhm-i Kasūs* (Seed of *Cuscuta reflexa* Roxb.), *Banafsha* (*Viola odorata* Linn.), *Mawīz Munaqqā* (*Vitis vinefera* Linn.) prepared in '*Arq-i Mako* and '*Arq-i Kāsnī* along with *Gulqand*.⁴
 - ❖ Oral administration of *Sharbat* prepared with *Afsantīn* (*Artemisia absinthium* Linn.) 35 gm., *Gul Surkh* (*Rosa damascena* Mill.) 105 gm., *Turbud* (*Ipomoea turpethum* Br.) 28 gm. and sugar 290 gm. in a dose of 105 ml.⁴

Compound drugs:

<i>Ayārij-i Fayqra</i>	3-5 gm.
<i>Sharbat-i Afsantīn</i> ⁴	20 ml. twice a day
<i>Sharbat Dīnār</i> ⁴	24-48 ml.
<i>Sharbat-i Ambarbārīs</i> ⁴	24-48 ml.
<i>Sharbat-i Ward</i> ⁴	24-48 ml.
<i>Sharbat-i Usūf</i> ⁵	24-48 ml.
<i>Habb-i Rewand</i> ⁴	1 pill twice a day with ' <i>Arq-i Bādiyān</i>
<i>Dawā' al-Kurkum</i> ⁴	5-7 gm.
<i>Ma'jūn Dabīd al-Ward</i> ⁴	7 gm. with ' <i>Arq-i Bādiyān</i>
<i>Qurs-i Zarishk</i> ⁴	4 pills of 1 gm.
<i>Sharbat-i Zarishk</i> ⁴	24-48 ml.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Moderate exercise¹
- ❖ Walking⁴
- ❖ *Qay'* (Emesis) before meal¹
- ❖ *Hammām* (Bath) with *Āb Būraqī* and *Āb Shibbī*¹
- ❖ *Hammām Yābis* (Dry Bath)⁴
- ❖ *Huqna* (Enema)¹

Dietary recommendations:

- ❖ *Aghziya Latifa* in small quantity⁴
- ❖ Milk of wild camel with *Sikanjabīn*²
- ❖ Leaves of *Shibit* (*Anethum sowa* Roxb.), *Chawlā'ī* (*Amaranthus gangeticus* Linn.)²
- ❖ Use of garlic and black mustard in diet¹

Dietary restrictions:

- ❖ *Aghziya Murattiba*⁴
- ❖ *Batī' al-Hazm Aghziya*⁴
- ❖ Avoid drinking water and replace it with '*Arq-i Mako*, '*Arq-i Kāsnī* and '*Arq-i Bādiyān* as per the temperament of the patient.⁴
- ❖ Excessive food intake⁴

Tahaffuz (Prevention/Precaution):

- ❖ Avoid *Fasd* (Bloodletting),¹ bathing with cold water,² and things producing cold in the body.⁴

Investigations:

- ❖ Complete Blood Count
- ❖ Liver Function Test
- ❖ Ultrasonography Upper abdomen

References

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4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 66-70.
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Istisqā' Lahmī (Anasarca)

Introduction:

- ❖ It is a condition in which there is accumulation of *Rutūbāt* (Fluids) in subcutaneous tissues.¹
- ❖ It is caused by *Zu'f-i Jigar* (Hepatic debility) induced by increased *Burūdat* (Cold) [in most of the cases] and *Harārat* (Heat), *Amrāz-i A'zā' Mujāwira* (Diseases of neighbouring organs) e.g. kidney and heart and profuse haemorrhage.²
- ❖ It is characterized by generalized pitting edema and laziness. There may be *Butlān-i Hazm* (Loss of digestive function), sourness of taste, decreased thirst, loose motion and whitish discoloration of urine [when caused by increased *Burūdat* (Cold)]. In case of increased *Harārat* (Heat), there will be increased thirst, bitterness of taste and reddish colored urine.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Sabab* (To remove the causative factor)²
- ❖ *Ta'dīl-i Mizāj-i Jigar* (To correct the temperament of liver)²
- ❖ *Taskhīn* (To produce warmth)² when caused by increased *Burūdat* (Cold)
- ❖ *Tanshīf* (To produce dryness)²
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)³
- ❖ *Islāh-i Kabid* (To correct hepatic functions)⁴
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)⁴
- ❖ *Taqwiyat-i Kuliya* (To tone-up the kidneys)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Āb Āhan Tāb* (Water treated with hot iron rod).⁴
- ❖ Oral administration of *Āb Nuqra Tāb* (Water treated with hot silver).⁴
- ❖ Oral administration of *Āb Tilā Tāb* (Water treated with hot gold).⁴
- ❖ Local application of paste of *Būra Armanī* and *Roghan-i Bābūna*.²

Compound drugs:

<i>Tiryāq Fārūq</i> ³	1.75-2.25 gm.
<i>Ma'jūn Dabīd al-Ward</i> ⁴	7 gm. in morning
<i>Sharbat Bazūrī</i> ²	24-48 ml.
<i>Sikanjabīn Bazūrī</i> ⁴	24 ml.
<i>Sharbat Dīnār</i> ⁴	24-48 ml.
<i>Qurs-i Zarishk</i> ⁴	4 pills of 1 gm.
<i>Dawā' al-Kurkum</i> ⁴	9 gm.
<i>'Arq-i Mā al-Lahm Mako Kāsnī Wāla</i> ⁵	125 ml.
<i>'Arq-i Mako</i> ⁴	144 ml.
<i>'Arq-i Kāsnī</i> ⁴	144 ml.
<i>'Arq-i Bādiyān</i> ⁴	144 ml.
<i>Jawārish Shaharyārān</i> ⁴	7-12 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Ta'rīq* (Diaphoresis)²
- ❖ *Idrār* (Diuresis)³
- ❖ *Indifān-i Raml* (Sand bath)²
- ❖ *Hammām Būraqiyya*³
- ❖ *Hammām Kibrītiyya*³

Dietary recommendations:

- ❖ *Aghziya Musakkhkhina*³
- ❖ *Aghziya Mujaffifa*³
- ❖ *Zūd Hazm Aghziya*³
- ❖ Pomegranate²

Dietary restrictions:

- ❖ *Batī al-Hazm Aghziya*³
- ❖ *Aghziya Bārīda Rataba*³
- ❖ *Aghziya Ghalīza Lazija*⁴

Tahaffuz (Prevention/Precaution):

- ❖ Avoid excessive food intake.³
- ❖ Avoid factors which make the liver weak.⁶

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Liver Function Test
- ❖ Kidney Function Test
- ❖ Thyroid profile
- ❖ Ultrasonography Whole abdomen
- ❖ Urine Examination-Routine & Microscopic

References

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Istisqā' Ziqqī (Ascites)

Introduction:

- ❖ It is a condition in which there is an accumulation of *Rutūbāt* (Fluids) in the peritoneal cavity.¹
- ❖ It is caused by *Waram-i Jigar* (Hepatitis),² weakened *Quwwat Dāfi'a* (Repulsive faculty) of liver and/or weakened *Quwwat Jāziba* (Absorptive faculty) of kidneys and obstruction.³
- ❖ It is characterized by heaviness, abdominal distension, shiny abdominal skin, dyspnoea, decreased thirst, whitish discoloration of urine, shifting dullness and feeling of water filled bag on palpation (when found without *Harārat*).^{2,3}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqiya-i Rutūbāt* (Evacuation of fluids)²
- ❖ *Taltīf* (Thinning of humour)³
- ❖ *Tahlīl* (Resolution of swelling)³
- ❖ *Tatfiya* (To extinguish the abnormal heat)²
- ❖ *Tajfif* (Desiccation)²
- ❖ *Taqwiyat-i Jigar* (To tone-up the liver)²
- ❖ *Taftīh-i Sudad* (Removal of obstructions)³
- ❖ *In'āsh* (To energize the faculties)³

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of decoction of *Shibit* (*Anethum sowa* Kurz.).²
- ❖ Oral administration of *Murawwaqayn* with *Qurs-i Zarishk*.²

Compound drugs:

<i>Habb-i Rewand</i> ²	1 pill in morning and evening
<i>Tiryāq Fārūq</i> ²	1.75-2.25 gm.
<i>Sharbat Bazūrī</i> ^{2,4}	24-48 ml.
<i>Sharbat Dīnār</i> ⁴	24-48 ml.
<i>Qurs-i Zarishk</i> ⁴	4 pills of 1 gm.
<i>Sikanjabīn Bazūrī</i> ²	24 ml.
<i>Dawā' al-Kurkum</i> ²	9 gm.
<i>Dawā' al-Luk</i> ⁴	3.5 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Idrār* (Diuresis)²
- ❖ *Ishāl* (Purgation)²
- ❖ '*Aml-i Bazl* (Tapping)²
- ❖ *Tazahhā* (Sun bath)⁵

Dietary recommendations:

- ❖ *Aghziya Musakhkhina*⁶
- ❖ *Aghziya Mujaffifa*⁶
- ❖ *Zūd Hazm Aghziya*⁶

Dietary restrictions:

- ❖ *Bati al-Hazm Aghziya*⁶
- ❖ *Aghziya Bārīda Rataba*⁶
- ❖ *Aghziya Ghalīza Lazīja*²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid *Fasd* (Bloodletting).⁵

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Liver Function Test
- ❖ Kidney Function Test
- ❖ Montoux test (PPD)

- ❖ X-ray Chest
- ❖ Ultrasonography
- ❖ Diagnostic paracentesis
- ❖ Urine Examination-Routine & Microscopic

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Sahj o Qurūh-i Am'ā (Intestinal Abrasions)

Introduction:

- ❖ It is the condition in which abrasions occur on the intestinal surface leading to loose stools with or without blood.^{1,2}
- ❖ It is caused by pouring of *Safrā' Hādda* (Sharp yellow bile), *Balgham Shor* (Saline phlegm), *Balgham Lazij* (Viscous phlegm) or *Sawdā' Muhtaraq* (Burnt black bile) on intestine. Undigested food materials, use of potent emetics may also cause *Sahj o Qurūh-i Am'ā*.¹
- ❖ It is characterized by dull pain in left iliac region with excretion of *Ghalīz Khurāt-i Am'ā* (Thick mucous) in stool (when large intestine is involved) and severe pain around umbilicus with excretion of *Raqīq Khurāt-i Am'ā* (Thin mucous) in stool (when small intestine is involved).^{1,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Sabab* (To remove the cause)¹
- ❖ *Tanqiya-i Mawād* (Evacuation of morbid matter)¹
- ❖ *Izlāq-i Sufl* (To remove the waste materials)¹
- ❖ *Taghriya* (To coat the surface with demulcents)¹
- ❖ *Taqwiyat-i Am'ā* (To tone-up the intestines)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.) 14 gm. mixed with cold water in early stage of disease.³
- ❖ Oral administration of powder of *Halayla Siyāh* (*Terminalia chebula*)

- Retz.) processed in oil and mixed with equal amount of sugar in a dose of 06 gm. (*Sahj Balghamī*).³
- ❖ Oral administration of sour buttermilk treated with hot stone.³
 - ❖ Oral administration of milk treated with hot iron rod or stone. Sometimes, powder of roasted *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.), roasted starch and roasted *Tabāshīr* (*Bambusa bambus* Druce.) may also be added.³
 - ❖ Oral administration of *Shīra-i Gul Surkh Tāza* (Fresh flower of *Rosa damascena* Mill.) (*Sahj Safrāwī*).³
 - ❖ Oral administration of *Rewand Chīnī* (*Rheum emodi* Wall.) (*Sahj Safrāwī*).³
 - ❖ Oral administration of *Kharnūb* (*Ceratonia siliqua* Linn.) (*Sahj Safrāwī*).³
 - ❖ Oral administration of *Balūt Biryān* (Roasted *Quercus incana* Roxb.) (*Sahj Safrāwī*).³
 - ❖ Oral administration of combination of *Kharnūb* (*Ceratonia siliqua* Linn.) and *Balūt Biryān* (Roasted *Quercus incana* Roxb.) (*Sahj Safrāwī*).³
 - ❖ Oral administration of *Shīra-i Khurfa* (*Portulaca oleracea* Linn.).³
 - ❖ Oral administration of *Shīra-i Khurfa* (*Portulaca oleracea* Linn.) mixed with *Gil Armanī* (Armenian earth) (*Sahj Safrāwī* with thirst).³
 - ❖ Oral administration of mixture of *Shīra-i Khurfa* (*Portulaca oleracea* Linn.) 9 gm., *Lu'āb-i Bihīdāna* (Mucilage of seed of *Cydonia oblonga* Mill.) 3 gm., *Lu'āb-i Aspghol* (Mucilage of seed of *Plantago ovata* Forsk.) 7 gm., *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.) 4 gm. in cold water sprinkled with 3 gm. of *Tukhm-i Rayhān* (Seed of *Ocimum sanctum* Linn.) along with *Qurs-i Tabāshīr Qābiz* 3 gm.³
 - ❖ Oral administration of *Samagh 'Arbī* (Gum of *Acacia arabica* Willd.) 1 gm., *Zar-i Ward* (Stamen of *Rosa damascena* Mill.), *Katīrā* (*Sterculia urens* Roxb.), Starch 1 gm. each, *Bārtang* (*Plantago major* Linn.) 4 gm., *Sabūs-i Aspghol* (Husk of *Plantago ovata* Forsk.) 4 gm. along with one cup of buttermilk treated with hot stone.³
 - ❖ Oral administration of *Lu'āb-i Bihīdāna* (Mucilage of seed of *Cydonia oblonga* Mill.), *Aspghol* (*Plantago ovata* Forsk.) along with *Sharbat-i*

Banafsha and almond oil.³

- ❖ Oral administration of *Katīrā* (*Sterculia urens* Roxb.), *Busad* (*Corallium rubrum*), and *Tabāshīr* (*Bambusa bambus* Druce.) with *Khamīra-i Marwārīd* followed by *Sharbat-i Seb* and *Sharbat-i Khashkhāsh* 24 ml. along with suitable 'Arqiyāt.³

- ❖ Local application of following *Zimād* (Paste)³:

Gil Armanī (Armenian earth), *Sandal* (*Santalum album* Linn.), 'Aqāqiya (Extract of pods of *Acacia arabia* Willd.), *Āb-i Habb al-Ās* (Juice of fresh *Myrtus communis* Linn.)

- ❖ *Huqna* (Enema) containing following ingredients³:

Āb-i Barg-i Khurfa (Juice of leaves of *Portulaca oleracea* Linn.) 180 ml., *Āb-i Bartang* (Juice of fresh *Plantago major* Linn.) 180 ml., one egg, *Roghan-i Gul*, *Aqāqiya* (Extract of pods of *Acacia arabia* Willd.) 1.75 gm. and *Dam al-Akhwayn* (*Pterocarpus marsupium*, Roxb.)

Compound drugs:

<i>Safūf Muqliyāsa</i> ³	5 gm. in the morning
<i>Sharbat-i Banafsha</i> ³	24 ml. in the morning
<i>Sharbat-i Anār</i> ³	24 ml. in the morning
<i>Safūf-i Tīn</i> ^{3,4}	7 gm. with clarified butter
<i>Qurs-i Tabāshīr</i> ³	5 gm. with water

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)³
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)³
- ❖ *Hijāma bilā Shart* (Dry cupping) on abdomen & calf muscles.³
- ❖ *Huqna* (Enema)³

Dietary recommendations:

- ❖ Small quantity of food having high nutritional value³
- ❖ Chicken³
- ❖ Trottle soup³
- ❖ Pomegranate³
- ❖ Apple³

- ❖ Meat of birds⁴

Dietary restrictions:

- ❖ *Aghziya Hirrifa*¹
- ❖ *Aghziya Hāmiza*¹
- ❖ *Oily/fried food*³
- ❖ Meat³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid regimens that may produce dryness and constipation.⁴

Investigations:

- ❖ Stool test for occult blood
- ❖ Colonoscopy

References

1. Khān, MA, 1906, *Iksir-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 250-272.
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Zū Santāriya Kabidī (Hepatic Diarrhoea)

Introduction:

- ❖ It is the condition in which stool mixed with blood is passed due to hepatic involvement.^{1,2}
- ❖ It is caused by congestion of blood in liver due to varying etiology.¹
- ❖ It is characterized by passing of loose stools mixed either with fresh blood or fluid similar to washed water of meat with or without pain. Sometimes, bleeding occurs in episodes.^{1,3,4}

Usul-i 'Ilāj (Principles of treatment):

- ❖ *Man'-i Ghizā* (To stop the diet)¹
- ❖ *Imāla-i Mawād* (To divert the matter)¹ from liver
- ❖ *Itfā-i Harārat-i Jigar* (To attenuate the excessive heat of liver)⁴
- ❖ *Taqwiyat-i Jigar* (To tone-up the liver)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of powder of *Tabāshīr* (*Bambusa bambus* Druce.), *Gul Surkh* (*Rosa damascena* Mill.), *Sumbul* (*Valeriana Jatamansi* DC.) and *Salikha* (*Cinnamomum aromaticum* Nees.).⁴
- ❖ Oral administration of *Shīra-i Sandal* (*Santalum album* Linn.), *Shīra-i 'Unnāb* (*Zizyphus jujuba* Mill. & Lamk.), *Shīra-i Khashkhāsh* (Seed of *Papaver somniferum* Linn.) with *Sikanjabīn* and *Sharbat-i Anār*.⁴
- ❖ Oral administration of *Zahar Mohra Khatā'ī* (Bezoar stone) 1 gm., *Tabāshīr* (*Bambusa bambus* Druce.) 2 gm. with *Anūshdārū Luluwī* 9 gm. wrapped in fine silver foil.¹

- ❖ Oral administration of *Bārtang* (*Plantago major* Linn.) with *Qurs-i Kahrubā* and *Shīra-i Khurfa*.¹
- ❖ Local application of powder of *Kāfūr* (Camphor) mixed with almond oil on upper abdomen.⁴
- ❖ Local application of following *Zimād* (Paste) on upper abdomen¹:
Equal parts of *Gul Surkh* (*Rosa damascena* Mill.), *Sandal* (*Santalum album* Linn.), *Sandal Surkh* (*Pterocarpus santalinus* Linn.), *Gulnār* (Flower of *Punica granatum* Linn.), *Lahya al-Tīs* (*Tragopogon pratensis* Linn.), *Gil Armanī* (Armenian earth) and *Habb al-Ās* (*Myrtus communis* Linn.) mixed with rose water
- ❖ Local application of following *Zimād* (Paste) on upper abdomen¹:
Zar-i Ward (Stamens of *Rosa damascena* Mill.) and *Sandal* (*Santalum album* Linn.) mixed in rose water
- ❖ Sitz bath in the concoction of *Halayla* (*Terminalia chebula* Retz.) 31.5 gm. and *Rewand Chīnī* (*Rheum officinale* Baill.) 4.5 gm.⁴

Compound drugs:

<i>Sharbat-i Sandal</i> ⁴	12-24 ml. in morning
<i>Sharbat-i Habb al-Ās</i> ⁴	24 ml. in morning
<i>Khamīra-i Banafsha</i> ⁴	24-48 gm. in the morning
<i>Qurs-i Kahrubā</i> ¹	5-7 gm.
<i>Yāqūtī Bārid</i> ⁴	3-5 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)¹
- ❖ *Fasd-i Usaylim* (Bloodletting through *Usaylim* vein)⁴

Dietary recommendations:

- ❖ *Mā' al-Sha'īr* ⁴
- ❖ *Mawīz* (*Vitis vinefera* Linn.)⁴
- ❖ Sweet butter milk⁴

Dietary restrictions:

- ❖ Fermented bread⁴

Tahaffuz (Prevention/Precaution):

- ❖ Avoid regimens producing *Imtilā'* (Congestion).¹

Investigations:

- ❖ Ultrasonography-Upper abdomen

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 240-245.
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Zūsantāriyā Mi'wī

Introduction:

- ❖ It is a condition in which there is passing of blood stained stool.^{1,2,3}
- ❖ It is caused by rupture of intestinal vessels or from any other organ such as oesophagus, stomach, etc. due to *imtilā- i Dam* (Blood congestion).² It may also be caused by intestinal abrasions, excessive evacuation of *Mirra Sawdā'* (Bilious black bile) *Safrā'* (Yellow bile)² and administration of strong purgatives.¹
- ❖ It is characterized by painless passing of blood stained stool in case of the rupture of vessels.² However, there will be pain around and above umbilicus if there is abrasion in small intestine and below umbilicus when the abrasion is in large intestine.¹

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Habs-i Dam* (To check bleeding)²
- ❖ *Izāla-i Sabab* (To remove cause)^{1,4}
- ❖ *Taskīn-i Laza'* (To soothe irritation)^{1,4}
- ❖ *Taghriya* (To coat the surface with demulcents)^{1,4}
- ❖ *Itihām* (To promote healing)¹
- ❖ *Taqwiyāt-i Am'a* (To tone-up the intestine)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Lu'āb-i Bihūdāna* (Mucilage of seeds of *Cydonia oblonga* Mill.) 13.5 gm, *Tukhm-i Rayhān* (Seed of *Ocimum sanctum*

Linn.) 4.5 gm. and Sandal (*Santalum album* Linn.) 4.5 gm with *Sharbat-i Anjabār*.³

- ❖ Oral administration of powder of *Samagh-i 'Arabī* (Gum of *Acacia Arabica* Willd.) 1 gm., *Katīrā* (*Sterculia urens* Roxb.) 1 gm., *Tabāshīr* (*Bambusa bambus* Druce.) 1 gm. and *Sang-i Jarāhat* (Magnesium silicate) 1 gm. with *Rubb-i Bihī*.³
- ❖ Oral administration of powder of *Mastagī* (*Pistacia lentiscus* Linn.), *Dāna-i Hīl Khurd* (Seed of *Elettaria cardamomum* Linn.), *Gil Armanī* (Armenian earth), *Gil Makhtūm* (Silicate of alumina) with *Khamīra-i Ābresham*.³
- ❖ Oral administration of *Shīra* of *Barg-i Bānsa* (Leaf of *Adhatoda vasica* Nees.) 42 gm along with sugar.^{2,3}
- ❖ Oral administration of powder of *Gilo* (*Tinospora cordifolia* Miers) 3 gm., *Tabāshīr* (*Bambusa bambus* Druce.) 3 gm. and *Post-i Anār* (Fruit rind of *Punica granatum* Linn.) 03 gm. with cold water.^{2,3}
- ❖ *Ābzan* (Sitz bath) with the decoction of *Tarāsīs* (*Dorema ammoniacum* D. Don.) in afebrile condition.²
- ❖ *Huqna* (Enema) with goat's fat.²

Compound drugs:

<i>Safūf-i Muqliyāsā</i> ^{2,3}	7 gm. twice daily
<i>Safūf-i Tīn</i> ¹	7 gm. with clarified butter in the morning
<i>Sharbat-i Anjabār</i> ²	25-50 ml.
<i>Qurs-i Gulnār</i> ^{2,3}	7 gm.
<i>Qurs-i Anjabār</i> ³	4.5 gm.
<i>Qurs-i Kahrubā</i> ^{2,3}	3.5 gm.
<i>Qurs-i Tabāshīr</i> ^{2,3}	7 gm.
<i>Qurs-i Kāfūr</i> ²	7 gm.
<i>Murabba-i Āmlā</i> ²	1 piece with water

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)^{2,4}
- ❖ *Fasd-i Qīfāl* (Bloodletting through cephalic vein)^{2,3}
- ❖ *Fasd-i Akhal* (Bloodletting through median cephalic vein)²

Dietary recommendations:

- ❖ *Mā' al-Sha' īr*^{1,2}
- ❖ Buttermilk^{1,2,3}
- ❖ Apple^{1,2,3,4}
- ❖ Plums¹
- ❖ Egg yolk with vinegar¹
- ❖ Gravy of chick with spinach¹
- ❖ Trottle soup¹

Dietary restrictions:

- ❖ *Aghziya Qābiza*¹
- ❖ *Aghziya Hirrīfa*²
- ❖ *Aghziya Māliha*²
- ❖ Sweet dishes²
- ❖ All types of meat except bird's meat²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid regimens causing constipation.²

Investigations:

- ❖ Stool for occult blood
- ❖ Ultrasonography Whole abdomen

References

1. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 301-309.
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Waram-i Kuliya (Nephritis)

Introduction:

- ❖ It is the inflammation of kidneys that can be *Hār* (Hot) or *Bārid* (Cold). The inflammation may involve one or both kidneys at a time.^{1,2,3}
- ❖ It is caused by the predominance of *Dam Ghalīz* (Thick sanguine) or *Safrā'* (Yellow Bile) in case of *Waram Hār* and of *Balgham* (Phlegm) in case of *Waram Bārid*. Incomplete resolution of *Waram Hār* and *Waram Bārid* may also convert into *Waram Sulb*. *Waram Sulb* may also be caused by the accumulation or predominance of *Sawdā'* (Black Bile) in the kidneys.^{1,2,3}
- ❖ It is characterized by pain, heaviness and swelling on the affected side, excessive thirst, sleeplessness, *Hummā Mukhtalita* (Irregular fever), bilious vomiting, dysuria, and *Ikhtilāt-i Zehn* (Mental confusion) in case of *Waram Hār*. *Waram Bārid* is characterized by mild pain, heaviness accompanied with strain, puffiness of face and swelling of the body. *Waram Sulb* is characterized by severe heaviness, numbness of lower part of the body and watery urine. When it is accompanied with ascites, *Waram Sulb* usually becomes fatal.^{1,2,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskīn-i Alam* (Analgesia) in case of *Waram Hār*^{1,2,3}
- ❖ *Tanqiya-i Safrā'* (Evacuation of Yellow Bile) in case of *Waram Hār*^{1,2,3}
- ❖ *Tanqiya-i Balgham* (Evacuation of Phlegm) followed by *Idrār* (Diuresis)

in case of *Waram Bārid*^{1,2,3}

- ❖ *Tanqīya-i Sawdā'* (Evacuation of Black Bile) in case of *Waram Sulb*^{1,2,3}
- ❖ *Tahlīl-i Waram* (Resolution of swelling)^{1,2,3}
- ❖ *Taskhīn-i Kuliya* (Calefaction of kidneys) in case of *Waram Bārid*^{1,2,3}
- ❖ *Talyīn-i Kuliya* (To soften the kidneys) in case of *Waram Sulb*^{1,2,3}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Lu'āb-i Aspghol* (Mucilage of *Plantago ovata* Forsk.) *Lu'āb-i Bihidāna* (Mucilage of seed of *Cydonia oblonga* Linn.), *Shīra-i 'Unnāb* (*Zizyphus jujuba* Mill & Lamk.) with *Sharbat-i Banafsha* in case of *Waram Hār*.⁶
- ❖ Oral administration of decoction of *Tukhm-i Karafs* (Seed of *Apium graveolens* Linn.), *Khār Khasak* (*Tribulus terrestris* Linn.), *Anīsūn* (*Pimpinella anisum* Linn.), *Parsiyāoshān* (*Adiantum capillus-veneris* Linn.), *Halyūn* (*Asparagus officinalis* Linn.) with *Sharbat Buzūrī* in case of *Waram Bārid*.⁶
- ❖ Oral administration of powder of *Tukhm-i Khatmī* (Seed of *Althaea officinalis* Linn.), *Tukhm-i Katān* (Seed of *Linum usitatissimum* Linn.), *Tukhm-i Hulba* (Seed of *Trigonella foenum-graecum* Linn.) along with *Shīra-i Tukhm-i Khayārayn* (Seed of *Cucumis sativus* Linn.) and *Tukhm-i Kharpaza* (Seed of *Cucumis melo* Linn.) in case of *Waram Sulb*.⁶
- ❖ Local application of *Zimād* (Paste) prepared from mixing the powder of *Ārd-i Jaw* (Flour of *Hordeum vulgare* Linn.), *Mako* (*Solanum nigrum* Linn.), *Sandal* (*Santalum album* Linn.), *Tukhm-i Kāsnī* (Seed of *Cichorium intybus* Linn.) in *Āb-i Mako Sabz* (Juice of fresh *Solanum nigrum* Linn.) and *Āb-i Kāsnī Sabz* (Juice of fresh *Cichorium intybus* Linn.) in case of *Waram Hār*.⁶
- ❖ Local application of lukewarm *Zimād* (Paste) prepared with *Bābūna* (*Matricaria chamomilla* Linn.), *Nammām* (*Ocimum sanctum* Linn.), *Barg-i Ghār* (Leaf of *Laurus nobilis* Linn.), *Marzanjosh* (*Origanum vulgare* Linn.) in case of *Waram Bārid*.⁶
- ❖ Local application of *Zimād* (Paste) prepared with *Bābūna* (*Matricaria chamomilla* Linn.), *Nākhūna* (Pods of *Trigonella uncata* Boiss),

Bazr-i Katān (Seed of *Linum usitatissimum* Linn.), Hulba (*Trigonella foenum-graecum* Linn.), Khatmī (*Althaea officinalis* Linn.), Muqil (*Balsamodendron mukul* Hook.), Ushaq (*Dorema ammoniacum* D. Don.) and Cow's fat in case of *Waram Sulb*.⁶

- ❖ *Huqna* (Enema) with decoction of *Bābūna* (*Matricaria chamomilla* Linn.), *Karnab* (*Brassica olearacea* Linn.), *Nākhūna* (Pods of *Trigonella uncata* Boiss), *Tukhm-i Khatmī* (Seed of *Althaea officinalis* Linn.), *Sabūs-i Gandum* (Wheat husk) in case of *Waram Sulb*.⁴

Compound drugs:

<i>Zimād-i Waram- i Kulya Qawī</i> ⁸	Local application on renal area
<i>Banādiq al-Bazūr</i> ⁷	5-7 pills with water in divided doses three times a day
<i>Iksīr-i Gurda</i> ⁷	1-2 gm.
<i>Jawārish Zar'ūnī 'Ambarī Ba Nuskha Kalān</i> ⁷	5 gm. with ' <i>Arq-i Gāozabān</i> and <i>Bed-i Mushk</i>
<i>Sharbat Bazūrī Mu'tadil</i> ⁷	24-48 ml. with water in the morning

'*Ilāj bi'l-Tadbīr* (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein) of the affected side in case of *Waram Hār*²
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein) in case of *Waram Hār*²
- ❖ *Fasd-i Mābiz* (Bloodletting through popliteal vein) in case of *Waram Hār*²
- ❖ *Huqna* (Enema) with *Roghan-i Ghār* in case of *Waram Bārid*²
- ❖ *Qay'* (Emesis) in case of *Waram Sulb*⁴

Dietary recommendations:

- ❖ *Mā' al-Jubn* in case of *Waram Hār*²
- ❖ *Mā' al-Sha'īr* mixed with '*Usāra-i Bed Sāda* (Extract of *Salix alba* Linn.) in case of *Waram Hār*²
- ❖ *Aghziya Latīfa*⁵
- ❖ *Harīra*²
- ❖ *Mā' al-'Asl*⁵

- ❖ Honey⁵

Dietary restrictions:

- ❖ Meat in case of *Waram Hār*²
- ❖ Sweet diets in case of *Waram Hār*²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid *Hammām* in case of *Waram Hār*²

Investigations:

- ❖ Complete Blood Count
- ❖ Erythrocyte Sedimentation Rate
- ❖ Kidney Function Test
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Renal Ultrasonography
- ❖ Urine Examination-Routine & Microscopic

References

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Zayābitus Shakarī (Diabetes Mellitus)

Introduction:

- ❖ It is a condition in which the patient remains always thirsty and urinates excessively.¹
- ❖ It is caused by *Ghalba-i Harārat Mufrat bar Gurda* (Predominance of excess heat on kidneys)² leading to its *Zu'f* (Weakness).³ It may also be caused by excess of heat in liver resulting in *Zu'f-i Kabid* (Hepatic debility).⁴
- ❖ It is characterized by polydipsia, polyuria,³ feeling of heat at the back (when the cause is related to kidney)⁵ or right hypochondrium (when the cause is related to liver) and emaciation.⁴

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taskīn-i 'Atsh* (Quenching of thirst)³
- ❖ *Tabrīd* (To cool the affected organs)⁴
- ❖ *Tartīb-i Badan* (To enhance moistness in the body)⁶

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Keeping of pomegranate seeds/tamarind in the mouth.⁷
- ❖ Oral administration of *Tabāshīr* (*Bambusa bambus* Druce.).⁷
- ❖ Oral administration of decanted water of tamarind.⁶
- ❖ Oral administration *Rubb-i Na'nā'* (Concentrated extract of mint).³
- ❖ Oral administration of *Bazr-i Qatūna* (Seeds of *Plantago ovata* Forsk.) with *Roghan-i Gul*.⁶

- ❖ Oral administration of decoction of *Post-i Nīm* (Bark of *Azadirachta indica* A. Juss.) mixed with *Shilājīt* (Asphaltum).⁷
- ❖ Oral administration of decoction of *Post-i Bekh-i Arnī* (Root bark of *Clerodendrum multiflorum* (Burm.f.) Kuntze) mixed with *Shilājīt* (Asphaltum).⁷
- ❖ Oral administration of powdered *Zahar Mohra* (Bezoar stone) 1 gm., *Tabāshīr* (*Bambusa bambus* Druce.) 1 gm., *Marwārīd* (Pearl) 1 gm. mixed with 2-3 ripe bananas.⁷
- ❖ Inhalation of *Nīlofar* (*Nymphaea lotus* Linn.).^{3,7}
- ❖ Inhalation of *Kāfūr* (Camphor).^{3,7}
- ❖ Application of mixture of vinegar, extracted juice of fresh coriander, rose water and *Roghan-i Banafsha* on throat and chest.⁷
- ❖ Application of paste prepared with flour of 'Adas (Lentil) and rose water on renal area.⁷
- ❖ *Huqna* (Enema) with rose water and mucilage of *Platago ovata* Forsk.⁶

Compound drugs:

<i>Qurs-i Kāfūr</i> ⁷	3 pills of 1 gm. each
<i>Qurs-i Zayābītus Khās</i> ⁸	1-2 gm.
<i>Qurs-i Tabāshīr</i> ⁷	5 gm.
<i>Qurs-i Gulnār</i> ⁷	5 gm.
<i>Qurs-i Banafsha</i> ²	4.5 gm.
<i>Roghan-i Gul</i> ²	Application on renal area

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Increase water intake³
- ❖ Rest²
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁴
- ❖ *Ābzān* (Sitz bath) in cold water⁷
- ❖ Keeping of cloth soaked in cold water on renal area.⁷
- ❖ Take dip in cold water till the body temperature falls substantially.⁷

Dietary recommendations:

- ❖ *Aghziya Bārīda* (Cold diets)⁶
- ❖ *Mā' al-Sha'īr*⁴
- ❖ *Mā' al-Jubn*⁴
- ❖ Cow milk⁶
- ❖ Butter milk prepared with cow milk⁷
- ❖ Chilled butter milk prepared with goat milk⁷
- ❖ Fresh cheese²
- ❖ Cucumber juice⁶
- ❖ *Jāmun* (*Syzygium cumini* (L.) Skeels)⁷
- ❖ Apple, pear, pomegranate² (in limited quantity as advised by the physician)

Dietary restrictions:

- ❖ Avoid *Bārīd Qābiz* (Cold, astringent) fruits having diuretic property.⁷

Tahaffuz (Prevention/Precaution):

- ❖ Avoid indulgence in sexual activities.⁶
- ❖ Avoid high calorie diet.
- ❖ Avoid sedentary lifestyle.
- ❖ Morning walk for 45 minutes.

Investigations:

- ❖ Hb A1_c
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Oral glucose tolerance test

References

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5. Ibn Hubal, 1363 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. III, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 425-427.
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7. Khān, MA, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 446-454.
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Hasāt-i Masāna (Vesicular Calculus)

Introduction:

- ❖ It is a condition in which stones are formed within the urinary bladder.¹
- ❖ It is caused by *Khilt Ghalīz* (Viscid humour) that has got concentrated by the effect of *Harārat Nāriyya* (Extreme heat)¹ accompanied with narrowness of neck of bladder.²
- ❖ It is characterized by pain in pubic region, retention of urine, urethral itching, penile erection² and haematuria.³ Its occurrence is common in children, youngsters and in thin builds.⁴

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskīn-i Dard* (Analgesia)²
- ❖ *Taftīt-i Hasāt* (To break down the calculi)²
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)²
- ❖ *Tamrīkh* (Rubbing of the pubic region with oil)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of powder of *Ajwā'in Khurāsānī* (*Hyoscyamus niger* Linn.) 250-500 mg. with sugar.²
- ❖ Oral administration of concoction of *Habb al-Qilt* (Seed of *Dolichos biflorus* Linn.) 6 gm.¹
- ❖ Oral administration of powder of *Jawakhār* (Potassium carbonate) with sugar.²
- ❖ Oral administration of powder of *Jawakhār* (Potassium carbonate)

2 gm. and *Suhāga* (Borax) 2 gm. with *Shīra-i Khār Khasak* (*Tribulus terrestris* Linn.).²

- ❖ Oral administration of *Shīra-i Barg-i Shahdī'i* (Leaf of *Vernonia cinerea* Less.) 12 gm. mixed with *Shora Qalamī* (Potassium nitrate) 2 gm.²
- ❖ *Ābzān* (Sitz Bath) with lukewarm water.²

Compound drugs:

<i>Barsha'sha</i> ²	500 mg.-2 gm.
<i>Ma'jūn-i Hajr al-Yahūd</i> ¹	7-9 gm.
<i>Ma'jūn-i Sang-i Sar-i Māhī</i> ¹	7-9 gm.
<i>Sharbat-i Ālū Bālū</i> ⁵	48-72 ml. at night
<i>Safūf-i Hajr al-Yahūd</i> ²	7 gm.
<i>Roghan-i Bābūna</i> ⁴	Local application on pubic region
<i>Roghan-i 'Aqrab</i> ⁴	Local application on pubic region and instilling of few drops in urethra

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Taghrīq-i 'Āna* (To dip the pelvic region in any suitable liquid)²

Dietary recommendations:

- ❖ *Aghziya Latīfa*²
- ❖ Diets producing good humours.²

Dietary restrictions:

- ❖ *Aghziya Ghalīza*²
- ❖ *Aghziya Muwallid-i Balgham*²

Investigations:

- ❖ Urine Examination-Routine & Microscopic
- ❖ Ultrasonography-Lower abdomen
- ❖ X-ray Kidney, Ureter, Bladder (KUB)

References

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Zu'f-i Masāna (Vesicular Debility)

Introduction:

- ❖ It is a condition in which normal functions of urinary bladder get weakened.^{1,2}
- ❖ It is caused by *Sū'-i Mizāj Bārid* (Cold morbid temperament) or predominance of *Rutūbat Fuzliyya* (Waste secretions).³
- ❖ It is characterized by dribbling of urine. Due to this weakness the patient is neither able to hold the urine nor able to pass it, resulting in dribbling.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskhīn-i Masāna* (To produce warmth in urinary bladder)^{1,4}
- ❖ *Taqwiyat-i Masāna* (To tone-up the urinary bladder)⁵
- ❖ *Taltif-i Aghziya*³
- ❖ *Tajfif-i Aghziya* (To suggest diets dry in nature)³

'Ilāj bi'l-Dawā' (Pharmacotherapy):

Compound drugs:

<i>Ma'jūn-i Kundur</i> ⁶	5 gm.
<i>Ma'jūn Za'farānī</i> ⁶	3-7 gm.
<i>Ma'jūn-i Falāsifa</i> ⁶	7 gm.
<i>Itrifal Saghīr</i> ⁵	12 gm. at bed time
<i>Itrifal Kabīr</i> ⁵	7-14 gm.
<i>Roghan-i Sosan</i> ³	Local application on pelvic region
<i>Roghan-i Bisbāsa</i> ³	Local application on pelvic region
<i>Roghan-i Bābūna</i> ³	Local application on pelvic region

Dietary recommendations:

- ❖ *Aghziya Latifa*³ in case of predominance of *Rutūbat Fuzliyya*
- ❖ *Aghziya Mujaffifa*³ in case of predominance of *Rutūbat Fuzliyya*

Dietary restrictions:

- ❖ *Aghziya Bārīda*³
- ❖ *Aghziya Rataba*³

Investigations:

- ❖ Post voiding residual volume measurement
- ❖ Urodynamic testing

References

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Taqṭīr al-Bawl (Dribbling of Urine)

Introduction:

- ❖ It is a condition in which urine passes out in drops.¹
- ❖ It is caused by *Akhlāt Hārra* (Hot humours), *Adwiya Hārra* (Drugs of hot temperament), *Aghziya Hārra*, *Takān* (Fatigue), *Kasrat-i Jimā'* (Excessive coitus), *Zu'f-i Quwwat Māsika* (Weakness of retentive power) of urinary bladder² due to *Sū'-i Mizāj Bārid* (Cold morbid temperament),³ *Waram-i Masāna* (Cystitis), *Hasāt-i Masāna* (Vesicular calculus) and *Qurūh-i Masāna* (Vesicular ulcers).⁴
- ❖ It is characterized by passing of urine in drops. It is differentiated with *Salas al-Bawl* in which urine dribbles involuntarily while in *Taqṭīr al-Bawl*, urine comes out in drops when the patient tries to urinate.⁴ There will be burning micturition and deep yellow discoloration of urine when the causative factor is related to *Harārat* (Heat), but these two features will not be there when the cause is related to weakness of retentive power of urinary bladder.⁵

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Izāla-i Hiddat-i Bawl* (To remove the acuteness of urine)⁵
- ❖ *Taskhīn-i Masāna* (To produce warmth in urinary bladder)⁵
- ❖ *Taqwiyat-i Masāna* (To tone-up the urinary bladder)⁵
- ❖ *Izāla-i Sabab* (To remove the causative factor)⁵

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Shīra-i Kāknaj* (*Physalis alkekengi* Linn.) 4 gm., *Shīra-i Habb al-Qilt* (*Dolichos biflorus* Linn.) 4 gm., *Shīra-i Dūqū*

(*Peucedanum graveolens* C. B. Clarke) 4 gm. with 'Arq-i Shāhtra 120 ml. and Sharbat Bazūri 48 ml.²

- ❖ Oral administration of *Lu'āb-i Aspghol* (Mucilage of seed of *Plantago ovata* Forsk.) with *Sharbat-i Banafsha*.²
- ❖ Oral administration of *Lu'āb-i Aspghol* (Mucilage of seed of *Plantago ovata* Forsk.) 17.5 gm. and *Lu'āb-i Bihīdāna* (Mucilage of seed of *Cydonia oblonga* Mill.) 17.5 gm. with *Roghan-i Bādām Shīrīn* 17.5 ml. and sugar 35 gm.³
- ❖ Oral administration of powder of *Barg-i Sudāb* (Leaf of *Ruta graveolens* Linn.) 4.5 gm. with lukewarm water if the cause is *Sū'-i Mizāj Bārid*.²
- ❖ Oral administration of powder of *Sa'd* (*Cyperus rotundus* Linn.) and *Kundur* (*Boswellia serrata* Roxb.) taken in equal quantity in the dose of 4.5 gm. if the cause is *Sū'-i Mizāj Bārid*.²
- ❖ Local application of *Roghan-i Sudāb* on pubic region if the cause is *Sū'-i Mizāj Bārid*.²

Compound drugs:

<i>Sharbat-i Khashkhāsh</i> ²	20-40 ml.
<i>Sharbat-i Banafsha</i> ⁴	24 ml. with water in morning
<i>Qurs Māsik al-Bawl</i> ²	7 gm.
<i>Ma'jūn-i Kundur</i> ²	5 gm.
<i>Ma'jūn-i Way</i> ²	5 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Rest³
- ❖ *Fasd* (Bloodletting)³ in case of *Harārat*

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*²
- ❖ *Aghziya Hārra*²

Dietary restrictions:

- ❖ *Aghziya Hāmiza*⁶
- ❖ *Aghziya Hirrifa*⁶

❖ *Aghziya Māliha*⁶

Tahaffuz (Prevention/Precaution):

❖ Avoid physical activities.³

Investigations:

❖ Urine Examination-Routine & Microscopic

❖ Urine-Culture & Sensitivity Test

❖ Ultrasonography

References

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Bawl al-Dam (Haematuria)

Introduction:

- ❖ It is a condition in which there is passing out of urine mixed with blood.¹
- ❖ It is caused by rupture of renal vessels, *Zu'f-i Gurda* (Renal debility) and wounds and injuries of urinary organs.²
- ❖ It is characterized by haematuria with or without pain. In case of renal ulcers the blackish blood passes along with urine, there may be nausea and pain in lumbar region. In case of vesicular ulcers, fresh blood passes through urethra after urination and there will be pain in the pubic region. In case of urethral ulcers blood comes prior to urination and pain will be in urethra.³

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Habs-i Dam* (To check bleeding)²
- ❖ *Indimāl* (To promote healing)²
- ❖ *Izāla-i Sabab* (To remove the cause)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Lu'āb-i Bihīdāna* (Mucilage of seed of *Cydonia oblonga* Mill.), *Shīra-i 'Unnāb* (*Zizyphus jujuba* Mill. & Lamk.), *Shīra-i Maghz-i Tukhm-i Tarbūz* (Seed kernel of *Citrullus lanatus* Thunb.), *Shīra-i Post-i Bekh-i Anjabār* (Root bark of *Polygonum bestorata* Linn.), *Shīra-i Tukhm-i Khurfa Siyāh* (Seed of *Portulaca oleracea* Linn.) mixed with *Sharbat-i Nīlofar* and sprinkled with *Bārtang* (Seed of *Plantago major* Linn.).⁴

- ❖ Oral administration of powder of *Chāksū* (*Cassia absus* Linn.) 20 pieces with decanted water of *Sandal Safed* (*Santalum album* Linn.).⁴
- ❖ Oral administration of powder of *Gil Armanī* (Armenian earth) 500 mg., *Gulnār* (Flower of *Punica granatum* Linn.) 1 gm., *Dam al-Akhwayn* (*Pterocarpus marsupium* Roxb.) 1 gm., and *Kahrubā* (*Pinus succinifera* Linn.) 1 gm. with *Sharbat-i Anār*.¹
- ❖ Oral administration of *Shīra-i Khār Khasak* (*Tribulus terrestris* Linn.) 7 gm., *Shīra-i Kāhū* (*Lactuca sativa* Linn.) 7 gm. with *Sharbat-i Anār*.¹

Compound drugs:

<i>Qurs-i Kahrubā</i> ⁴	5-7 gm.
<i>Qurs-i Gulnār</i> ⁴	4 gm.
<i>Qurs-i Kāknaj</i> ²	5 gm.
<i>Qurs-i Tabāshīr</i> ²	5 gm.
<i>Sharbat-i Anjabār</i> ⁴	25-50 ml.
<i>Sharbat-i Habb al-Ās</i> ⁴	12-24 ml.
<i>Sharbat-i Khashkhāsh</i> ⁴	20-40 ml.
<i>Safūf-i Shādnaj</i> ⁴	5 gm.
<i>Safūf-i Tīn</i> ⁴	7 gm.

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)²
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)²
- ❖ *Hijāma* (Cupping) on buttocks and pubic region²

Dietary recommendations:

- ❖ *Mā’ al-Sha’īr*⁴
- ❖ *Khichrī* (Cooked mixture of *Mūng* (*Vigna mungo* Linn.) & Rice)⁴

Dietary restrictions:

- ❖ *Aghziya Hārra*⁴
- ❖ *Aghziya Hirrīfa*⁴
- ❖ *Aghziya Ghalīza*¹
- ❖ Sour diets⁴

- ❖ Sweet dishes⁴

Tahaffuz (Prevention/Precaution):

- ❖ Avoid rigorous physical activities.⁴
- ❖ Avoid strong diuretics.⁴

Investigations:

- ❖ Complete Blood Count
- ❖ Bleeding Time
- ❖ Clotting Time
- ❖ X-ray Kidney, Ureter, Bladder (KUB)
- ❖ Urine Examination-Routine & Microscopic
- ❖ Urine Culture
- ❖ Ultrasonography

References

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'Izam-i Ghudda-i Mazī Sāda (Benign Prostatic Hyperplasia)

Introduction:

- ❖ It is a condition resembling the clinical features discussed under *'Ushr-i Bawl* (Dysuria), *Ihtibās-i Bawl* (Retention of urine) and *Taqṭīr-i Bawl* (Dribbling of urine) in classical literature of Unani System of Medicine. Physicians have mentioned that *Waram-i A'zā'-i Mujāwira* (Inflammation/swelling of neighboring organs) of urethra may compress it causing obstruction to flow of urine.^{1,3} These conditions may be correlated to Benign Prostatic Hyperplasia (BPH) where enlarged prostate compresses prostatic urethra and produces symptoms such as hesitancy, intermittent voiding, diminished stream, incomplete emptying, and post void leakage.
- ❖ It is caused by the abnormal accumulation of *Balgham Ghalīz* (Thick phlegm) which has been mentioned as the leading cause of swelling/inflammation of any *'Azw Ghudadī* (Gland) of the body.²
- ❖ *It is characterized by urinary frequency, hesitancy, strangury and urgency with weak urinary stream. Patient may have feeling of incomplete bladder emptying, straining and terminal dribbling. Acute and chronic urinary retention may also be present.*

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqīya* (Evacuation of morbid matter)^{2,3}
- ❖ *Talyīn o Irkhā' o Tahlīl-i Waram* (To soften, relax and resolve the swelling)^{1,2,3}

- ❖ *Ikhraj-i Bawl Bazari'a Qasatir* (Urethral catheterization) in acute retention^{1,2,3}

'Ilaj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Mā' al-Uṣūl* with castor oil.³
- ❖ Oral administration of decoction of following drugs along with *Gulqand* in the morning⁴:
Bādranjboya (*Nepeta ruderalis* Ham.) 10.5 gm., *Bādiyān* (*Foeniculum vulgare* Gaertn.) 10.5 gm.
- ❖ Oral administration of powder of following ingredients in a dose of 4.5 to 7 gm. along with *Gulqand* in the morning⁴:
Turbud (*Ipomoea turpethum* Br.), *Zanjabil* (*Zingiber officinale* Roscoe.), *Mastagī* (*Pistacia lentiscus* Linn.), Sugar
- ❖ Oral administration of decoction of *Bādiyān* (*Foeniculum vulgare* Gaertn.) 10.5 gm. with *Gulqand 'Aslī* 35 gm. in the morning.⁵
- ❖ Oral administration of 3.5 gm. of *Habb-i Khizrān* prepared with following ingredients⁴:
Ayārij-i Fayqra 10.5 gm., *Ghāriqūn* (*Agaricus alba* Linn.) 8.75 gm., *Shahm-i Hanzal* (*Citrullus colocynthis* Schard.) 5.25 gm., *Anzarūt* (*Astragalus sarcocolla* Dymock) 14 gm., *Turbud* (*Ipomoea turpethum* Br.) 24.5 gm., *Jāoshīr* (*Ferula galbaniflua* Boiss. Et Buhse) 4.5 gm., *Nawshādar* (*Sal ammoniac*) 7 gm., *Saqmūniya* (*Convolvulus scammonia* Linn.) 4.5 gm. mixed with juice of *Gandanā* (*Allium ampeloprasum* Linn.).
- ❖ Oral administration of 7-10.5 gm. of *Habb Wāsīlī* prepared with following ingredients⁴:
Sumbul al-Tīb (*Nardostachys jatamansi* (D. Don) DC.) 3.5 gm., *Salīkha* (*Cinnamomum aromaticum* Nees) 3.5 gm., *Habb-i Balsān* (Fruit of *Commiphora opobalsamum* Linn.) 3.5 gm., *Asārūn* (*Asarum europaeum* Linn.) 3.5 gm., *'Ūd-i Balsān* (*Commiphora opobalsamum* Linn.) 3.5 gm., *Mastagī* (*Pistacia lentiscus* Linn.) 3.5 gm., *Dārchīnī* (*Cinnamomum zeylanicum* Linn.) 3.5 gm., *Za'farān* (*Crocus sativus* Linn.) 3.5 gm., *Sibr* (*Aloe vera* Linn.) 56 gm., *Ustūkhudūs* (*Lavandula stoechas* Linn.) 17.5 gm., *Shahm-i Hanzal* (*Citrullus colocynthis* Schard.) 17.5 gm., *Turbud*

- (*Ipomoea turpethum* Br.) 24.5 gm. *Namak Hindī* (Salt) 7 gm., *Saqmūniya* (*Convolvulus scammonia* Linn.) 14 gm.
- ❖ Oral administration of powder of *Ustūkhūdūs* (*Lavandula steochas* Linn.) in a dose of 1 gm. with 12 gm. of *Itrifal Saghīr*, followed by administration of decoction of *Gul-i Khatmī* (Flower of *Althaea officinalis* Linn.) 3 gm., *Mawīz Munaqqa* (*Vitis vinefera* Linn.) 10 pieces, *Tukhm-i Kāsnī* (Seed of *Cichorium intybus* Linn.) 6 gm. mixed with 12 ml. of honey and sprinkled with 6 gm. of *Aspghol* (*Plantago ovata* Forsk.).³
 - ❖ *Ābzan* (Sitz bath) with decoction of following drugs⁶:
Bābūna (*Matricaria chamomilla* Linn.), *Shibit* (*Anethum sowa* Roxb.), *Bekh-i Khatmī* (Root of *Althaea officinalis* Linn.)
 - ❖ *Ābzan* (Sitz bath) with decoction of following drugs³:
Bābūna (*Matricaria chamomilla* Linn.), *Nākhūna* (Pods of *Trigonella uncata* Boiss.), *Banafsha* (*Viola odorata* Linn.), *Shīh* (*Artemisia maritima* Linn.), *Qaysūm* (*Achillea millefolium* Linn.), *Marzanjosh* (*Oliganum vulgare* Linn.)
 - ❖ *Ābzan* (Sitz bath) with decoction of following drugs in a quantity of 24 gm. each³:
Khār Khasak (*Tribulus terrestris* Linn.), *Bābūna* (*Matricaria chamomilla* Linn.), *Shibit* (*Anethum sowa* Roxb.), *Karafs* (*Apium graveolens* Linn.), *Nākhūna* (Pods of *Trigonella uncata* Boiss.), *Parsiyāoshān* (*Adiantum capillus-veneris* Linn.), *Barg-i Turb* (Leaf of *Raphanus sativus* Linn.), *Barg-i Karnab* (Cabbage), *Khatmī* (*Althaea officinalis* Linn.), *Bazr-i Katān* (Seed of *Linum usitatissimum* Linn.), *Hulba* (*Trigonella foenum-graeceum* Linn.), *Banafsha* (*Viola odorata* Linn.), *Sabūs* (Wheat husk)
 - ❖ *Natūl* (Irrigation) with decoction of following drugs³:
Bābūna (*Matricaria chamomilla* Linn.), *Shibit* (*Anethum sowa* Roxb.), *Bekh-i Khatmī* (Root of *Althaea officinalis* Linn.)
 - ❖ Application of paste of following drugs on the bladder area after mixing with juice of cabbage and *Roghan-i Khasak*⁴:
Ārd-i Hulba (Flour of seed of *Trigonella foenum-graeceum* Linn.), *Khubāzī* (*Malva sylvestris* Linn.), *Banafsha* (*Viola odorata* Linn.), *Bābūna* (*Matricaria chamomilla* Linn.), *Nākhūna* (Pods of *Trigonella uncata*

Boiss.)

- ❖ Application of paste of *Shora Qalmī* (Potassium nitrate) on the bladder area.⁴
- ❖ Application of hot paste of *Rewand Chīnī* (*Rheum emodi* Wall.) mixed with 'Arq-i Bādiyān at pubic area, testicles and around urethra.⁴
- ❖ Application of *Roghan-i Khasak*⁶ / *Roghan-i Bābūna*⁶ / *Roghan-i Gul*³ at pubic region.

Compound drugs:

<i>Habb-i Ayārij</i> ³	3-9 gm.
<i>Itrifal Ghudad</i> ⁵	12 gm. in the morning
<i>Itrifal Saghūr</i> ³	12 gm. at bed time
<i>Banādiq al-Bazūr</i> ³	5-7 pills
<i>Sharbat Dīnār</i> ⁴	24-48 ml.
'Arq-i Mako ⁴	144 ml.
<i>Habb Hindī</i> ⁴	14-21 gm.
<i>Roghan-i Khasak</i> ⁶	Local application on pubic region
<i>Roghan-i Bābūna</i> ⁶	Local application on pubic region
<i>Roghan-i Gul</i> ³	Local application on pubic region

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Urethral catheterization⁶
- ❖ Ābzan (Sitz bath)³
- ❖ Natūl (Irrigation)³

Dietary recommendations:

- ❖ *Aghziya Murattiba*⁶

Dietary restrictions:

- ❖ *Aghziya Ghalīza*⁵
- ❖ *Aghziya Hāmiza*¹
- ❖ *Aghziya Qābiza*¹
- ❖ *Aghziya Muwallid-i Balgham*⁵
- ❖ *Aghziya Muwallid-i Sawdā*⁵

Investigations:

- ❖ Ultrasonography
- ❖ Uroflowmetry
- ❖ Serum prostate-specific antigen (PSA)
- ❖ Serum acid phosphatase

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Zu'f-i Bāh (Sexual Debility)

Introduction:

- ❖ It is a condition in which sexual desire and capability to perform sexual activities decreases.¹
- ❖ It is caused by *Qillat-i Manī* (Low semen volume), *Qillat-i Hiddat-i Manī* (Decrease in normal sharpness of semen), *Zu'f-i A'zā' Ra'īsa* (Weakness of vital organs), *Istirkhā'-i Qazīb* (Flaccidity of penis) and *Umūr Wahmiyya* (Psychological factors).²
- ❖ It is characterized by a decrease in sexual competency, ability to perform sexual intercourse and desire for sex.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Afzā'ish-i Manī* (To increase the production of semen)^{2,3}
- ❖ *Taqwiyat-i Qazīb* (To tone-up the penis)^{2,3}
- ❖ *Taqwiyat-i A'zā' Ra'īsa* (To tone-up the vital organs)^{2,3}
- ❖ *Izāla-i 'Awāriz Nafsānī* (To treat the psychological factors)^{2,3}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

Compound drugs:

<i>Labūb Kabīr</i> ⁴	5 gm. in morning with milk or water
<i>Labūb Saghīr</i> ⁴	7 gm. in morning with milk
<i>LabūbBārid</i> ⁴	12 gm. in morning
<i>Ma'jūn Jalālī</i> ⁴	7 gm. in morning with milk or water
<i>Ma'jūn-i Piyāz</i> ⁵	12 gm.
<i>Ma'jūn-i Nuqra</i> ⁵	3-5 gm.

<i>Ma'jūn-i Sa'lab</i> ²	7-12 gm.
<i>Jawāriṣh Zar'ūnī</i> ⁴	7-9 gm.
<i>Habb-i 'Ambar Momiyā</i> ⁵	1 <i>Habb</i> at bed time.
<i>Habb-i Nishāt</i> ⁵	1 <i>Habb</i> two hours before coitus with milk.
<i>Habb Muqawwī</i> ⁵	2 <i>Habb</i> two hours before coitus with milk.
<i>Habb Mun'ish</i> ⁵	1-2 <i>Habb</i> two hours before coitus with milk.
<i>Habb-i Jadwār</i> ⁴	1-2 <i>Habb</i> in morning or at bed time with milk.
<i>Kushta-i Qal'ī</i> ⁴	125-250 mg.
<i>Halwa-i Bayza-i Murgh</i> ⁴	6-12 gm. twice a day.
<i>Halwa-i Sa'lab</i> ⁴	12-24 gm. with milk in morning.
<i>Halwa-i Gazar</i> ⁴	24 gm. with milk in morning.
<i>Tilā Jadīd</i> ⁵	For local application.
<i>Tilā Khās al-Khās</i> ⁵	For local application.
<i>Tilā Mubhī o Mumsik</i> ⁵	For local application.
<i>Habb Mulazziz</i> ⁴	For local application on glans penis.
<i>Mā' al-Laham</i> ⁴	24 ml.
<i>Khamīra-i Gāozabān</i> <i>'Ambarī Jawāhir Wāla</i> ⁵	5 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Tafrīhī Mashāghil* (Engagement in joyful activities)²

Dietary recommendations:

- ❖ *Muqawwī Aghziya*²
- ❖ *Sarī' al-Hazm Aghziya*²

Dietary restrictions:

- ❖ Sour diets⁴
- ❖ *Aghziya Bārīda*⁶

Tahaffuz (Prevention/Precaution):

- ❖ Avoid rigorous physical and mental indulgence before sexual activity.²
- ❖ Avoid excessive *Istifrāgh* (Evacuation).⁴

- ❖ Avoid excessive consumption of alcohol.⁴
- ❖ Avoid drugs having anaesthetic effects.⁶
- ❖ Avoid drugs that are semen siccativae.⁴

Investigations:

- ❖ Complete Blood Count
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Liver Function test
- ❖ Kidney Function Test
- ❖ Lipid Profile
- ❖ Serum Prolactin
- ❖ Serum testosterone level
- ❖ Gonadotropins level

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Qurūh-i Rahim (Uterine Ulcers)

Introduction:

- ❖ It is a condition in which ulcers appear within the uterus.¹
- ❖ It is caused by *Insibāb-i Khilt Dam* (Pouring of sanguine)² and *Insibāb-i Safrā'* (Pouring of yellow bile)¹ resulting in formation of *Busūr* (Eruptions), followed by ulceration.² It may also occur due to mismanagement during labour and trauma.^{1,3}
- ❖ It is characterized by pain in pelvic region, purulent discharge through vagina, fever with chills and rigor⁴ and headache.⁵ There may be dysuria (when the ulcers are on anterior uterine wall) and constipation (when the ulcers are on posterior uterine wall).⁵

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tabrīd* (Cooling)⁵
- ❖ *Taskīn-i Waja'* (Analgesia)⁵
- ❖ *Talyīn-i Salābat* (To soften)⁵

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Jalūs* (Sitz bath) in the decoction of *Hulba* (Seed of *Trigonella foenum-graeceum* Linn.).⁵
- ❖ *Jalūs* (Sitz bath) in the decoction of *Nākhūna* (Pods of *Trigonella uncatata* Boiss.).⁵
- ❖ *Jalūs* (Sitz bath) in the decoction of *Bābūna* (*Matricaria chamomilla* Linn.).⁵

- ❖ Local application of *Dam al-Akhwayn* (*Pterocarpus marsupium* Roxb.).⁶
- ❖ Local application of *Kundur* (*Boswellia serrata* Roxb.).⁶
- ❖ *Hamūl* with *Hinnā* (*Lawsonia inermis* Linn.).¹

Compound drugs:

<i>Sharbat-i Khashkhāsh</i> ⁷ (to relieve pain)	24 ml. in morning with water
<i>Qurs-i Kahrubā</i> ⁷	3 pills of 1 gm. each with juice of <i>Bārtang</i> (<i>Plantago major</i> Linn.)
<i>Qurs-i Kāknaj</i> ⁵	3-6 gm.
<i>Marham-i Isfīdāj</i> ²	Local application
<i>Marham-i Murdār Sang</i> ²	Local application
<i>Marham-i Bāslīqūn</i> ²	Local application

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁵

Dietary recommendations:

- ❖ *Mā’ al-Sha’īr*⁵

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Evaluation of Pap. smear
- ❖ Colposcopy

References

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'Uqr (Sterility)

Introduction:

- ❖ It is a condition in which a woman is unable to conceive.^{1,2}
- ❖ It is caused by predominance of *Burūdat* (Cold) and *Rutūbat* (Wetness) on the uterus. It may also be caused by predominance of *Harārat* (Heat), *Yubūsat* (Dryness) and *Rih Ghaliz* (Thick vapour) on it. Sometimes, it may be due to obesity and thin body structure.¹
- ❖ It is characterized by prolonged menstrual flow (Whitish in colour and thin in consistency) and cold body skin (when caused by *Burūdat*). In case of *Rutūbat*, there will be flow of secretions from uterus and in case the woman conceives, abortion occurs within three months. The menstrual blood will be thick in consistency and dark in colour when caused by *Harārat* and in case of *Yubūsat*, the quantity of menstrual blood will be lesser, the body structure will be thin and vagina will be dry. The pelvic region will bulge out in the case of *Rih Ghaliz*.¹

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqiya-i Khilt Ghālib* (Evacuation of predominant humour)¹
- ❖ *Taskhīn* (To produce warmth)^{2,3} in case of *Burūdat*
- ❖ *Tabrīd* (To produce cold)^{2,3} in case of *Harārat*
- ❖ *Tartīb* (Moistening of body)^{2,3} in case of *Yubūsat*
- ❖ *Tahzīl* (To induce the weight loss)^{2,3} in case of obesity
- ❖ *Tasmīn* (To increase the weight)^{2,3} in case of thin body structure
- ❖ *Taqwiyat-i Rahim* (To tone-up the uterus)^{2,3}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Farzaja* (Pessary) containing following ingredients¹:

Jawzbuwā (*Myristica fragrans* Houtt.), *Qaranfal* (*Myrtus caryophyllus* Linn.), *Jāwitri* (Aril of *Myristica fragrans* Houtt.)

Compound drugs:

<i>Habb Mu'in-i Hamal</i> ¹	60 mg. during menses followed by sexual contact.
<i>Halwa'-i Supāri Pāk</i> ¹	12-24 gm.
<i>Ma'jūn-i Supāri Pāk</i> ⁴	24 gm. twice daily
<i>Dawā'-i Luk</i> ¹	4.5 gm. in case of obesity
<i>Ma'jūn Nashāra-i 'Āj Wāl</i> ⁵	5 gm. in the morning with water

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām Murattib* (Bath producing wetness)³ in case of *Yubūsat*
- ❖ *Fasd* (Bloodletting)¹ in case of obesity

Dietary recommendations:

- ❖ *Aghziya Nāshifa*¹ in case of *Rutūbat*
- ❖ *Aghziya Murattiba*³ in case of *Yubūsat*
- ❖ *Aghziya Musamma*¹

Dietary restrictions:

- ❖ Decrease in food quantity in case of obesity.¹

Investigations:

- ❖ Follicle Stimulating Hormone (FSH)
- ❖ Luteinizing Hormone (LH)
- ❖ Estradiol
- ❖ Prolactin
- ❖ Ultrasonography Lower abdomen
- ❖ Endometrial biopsy
- ❖ Hysterosalpingography
- ❖ Laparoscopy

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Kasrat-i Isqāt (Habitual Abortion)

Introduction:

- ❖ It is a condition in which the patient conceives but mostly remains unable to carry the foetus for the whole period of uterine life and eventually aborts.¹
- ❖ It is caused by both external and internal factors. External factors include use of highly potent drugs, strong purgatives, heavy physical activities, trauma, etc. Internal causes include foetal abnormalities and psychological, physical and uterine factors.¹ Important uterine factors include dilatation of cervix and predominance of *Rutūbat* (Wetness) and *Rih* (Gases) on it.²
- ❖ It is characterized by recurrent abortions.¹ Other clinical features will be according to the factors which may be external and internal.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ To avoid the use of highly potent drugs, strong purgatives, heavy physical activities and trauma.²
- ❖ *Taqwiyat-i Rahim* (To tone-up the uterus)²
- ❖ *Taskhīn-i Rahim* (To produce warmth into the uterus)²
- ❖ *Tahlīl-i Riyāh-i Rahim* (To resolve the gases in uterus)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Rubb-i Anār*.²

Compound drugs:

<i>Ayārij Lawghāziya</i> ² (for evacuation)	5-10 gm.
<i>Dawā' al-Misk</i> ³ (for psychological factors)	7 gm. with 'Arq-i Gāozabān 72 ml. in the morning.
<i>Jawārish-i 'Ambar</i> ²	4.5 gm.
<i>Jawārish Lu'luwī</i> ³	5 gm.
<i>Halwa'-i Supāri Pāk</i> ³	12-24 gm.
<i>Ma'jūn-i Hamal 'Ambarī 'Alvī Khānī</i> ⁴	5 gm.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Riyāzat Mu'tadila* (Moderate exercise)²
- ❖ *Istirāhat* (Complete bed rest)²

Dietary recommendations:

- ❖ Diets producing good humours.²

Dietary restrictions:

- ❖ *Aghziya Hirrīfa*²
- ❖ *Aghziya Mudirr-i Bawl o Hayz*²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid external causative factors.²
- ❖ Avoid sexual intercourse.²

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Thyroid Profile
- ❖ Serum Prolactin
- ❖ Ultrasonography Lower Abdomen
- ❖ Transvaginal Ultrasound

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Qay' al-Hawāmil

(Vomiting during Pregnancy)

Introduction:

- ❖ It is the vomiting related to the pregnancy.^{1,2}
- ❖ It is caused by accumulation of excessive *Fuzlāt* (Waste matters)³/*Akhlāt* (Humours)⁴ in the stomach during pregnancy.
- ❖ It is characterized by nausea, retching, vomiting during first four months of pregnancy. Treatment is required only when these symptoms are severe and continue for more than four months or there are chances of bad effect on maternal and foetal health.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tahlīl-i Akhlāt* (Resolution of humours)⁴
- ❖ *Tanqiya-i Mi'da* (Evacuation of morbid matter) from the stomach⁵
- ❖ *Taqwiyat-i Mi'da* (To tone-up the stomach)⁵

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Licking of *Sikanjabīn Sāda* 24 ml. mixed with *Gulqand* 24 gms.¹
- ❖ Chewing of few fresh branches of *Mentha arvensis* Linn. along with roasted quince.¹
- ❖ Chewing of fresh *Barg-i Pudīna* (Leaf of *Mentha arvensis* Linn.) with pomegranate seeds.⁵
- ❖ Oral administration of *Bādiyān* (*Foeniculum vulgare* Mill.).³
- ❖ Oral administration of decoction of '*Asā' al-Rā'ī* (*Amaranthus tristis* Linn.).³

- ❖ Oral administration of small quantity of *Sudāb* (*Ruta graveolens* Linn.).³
- ❖ Oral administration of small quantity of *Reward chīnī* (*Rheum emodi* Wall.) before and after meal.^{3,5}
- ❖ Local application of paste prepared with *Barg-i Angūr* (Leaf of *Vitis vinifera* Linn.) *Gulnār* (Flower of *Punica granatum* Linn.), *Karafs* (*Apium graveolens* Linn.), *Bādiyān* (*Foeniculum vulgare* Mill.) on the epigastric region.³

Compound drugs:

<i>Sikanjabīn Laymūnī</i> ¹	12-24 ml. with water
<i>Murabbā-i Laymūnī Kāghazī</i> ¹	As directed by physician
<i>Murabbā-i Turanjī</i> ¹	As directed by physician
<i>Sharbat-i Anār Turshī</i> ¹	24 ml. with water in the morning
<i>Sharbat-i Tamar Hindī</i> ⁶	24-48 ml. with water in the morning
<i>Sharbat-i Bihī</i> ⁶	24-48 ml. with water in the morning
<i>Jawārish-i Anārayn</i> ⁶	7 gm. twice a day with water
<i>Jawārish-i Tamar Hindī</i> ⁶	5-9 gm. in the morning

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Follow the general regimen for pregnant woman.⁷

Dietary recommendations:

- ❖ Frequent small meals⁷
- ❖ *Aghziya Latīfa*⁷
- ❖ *Aghziya Hāmiza*⁷

Dietary restrictions:

- ❖ *Aghziya Radiyya*⁷

Investigations:

- ❖ Liver Function Test
- ❖ Kidney Function Test

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Tahajjur-i Mafāsīl

Introduction:

- ❖ It is a condition in which joints get stiff.¹
- ❖ It is caused by chronicity of arthritis and its mismanagement.²
- ❖ It is characterized by stiffness of joints with node formation. Movements of joints are restricted and painful.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Talyīn* (To soften the joint)²
- ❖ *Tahlīl* (To resolve the inflammation)²
- ❖ *Tanqīya* (Evacuation of causative matter)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Local application of *Ushaq* (*Dorema ammoniacum* D. Don.) mixed with vinegar.²
- ❖ Local application of *Roghan-i Kunjad* after mixing with duck fat.²
- ❖ Local application of ointment prepared with *Kunjad Muqashshar* (*Sesamum indicum* Linn.), *Muqil* (*Balsamodendron mukul* Hook.), *Roghan-i Bābūna* and *Āb-i Marzanjosh* (Juice of *Oliganum vulgare* Linn.).²
- ❖ Local application of ointment prepared with *Tukhm-i Hulba* (Seed of *Trigonella foenum-graeceum* Linn.) and *Tukhm-i Katān* (Seed of *Linum usitatissimum* Linn.) and *Roghan-i Sosan*.³
- ❖ Local application of *Ārd-i Karsana* (Flour of *Pisum sativum* Linn.) and *Turmus* (*Lupinus albus* Linn.) after mixing with *Sikanjabīn*.⁴

- ❖ Fomentation with vapours of decoction of *Tukhm-i Shibit* (Seed of *Anethum sowa* Roxb.).²

Compound drugs:

<i>Habb-i Suranjān</i> ²	3 gm. in morning & evening
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'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām Murattib* (Moisture producing bath)² frequently
- ❖ *Qay'* (Emesis)² frequently
- ❖ *Tamrīkh* (Applying oil on the joint)²
- ❖ *Ābzan* (Sitz Bath)²

Dietary recommendations:

- ❖ *Aghziya Musakhkhina*²
- ❖ *Aghziya Murattiba*²

Dietary restrictions:

- ❖ Milk²
- ❖ Sour diets²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid use of cold water.²
- ❖ Avoid excessive coitus.²

Investigations:

- ❖ X-ray of the joint
- ❖ Arthritic profile (Serum Uric Acid, Rheumatoid Factor, ASO Titre, ESR, C-Reactive Protein)
- ❖ Synovial fluid analysis

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4. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, p. 924.

***Dā' al-Fīl* (Elephantiasis)**

Introduction:

- ❖ It is condition in which *non-pitting oedema* leads to increase in the girth of legs.¹
- ❖ It is caused by *Sawdā'* (Black bile) [commonly], *Balgham* (Phlegm) and *Dam* (Sanguine) [rarely].²
- ❖ It is characterized by an increase in the circumference of foot and leg as much as they may resemble to elephant's legs.^{3,4} In the initial stages, the part remains hard, hot and red but later on becomes ash coloured sometimes accompanied with cracks and ulcerations (when caused by black bile) but in case of causative factor being *Balgham* (Phlegm), the part will be comparatively soft and cold.⁴ Moreover, there will be difficulty in walking⁵ and decreased local sensation.³

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqīya-i Badan* (Evacuation of morbid humours from the body)⁴
- ❖ *Taqwiyat-i 'Azw* (To tone-up the affected part)⁴
- ❖ *Tajfif* (To produce dryness) if caused by phlegm³
- ❖ *Man'-i Insibāb* (To stop pouring of matter)²
- ❖ *Talfif-i Sāq* (To wrap the calf)⁵ for compression

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Aftīmūn*.⁴
- ❖ *Natūl* (Irrigation) of the following decoction on the affected part⁵:
Bābūna (*Matricaria chamomilla* Linn.), *Tukhm-i Hulba* (Seed of *Trigonella*

foenum-graeceum Linn.), *Nākhūna* (Pods of *Trigonella uncatata* Boiss.), *Sabūs* (Wheat husk).

- ❖ Local application of paste prepared with *Sibr* (*Aloe vera* Linn.), *Murr* (*Commiphora myrrha* Nees.), *Aqāqiya* (Extract of pods of *Acacia Arabica* Willd.), *Post-i Anār* (Fruit rind of *Punica granatum* Linn.) and vinegar.³

Compound drugs:

<i>Filiyā</i> ⁶	1 pill twice daily with water or milk for 40 days
<i>Itrifal Saghūr</i> ⁴	12 gm. with 1.75 gm. of <i>Zanjabil</i> (<i>Zingiber officinale</i> , Roscoe.) and <i>Kundur</i> (<i>Boswellia serrata</i> , Roxb.) after <i>Qay'</i> (Emesis) in morning

'*Ilāj bi'l-Tadbīr* (Regimenal therapy):

- ❖ *Qay'* (Emesis)²
- ❖ *Ishāl* (Purgation)⁵
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)³
- ❖ *Fasd-i Mābiz* (Bloodletting through popliteal vein)³
- ❖ *Hijāmat-i Sāq* (Cupping on calf)³

Dietary recommendations:

- ❖ *Mā' al-Jubn*⁵
- ❖ *Aghziya Latifa*³

Dietary restrictions:

- ❖ *Aghziya Ghaliza*³
- ❖ *Aghziya Bārīda*⁵
- ❖ *Aghziya Muwallid-i Balgham*⁴
- ❖ *Aghziya Muwallid-i Sawdā*⁵
- ❖ Salty and sour diets³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid standing and walking for a longer period of time.⁵

Investigations:

- ❖ Assays for circulating antigens of *W. Bancrofti*
- ❖ Doppler Ultrasound for suspected cases of lymphatic filariasis
- ❖ Absolute Eosinophil count
- ❖ IgE

References

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2. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 906-908.
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4. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 313-314.
5. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 295-296.
6. Anonymous, 2011, *National Formulary of Unani Medicine*, Part VI, CCRUM, New Delhi, p. 14.

Dummal (Boil)

Introduction:

- ❖ It is a condition in which conical *Busra* (Skin eruption) of bigger size appears on the skin.^{1,2} It is mostly seen in diabetics.
- ❖ It is caused by *Khūn Hādd* (Acute sanguine) mixed with *Rutūbat Ghalīz* (Thick secretion) and associated with *Ridā'at-i Hazm* (Deranged metabolism) and strenuous activities.³
- ❖ It is characterized by conical shaped eruptions (usually), pain and burning sensation (initially) and has the tendency to convert into *Khurāj* (Abscess).⁴ The tip of the eruption remains red and sharp.¹

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taskīn-i Hiddat* (To remove the acuteness of causative matter)⁴
- ❖ *Inzāj* (To make the matter suitable for evacuation)⁵
- ❖ *Tahlīl* (Resolution)³
- ❖ *Taffīr* (To facilitate drainage of *Dummal*)⁵
- ❖ *Tanqīya* (To clean the wound)³
- ❖ *Indimāl* (To promote healing)⁵
- ❖ *Taqlīl-i Ghizā* (To restrict the diet)³
- ❖ *Tasfiya-i Dam* (To purify the sanguine)³

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Local application of *Aspghol* (*Plantago ovata* Forsk.) after mixing with rose water and vinegar (for *Taskīn-i Hiddat*).³

- ❖ Local application of *Khatmī* (*Althaea officinalis* Linn.) after mixing with rose water and vinegar (for *Taskīn-i Hiddat*).³
- ❖ Local application of crushed leaves of *Nīm* (*Azadirachta indica* A. Juss.) mixed with water (for *Nuzj*).³
- ❖ Local application of crushed leaves of *Nīm* (*Azadirachta indica* A. Juss.) mixed with salt (for *Taffīr*).⁴
- ❖ Local application of *Anzarūt* (*Astragalus sarcocola* Dymock.) mixed with honey (for *Indimāl*).⁴
- ❖ Oral administration of decoction of *Halayla Zard* (*Terminalia chebula* Retz.), *Shāhtra* (*Fumaria parviflora* Lam.) and *Sanā* (*Cassia angustifolia* Vahl).⁵
- ❖ Oral administration of concoction of *'Unnāb* (*Zizyphus Jujuba* Mill. & Lamk.).⁵

Compound drugs:

<i>Sikanjabīn Sāda</i> ⁴	35 ml. for <i>Taskīn-i Hiddat</i>
<i>'Arq-i Gulāb</i> ⁴	35 ml. for <i>Taskīn-i Hiddat</i>
<i>Marham Siyāh</i> ⁴	Local application
<i>Marham-i Rāl</i> ⁴	Local application
<i>Marham-i Isfīdāj</i> ⁴	Local application

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)⁵
- ❖ *Ishāl* (Purgation)⁵
- ❖ *Hijāma* (Cupping)³

Dietary recommendations:

- ❖ *Aghziya Hāmiza*⁶
- ❖ *Aghziya Qābiza*⁶

Dietary restrictions:

- ❖ Sweat dishes^{3,5}
- ❖ Meat^{3,5}

Tahaffuz (Prevention/Precaution):

- ❖ Avoid excessive food intake.⁴
- ❖ Avoid any regimen aggravating *Imtilā'*.⁴
- ❖ *Avoid spicy and seasoned foods.*

Investigations:

- ❖ Complete Blood Count
- ❖ Blood Sugar- Fasting & Postprandial

References

1. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 198-199.
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5. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā*, CCRUM, New Delhi, pp. 439-446.
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Busūr Labaniyya (Acne)

Introduction:

- ❖ It is a condition in which small, milky white *Busūr* (Eruptions) appear on face,¹ especially on cheeks and nose during adolescence.²
- ❖ It is caused by unresolved thick *Sadīdī Mādda* (Ichorous matter) stuck within skin pores.²
- ❖ It is characterized by appearance of small, milky white *Busūr* (Eruptions) on face during adolescence which when squeezed give rise to a greasy material. These are also known as *Zīrwān* due to their resemblance with *Zīra* (Cumin seed).²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqīya-i Badan o Dimāgh* (Evacuation of body and brain) followed by *Itfā'-i Dam* (To modulate the heat of sanguine)²
- ❖ *Tajliya* (Topical cleansing) by *Jālī Adwiya* (Detergent drugs)²
- ❖ *Tahlīl o Tajfīf* (Resolution & Desiccation) when *Tajliya* (Cleansing) is ineffective²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Local application of paste prepared with *Maghz-i Ghongchī* (Kernel of *Abrus precatorius* Linn.) mixed with *Roghan-i Kunjad* on affected area overnight.²
- ❖ Local application of paste prepared with *Salikha* (*Cinnamomum cassia* Blume.) mixed with honey.²
- ❖ Local application of paste prepared with *Sīr Khām* (Garlic cloves) mixed with vinegar and honey.²

- ❖ Local application of paste prepared with *Murdār Sang* (Litharge) mixed with vinegar.²
- ❖ Local application of paste prepared with powder of *Khūb Kalān* (*Sisymbrio irio* Zinn.), *Sandal Safed* (*Santalum album* Linn.) and *Sandal Surkh* (*Pterocarpus santalinus* Linn.) mixed with Rose water.²
- ❖ Local application of paste prepared with powder of *Kaf-i Dariyā* (Cuttle fish bone) and *Maghz-i Bādām Talkh* (*Prunus amygdalus* Batsch.) overnight and washed in the morning with lukewarm water.²
- ❖ Local application of paste prepared with powder of *Post-i Darakht-i Siras* (Bark of *Albizia lebbek*, (Linn.) Benth.) and *Kunjad Siyāh* (Seed of *Sesamum indicum* Linn.) mixed with vinegar.³

Compound drugs:

<i>Habb-i Qawqāyā</i> ² (for evacuation)	4.5 gm. with lukewarm water at bed time
<i>Habb-i Sibr</i> ² (for evacuation)	2 <i>Habb</i> twice a day
<i>Habb-i Ayārij</i> ² (for evacuation)	3-9 gm.

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Ishāl* (Purgation)²

Tahaffuz (Prevention/Precaution):

- ❖ *Frequent washing of face*
- ❖ *Avoid constipation and indigestion*

Investigations:

- ❖ Complete Blood Count
- ❖ Liver Function Test

References

1. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi’l-Tibb*, Vol. IV, Dā’ira al-Ma’ārif al-‘Usmāniya, Hyderabad, p. 204.
2. Khān M A, 1906, *Iksīr-i A’zam*, Vol. IV, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 450-451.
3. Khān M A, 2006, *Rumūz-i A’zam*, Vol. II, CCRUM, New Delhi, pp. 382-384.

Namla (Herpes)

Introduction:

- ❖ It is a condition in which rapidly spreading, superficial small *Busūr* (Eruptions) and inflammatory patches appear on the skin.^{1,2}
- ❖ It is caused by *Safrā'* (Yellow bile) mixed with *Dam* (Sanguine).¹
- ❖ It is characterized by appearance of rapidly spreading, superficial small *Busūr* (Eruptions) and inflammatory patches on the skin^{1,3} with the sensation of ant biting, itching and burning.³ These *Busūr* (Eruptions) may either resolve or turn into ulcers.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqiya-i Safrā' o Dam* (Evacuation of yellow bile & sanguine)⁴ through *Ishāl* (Purgation) for bilious part and *Fasd* (Bloodletting) for sanguineous part, respectively.
- ❖ *Itfā'-i Hiddat-i Dam* (To normalize the heat of sanguine)⁴
- ❖ *Tabrīd Maqāmī* (Topical cooling)⁴ to relieve the symptoms
- ❖ *Tajfīf Maqāmī* (Local desiccation)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Mā' al-Fawākih* with *Saqmūniya* (*Convolvulus scammonia* Linn.) for *Ishāl-i Safrā'* (Purgation of yellow bile).⁴
- ❖ Oral administration of *Joshānda-i Halayla* for *Ishāl-i Safrā'* (Purgation of yellow bile).⁵
- ❖ Local application of paste prepared with *Gil Armanī* (Armenian earth), *Rasawt* (*Berberis aristata* DC.) and *Kāfūr* (Camphor) mixed with egg white.⁵

- ❖ Local application of ointment prepared with *Māzū Khām* (unripe *Quercus infectoria* Oliv.), *Barg-i Ās Khushk* (Dried leaves of *Myrtus communis* Linn.), *Roghan-i Gul* and *Mom* (Wax) $\frac{3}{4}$ of all the contents.⁵
- ❖ Local application of paste prepared with *Gil Armanī* (Armenian earth), *Sandal Safed* (*Santalum album* Linn.), *Gul Surkh* (*Rosa damascena* Mill.), *Gulnār* (Flower of *Punica granatum* Linn.) mixed with *Āb-i 'Inab al-Sa'lab* (Juice of leaves of *Solanum nigrum* Linn.).⁵

Compound drugs:

<i>Sharbat-i 'Unnāb</i> ⁴	24-48 ml. with water in the morning.
<i>Marham-i Isfidāj</i> ^{3,4}	Local application on ulcers after mixing with camphor.

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)⁴
- ❖ *Ishāl* (Purgation)⁴

Dietary recommendations:

- ❖ *Mā' al-Rummān*⁴
- ❖ *Mā' al-Sha'īr*⁶
- ❖ *Muzawwara-i Āb-i Ghawra*⁵
- ❖ *'Adas Muqashshar* (Dehusked seed of *Lens culinaris* Medic.) cooked with vinegar.⁵

Dietary restrictions:

- ❖ Sweet and salty dishes.⁵

Tahaffuz (Prevention/Precaution):

- ❖ Avoid heavy exercises.⁵
- ❖ Avoid excessive meat intake.

Investigations:

- ❖ Complete Blood Count
- ❖ Tzanck Smear

References

1. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā*, CCRUM, New Delhi, pp. 429-430.
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3. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV, Dā'ira al-Ma'ārif al-'Usmāniya, Hyderabad, p. 193.
4. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 189-190.
5. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 372-375.
6. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, p. 353.

***Banāt al-Layl* (Nocturnal Eruptions)**

Introduction:

- ❖ It is a condition in which very small eruptions accompanied with itching and roughness appear during night.¹
- ❖ It is caused by *Ihtibās-i Fuzlāt o Bukhārāt* (Retention of waste products and vapours) under the skin due to narrowing of pores.²
- ❖ It is characterized by appearance of skin coloured small eruptions during night accompanied with itching, giving a sense of pleasure to patient initially but painful later on. The cold environment aggravates the condition.^{2,3}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taftīh o Tawsī'-i Masām* (Dilatation of skin pores)⁴
- ❖ *Tanqīya-i Badan* (Evacuation of morbid matter from body)^{4,5}
- ❖ *Taskīn-i Khārish* (To relieve itching)²

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Halayla* for *Tanqīya*.²
- ❖ Oral administration of *Mā' al-Fawākih* for *Tanqīya*.²
- ❖ Local application of vinegar sediments.⁴
- ❖ Local application of vinegar sediments mixed with *Āb-i Karafs* (Juice of *Apium graveolens* Linn).²
- ❖ Local application of wheat husk mixed with vinegar.²
- ❖ Local application of *Sibr* (*Aloe vera* Linn.) mixed with honey.²

Tlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath)² for *Taftīh o Tawsī'-i Masām* (Dilatation of skin pores)
- ❖ *Tamrīkh* (Local application of drugs)² for *Taftīh o Tawsī'-i Masām* (Dilatation of skin pores)
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)² for *Tanqīya*
- ❖ *Ishāl* (Purgation)² for *Tanqīya*

Dietary recommendations:

- ❖ *Muzawwara-i Māsh o Maghz-i Bādām o Pālak* (Gravy of dish prepared with green gram, almond kernel and spinach)²
- ❖ *Mufattih o Jālī Aghziya* (Diets removing obstruction and having detergent properties)²

Dietary restrictions:

- ❖ Diets causing dryness and obstruction²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid exposure to cold.²
- ❖ Avoid food intake during night.²

Investigations:

- ❖ Complete Blood Count , Erythrocyte Sedimentation Rate, Absolute Eosinophil Count
- ❖ Urine Examination-Routine & Microscopic
- ❖ Liver Function Test
- ❖ Stool examination

References

1. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 139-140.
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3. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 216.
4. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, p. 422.
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Nār Fārsī

Introduction:

- ❖ It is an '*Afūnatī* (Infectious) skin disorder with eruptions having severe burning sensation and itching.^{1,2}
- ❖ It is caused by *Safrā'* (Yellow bile) mixed with small quantity of *Sawdā'* (Black bile)¹ or *Hādd Safrā'* (Acrid yellow bile) mixed with *Dam* (Sanguine)³ and usually occurs during epidemics.^{1,2}
- ❖ It is characterized by initial appearance of *Surkh/Tā'ūsī Khutūt* (Red/peacock green colored lines) followed by rapidly spreading *Busūr* (Eruptions), which are filled with watery fluid. There is severe burning sensation and itching with immediate crusting. These *Busūr* (Eruptions) are encircled with a large number of smaller eruptions.¹ Sometimes, it is accompanied with fever specially during epidemics.^{1,2}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Taskīn-i 'Alāmāt* (To relieve the symptoms)²
- ❖ *Ta'dīl-i Khilt* (Normalization of causative humour) with *Mubarridāt* (Coolants) and *Murattibāt* (Humectants)^{2,4}
- ❖ *Tarqīq o Tartīb-i Dam* (To make sanguine thinner and increase its liquidity) after *Fasd* (Bloodletting) and *Ishāl* (Purgation)²
- ❖ *Talyīn-i Tabī'at* (Laxation)²

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Āb-i Tamar Hindī* (Decanted water of pulp of Tamarind).²

- ❖ Oral administration of *Āb-i Bittīkh Hindī* (Juice of water melon).³
- ❖ Oral administration of *Āb-i Khayār* (Juice of Cucumber).³
- ❖ Oral administration of *Āb-i Shāhtra Murawwaq* (Filtered juice of *Fumaria parviflora* Lamk.) and *Āb-i Kāsni Murawwaq* (Filtered juice of *Cichorium intybus* Linn.).²
- ❖ Oral administration of *Mā' al-Fawākih* for *Talyīn*.²
- ❖ Local application of paste prepared with powder of *Māzū* (*Quercus infectoria* Oliv.) mixed with vinegar.²
- ❖ Local application of paste prepared with *Gil Armanī* (Armenian earth) mixed with vinegar and water.⁵
- ❖ Local application of paste prepared with *Isfīdāj* (Zinc oxide), *Murdār Sang* (Litharge), *Sandal Safed* (*Santalum album* Linn.) and *Kāfūr* (Camphor) mixed with *'Arq-i Gulāb*.²
- ❖ Local application of *Lu'āb-i Bazr-i Qatūnā* (Mucilage of seed of *Plantago ovata* Forsk.) for *Tabrīd* (Cooling) to relieve burning and itching.⁶
- ❖ Local application of *Lu'āb-i Bārtang* (Mucilage of *Plantago major* Linn.) for *Tabrīd* (Cooling) to relieve burning and itching.⁶

Compound drugs:

<i>Sharbat-i 'Unnāb</i> ²	24-48 ml. with water in morning
<i>Marham-i Isfīdāj</i> ⁵	Local application after mixing with camphor

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting)^{1,3}
- ❖ *Hijāma* (Cupping) when *Fasd* (Bloodletting) is contraindicated.²
- ❖ *Ishāl* (Purgation)⁶

Dietary recommendations:

- ❖ *Aghziya Mubarrida*³
- ❖ *Mā' al-Sha'īr*³
- ❖ *Āb-i Anārayn* (Pomegranate juice)²

Dietary restrictions:

- ❖ *Aghziya Hirrifa*³
- ❖ Meat²
- ❖ *Halwahjat*²
- ❖ Prolonged use of garlic and *Khardal* (*Brassica nigra* Linn.).²
- ❖ *Avoid spicy and seasoned food.*

Tahaffuz (Prevention/Precaution):

- ❖ Avoid local application of *Mu'affinat* (Things causing putrefaction).¹
- ❖ Avoid local application of highly potent *Mubarridat* (Coolants).¹
- ❖ Avoid local application of highly potent *Qabizat* (Astringents).¹
- ❖ Avoid local application of highly potent *Muhallilat* (Resolvents).¹
- ❖ Avoid excessive exposure to sunlight.²
- ❖ *Avoid local application of soap and warm water.*
- ❖ *Avoid exposure to extremes of climates.*

Investigations:

- ❖ Complete Blood Count
- ❖ Skin biopsy

References

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4. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, p. 354.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 194.
6. Nafisb. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 191.

Sa'fa Rataba

Introduction:

- ❖ It is a condition in which ulceration occurs in the hair follicles especially of scalp and face with oozing of yellowish fluid. Its occurrence is common in children.^{1,2}
- ❖ It is caused by *Akkāl o Hādd Radī Rutūbāt* (Corrosive & noxious fluids) mixed with *Dam* (Sanguine).³
- ❖ It is characterized by appearance of small *Busūr* (Eruptions) on hair follicles of the skin followed by their ulceration, encrusting (Crusts reddish in colour) and continuous oozing of yellowish fluid from them. There may be pain, itching and burning sensation.⁵ It is also known as *Ganj* due to the falling off hair of affected area.^{4,5,6}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqīya* (Evacuation of causative fluid)¹
- ❖ *Islāh-i Dam* (To normalize the sanguine)^{1,2}
- ❖ *Islāh-i Ghizā* (Dietary modification)^{1,2}
- ❖ *Tadbīr Maqāmī* (Topical regimen) ^{1,2}
- ❖ *Inbāt-i Sha'r* (Trichogenesis)^{1,2}

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Halayla* after *Fasd* (Bloodletting).^{1,2}
- ❖ Oral administration of decoction of *Shāhtra* (*Fumaria parviflora* Lamk.), *Halayla Kābulī* (*Terminalia chebula* Retz.) and *Halayla Siyāh* (*Terminalia chebula* Retz.).⁷

- ❖ Local application of *Zard Chob* (*Curcuma longa* Linn.), *Post-i Anār* (Fruit rind of *Punica granatum* Linn.), *Murdār Sang* (Litharge), *Hinnā* (*Lawsonia inermis* Linn.) mixed with vinegar and *Roghan-i Gul*.²
- ❖ Local application of *Namak* (Common salt) mixed with vinegar.⁶
- ❖ Local application of *Khardal Biryān* (Roasted seeds of *Brassica nigra* Linn.) mixed with mustard oil.⁶

Compound drugs:

<i>Habb-i Shāhtra</i> ⁶	7-9 gm.
<i>Marham Surkh</i> ⁵	Local application
<i>Marham-i Sa'fa</i> ⁶	Local application

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd* (Bloodletting) through cephalic vein.^{1,2}
- ❖ *Hijāma* (Cupping) on nape of neck.^{1,2}
- ❖ *Irsāl-i 'Alaq* (Leeching)^{1,2}

Dietary recommendations:

- ❖ Non-spicy diets^{1,2}
- ❖ *Aghziya Latīfa*⁷

Dietary restrictions:

- ❖ *Aghziya Hirrīfa*^{1,2}
- ❖ *Aghziya Mughalliz-i Dam*^{1,2}
- ❖ *Aghziya Mubakhkhira*⁵
- ❖ Sweet dishes⁷

Investigations:

- ❖ Blood Sugar-Random, Fasting and Postprandial
- ❖ Gram staining of skin swab/scraping

References

1. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 209-210.

2. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 360-361.
3. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 413-415.
4. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 178-179.
5. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 428-436.
6. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 378-380.
7. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 206-207.

Sa'fa Yābisa

Introduction:

- ❖ It is a condition in which ulceration occurs in the hair follicles especially of scalp and face accompanied with encrusting (Crusts white in colour).^{1,2}
- ❖ It is caused by *Sawdā'* (Black bile) mixed with *Rutūbat Hirrīfa* (Irritant fluid).¹
- ❖ It is characterized by appearance of small *Busūr* (Eruptions) on hair follicles of the skin followed by their ulceration, encrusting (Crusts whitish in colour)^{1,2} and hair loss in patches.³

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Istifrāgh-i Sawdā'* (Evacuation of black bile)²
- ❖ *Tarqīq-i Mādda* (To make the causative matter thinner)²
- ❖ *Izāla-i Hiddat-i Mādda* (To reduce the acuteness of morbid matter)²
- ❖ *Tartīb-i Mizāj* (To moisten the temperament)²
- ❖ *Tartīb Maqāmī* (Local Moistening)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Joshānda-i Halayla*.⁵
- ❖ Oral administration of *Joshānda-i Aftīmūn*.⁵
- ❖ Oral administration of *Joshānda-i Shāhtra*.⁵
- ❖ Local application of ointment of *Zard Chob* (*Curcuma longa* Linn.), *Murdār Sang* (Litharge), vinegar and *Roghan-i Zaytūn* (Olive oil).⁵

Compound drugs:

<i>Itrīfal-i Shāhtra</i> ⁶	7-12 gm.
<i>Itrīfal-i Sanā</i> ⁶	7-12 gm.
<i>Safūf-i Lājward</i> ⁷	5-10 gm.
<i>Marham-i Sa'fa</i> ⁶	Local application
<i>Roghan-i Kadū</i> ²	Local application
<i>Roghan-i Banafsha</i> ²	Local application
<i>Roghan-i Badam Shīrīn</i> ² (for moistening)	Local application

Ṭlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Tadābīr Murattiba* (Wetness producing regimens)⁵
- ❖ *Hammām* (Bath)²
- ❖ *Irsāl-i 'Alaq* (Leeching)⁵
- ❖ *Hijāma* (Cupping)¹
- ❖ *Inkibāb-i Rās* (Vaporization of head)¹

Dietary recommendations:

- ❖ *Aghziya Murattiba*⁴
- ❖ *Mā' al-Jubn*¹

Dietary restrictions:

- ❖ Sweet dishes¹
- ❖ *Aghziya Hirrifa*¹
- ❖ *Aghziya Māliha*¹
- ❖ *Talkh Aghziya* (Bitter diets)¹

Investigations:

- ❖ Blood Sugar-Random, Fasting and Postprandial
- ❖ Gram staining of skin swab/scraping

References

1. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 413-415.

2. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 209-210.
3. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 178-179.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 206-207.
5. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 360-361.
6. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 378-380.
7. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 428-436.

Āsār-i Qurūh (Scars)

Introduction:

- ❖ These are the marks, left behind after healing of wounds or boils.¹
- ❖ These occur due to healed wounds or boils.^{1,2}
- ❖ It is characterized by the scars with their surfaces depressed (centrally), elevated or at the level of surrounding normal skin.³

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tadbīr-i Izāla-i Āsār* (Regimen to remove the scars)³
- ❖ *Tasmīn-i 'Azw* (To make the organ fat) when the scars are depressed.^{3,4}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Local application of *Murdār Sang Mubayyaz* (Treated litharge) mixed with *Roghan-i Gul* (when the surface of scar is at the level of surrounding normal skin).^{3,4}
- ❖ Local application of *Marham Dākhliyūn* mixed with the fat of duck (when the surface of scar is elevated).^{1,3}

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath)⁴

References

1. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 402-403.

2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 502-503.
3. Nafīs b. 'Iwāz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 228-229.
4. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā*, CCRUM, New Delhi, p. 406.

Taqashshur-i Jild

Introduction:

- ❖ It is a condition in which there is sloughing of scales from the affected part of the skin.¹
- ❖ It is caused by *Hirriḥ o Lāzi' Sawdā' Muhtaraq* (Acute and irritant burnt black bile)² and *Khushk Būraqī Mādda* (Dry alkaline matter).³
- ❖ It is characterized by roughening and hardening of affected part of the skin accompanied with sloughing of fish like scales¹ and itching.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Talyīn-i Jild* (To soften the skin)⁴
- ❖ *Tartīb-i Jild* (To moisturise the skin)⁴
- ❖ *Tanqiya-i Badan* (Evacuation of morbid material from the body)⁴

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Joshānda-i Aftīmūn*.¹
- ❖ Local application of mucilaginous decanted liquid, prepared from *Hulba* (Seed of *Trigonella foenum-graeceum* Linn.), *Bihūdāna* (Seed of *Cydonia oblonga* Mill.), *Khatmī* (*Althaea officinalis*, Linn.) and *Aspghol* (Seed of *Plantago ovata* Forsk.) and mixed with *Roghan-i Gul*.⁴
- ❖ Local application of the paste prepared with *Gulāb* (*Rosa damascena* Mill.) boiled in vinegar.⁵

Compound drugs:

'Arq-i Shāhtra ⁴	60-144 ml.
Sharbat-i Nīlofar ⁴	24 ml. with water in morning
Roghan-i Gul ³	Local application after mixing with <i>Murdār Sang</i> (Litharge)
Roghan-i Banafsha ⁴	Local application after mixing with <i>Murdār Sang</i> (Litharge)
Roghan-i Banafsha ²	Local application

Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath) for a longer period of time.⁴
- ❖ *Fasd* (Bloodletting) followed by oral administration of *Joshānda-i Aftīmūn*.²

Dietary recommendations:

- ❖ *Mā' al-Jubn*⁴
- ❖ *Mā' al-Sha'īr* with *Jullāb*²
- ❖ *Aghziya Murattiba*¹
- ❖ *Shīr Tāza* (Fresh milk)¹

Dietary restrictions:

- ❖ *Aghziya Ghalīza*²
- ❖ *Aghziya Muwallid-i Sawdā'*²
- ❖ *Aghziya Hirrīfa*²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid unhygienic lifestyle.²

Investigations:

- ❖ Complete Blood Count , Erythrocyte Sedimentation Rate
- ❖ Liver Function Test
- ❖ KOH Preparation
- ❖ Skin Biopsy

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 373.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 511-512.
3. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 133-134.
4. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 404-405.
5. Nafīs b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 244.

Tashaqquq-i Qadamayn

Introduction:

- ❖ It is a condition in which cracks appear on the sole.¹
- ❖ It is caused by *Sū'-i Mizāj Yābis Sāda/Māddī* (Simple/organic dry morbid temperament) or extreme external cold or heat.^{2,3}
- ❖ It is characterized by appearance of cracks on the sole accompanied with features related to causative factors.³

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Talyīn-i Jild* (To soften the skin)³
- ❖ *Tartīb-i Jild* (To moisturise the skin)⁴
- ❖ *Tanqiya-i Badan* (Evacuation of morbid material from the body)⁴

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Joshānda-i Aftīmūn* with *Turbud* (*Ipomoea turpethum* Br.).³
- ❖ Oral administration of *Joshānda-i Halayla* with *Turbud* (*Ipomoea turpethum* Br.).³
- ❖ Oral administration of mucilaginous decanted liquid, prepared from *Bihīdāna* (Seed of *Cydonia oblonga* Mill.) mixed with '*Arq-i Shāhtra* and *Sharbat-i Nīlofar*.⁴
- ❖ *Natūl* (Irrigation) of foot with decoction of *Banafsha* (*Viola odorata* Linn.).³
- ❖ Local application of *Sartān Muharraq* (Burnt crab) mixed with olive oil.^{5,6}

- ❖ Local application of paste prepared with equal quantity of *Murdār Sang* (Litharge), wax, olive oil and honey.⁵

Compound drugs:

<i>Roghan-i Bādām</i> ⁴	Local application
<i>Roghan-i Mom</i> ⁴	Local application
<i>Roghan-i Bed-i Anjūr</i> ⁴	Local application

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ *Pāshoya* (Foot bath) with lukewarm water frequently⁵
- ❖ *Hammām* (Bath)³
- ❖ *Fasd* (Bloodletting)³
- ❖ *Ishāl* (Purgation)³

Dietary recommendations:

- ❖ *Shīr-i Buz* (Goat’s milk) mixed with *Khāksī* (*Sisymbrio irio* Zinn.)⁴
- ❖ *Mā’ al-Jubn* with *Roghan-i Bādām Shūrīn*³
- ❖ *Aghziya Murattiba*³

Dietary restrictions:

- ❖ *Aghziya Ghalīza*³
- ❖ *Aghziya Muwallid-i Sawdā*³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid exposure to extreme cold and heat.⁴

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 372-373.
2. Nafis b. ‘Iwaz, 1326 H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. II, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 242-243.
3. Khān M A, 1906, *Iksīr-i A’zam*, Vol. IV, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 508-511.
4. Khān M A, 2006, *Rumūz-i A’zam*, Vol. II, CCRUM, New Delhi, pp. 404-405.

5. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 425-426.
6. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 151-152.

Dā' al-Sa'lab (Alopecia/Pelade)

Introduction:

- ❖ It is a condition in which *Fasād-i Jild* (Impairment of skin functions) occurs, resulting in hair fall from the affected area (especially scalp, beard and eye brows) without *Insilākh-i Jild* (Sloughing of skin).^{1,2}
- ❖ It is caused by sticking of *Hādd o Lāzi'³ Radī Mādda* (Acrid & noxious matter) related to any of the four humors to the hair roots leading to compromised nutrition of hair.⁴
- ❖ It is characterized by hair fall from the affected part. The part becomes whitish and soft [when caused by *Balgham Muhtaraq* (Burnt phlegm)], yellowish dry and rough [when caused by preponderance of *Safrā'* (Yellow bile)], ash-coloured, dry and rough [when caused by preponderance of *Sawdā'* (Black bile)], reddish and soft [when caused by preponderance of *Dam* (Sanguine)].⁵ Signs and symptoms of respective humoral morbidity may be seen.^{1,3}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tanqiya* (Evacuation of morbid matter) followed by *Tadbīr Maqāmī* (Local management) ⁶
- ❖ *Islāh-i Ghizā* (Dietary modification)⁷
- ❖ *Inbāt-i Sha'r* (Trichogenesis)⁸

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Joshānda-i Halayla* for *Ishāl-i Safrā'* (Purgation of yellow bile).⁶

- ❖ Oral administration of *Joshānda-i Aftīmūn* for *Ishāl-i Sawdā'* (Purgation of black bile).⁶
- ❖ Local application of *Sīr* (*Allium sativum* Linn.) and *Khardal* (Seed of *Brassica nigra*, Linn.) preceded by rubbing of affected part with rough cloth.⁷
- ❖ Local application of *Kaf-i Dariyā Sokhta* (Burnt Cuttle fish bone) mixed with vinegar.⁷
- ❖ Local application of *Gandhak* (Sulphur) mixed with vinegar.⁷
- ❖ Rubbing of piece of *Piyāz* (*Allium cepa* Linn.) on affected part.⁷
- ❖ Local application of castor oil on affected part.⁸
- ❖ Local application of olive oil on affected part.⁸
- ❖ Local application of *Kaf-i Dariyā* (Cuttle fish bone) 7 gm., *Būraq* (Armenian bole) 7 gm., *Khardal* (Seed of *Brassica nigra* Linn.) 7 gm., *Kibrīt* (Sulphur) 7 gm., *Sudāb* (*Ruta graveolens* Linn.) 7 gm., *Farfiyūn* (*Euphorbia resinifera* Berg.) 7 gm., *Mawīzaj* (*Vitis vinifera* Linn.) 3.5 gm., *Rāzyānaj* (*Foeniculum vulgare* Mill.) 3.5 gm., mixed with olive oil.⁸

Compound drugs:

<i>Habb-i Qawqāya</i> ⁶	4.5 gm. with lukewarm water at bed time.
<i>Habb-i Ayārij</i> ⁶	3-9 gm. at night
<i>Habb-i Aftīmūn</i> ⁷	5-9 gm. along with <i>Joshānda-i Aftīmūn</i> .

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Qīfāl* (Bloodletting through cephalic vein)⁶
- ❖ *Ishāl* (Purgation)⁶

Dietary recommendations:

- ❖ *Mā' al-Jubn*⁷

Dietary restrictions:

- ❖ Diets according to the preponderance of humor involved.⁶

Tahaffuz (Prevention/Precaution):

- ❖ Avoid excessive perspiration in *Hammām* (Bath).⁷

- ❖ Avoid indulgence in heavy exercises.⁷
- ❖ *Avoid excessive use of chemicals on hair.*

Investigations:

- ❖ Complete Blood Count
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Wood's lamp Examination

References

1. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 373-374.
2. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 406-407.
3. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 231-233.
4. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 385-387.
5. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 165-171.
6. Majūsī 'Alī b. 'Abbās, 2005, *Kāmīl al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 204-205.

***Shayb* (Premature Graying of Hair)**

Introduction:

- ❖ It is a condition in which graying of hair occurs before the age of forty.¹
- ❖ It is caused by *Kasrat-i Balgham* (Excess of phlegm) associated with *Zu'f-i Harārat Gharīzī* (Weakened innate heat of body)² and *Kasrat-i Yubūsat* (Excess of dryness) in the body.^{1,3}
- ❖ It is characterized by graying of hair during the young age (before forty years of age).^{1,3}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Tanqiya-i Balgham* (Evacuation of phlegm)^{1,3}
- ❖ *Tawlīd-i Dam Sālih* (To produce good quality sanguine)^{1,3}
- ❖ *Taqwiyat-i Dimāgh* (To tone-up the brain)¹
- ❖ *Taswīd-i Sha'r* (To blacken the hair) by any suitable *Khizāb* (Hair dye)^{1,3}

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Halayla Siyāh* (*Terminalia chebula* Retz.).¹
- ❖ Oral administration of powder of *Āmla* (*Phyllanthus emblica* Linn.).³
- ❖ Oral administration of powder of *Ustūkhūdūs* (*Lavandula steochas* Linn.) mixed with sugar.³

Compound drugs:

<i>Ma'jūn-i Halayla</i> ¹	7 gm.
<i>Ma'jūn-i Khubs al-Hadīd</i> ¹	3-7 gm. in morning with water
<i>Ma'jūn-i Balādur</i> ¹	5-10 gm.
<i>Itrīfāl Saghūr</i> ^{4,5}	12 gm. at bed time
<i>Itrīfāl Kabīr</i> ⁴	7-12 gm.
<i>Murabba'-i Halayla</i> ^{1,6}	1 piece daily after washing with water

'Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Ishāl* (Purgation)³

Dietary recommendations:

- ❖ Foods prepared with spices of hot temperament.^{1,7}
- ❖ Diets producing good humours.³

Dietary restrictions:

- ❖ *Aghziya Muwallid-i Balgham*⁴
- ❖ *Aghziya Murattiba*⁷
- ❖ Dairy products³
- ❖ Sour diets³

Tahaffuz (Prevention/Precaution):

- ❖ Avoid excess of *Fasd* (Bloodletting), alcohol intake and indulgence in sexual activities.⁷

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Liver Function Test
- ❖ Thyroid profile

References

1. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 408-410.
2. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba'Nāmī Munshī Naval Kishor, Lucknow, pp. 236-237.

3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba'Nāmī Munshī Naval Kishor, Lucknow, pp. 533-537.
4. Ibn Hubal, 1364 H., *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV, Dā'ira al-Ma'ārif al-'Usmāniyya, Hyderabad, pp. 118-119.
5. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā*, CCRUM, New Delhi, pp. 382-383.
6. Akbar Arzānī, 1880, *Tibb-i Akbar*, Vol. II, Matba'Nāmī Munshī Naval Kishor, Lucknow, pp. 375-376.
7. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 390-392.

***Huzāl Mufrat* (Emaciation)**

Introduction:

- ❖ It is a condition in which the body becomes extremely lean.^{1,2}
- ❖ It is caused by prolonged intake of lesser quantity of food, food of bad quality, foods producing humours of thin consistency, *Sū'-i Mizāj-i A'zā* (Morbid temperament of organs), *Āfāt-i Ahshā* (Diseases of viscera) i.e. *Sudad-i Kabid* (Hepatic obstructions), *'Izam-i Tihāl* (Splenomegaly), *Dīdān-i Am'ā* (Intestinal worms), etc. and *Kasrat-i Tahallul* (Excessive catabolism).^{1,2}
- ❖ It is characterized by extreme thinning of body structure and hair, great decrease in body powers,² increased vulnerability to negative effects of physical and psychological factors³ and increased susceptibility to internal and external causative factors of diseases.^{3,4}

***Usūl-i 'Ilāj* (Principles of treatment):**

- ❖ *Izāla-i Sabab* (To remove the causative factor)¹
- ❖ *Tasmīn-i Badan* (To increase the body weight)¹

***'Ilāj bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of *Khajūr* (Dates) with *Maghz-i Bādām* (*Prunus amygdalus* Baill.) for a long time.¹
- ❖ Oral administration of *Nakhūd Biryān* (Roasted gram) with *Maghz-i Bādām* (*Prunus amygdalus* Baill.) for a long time.¹
- ❖ Oral administration of *Anjīr* (*Ficus carica* Linn.) and *Anīsūn* (Seed of *Pimpinella anisum* Linn.) for forty days.¹

- ❖ Oral administration of decoction of *Bahman Safed* (*Centaurea behen* Linn.) with sugar in morning.¹
- ❖ Oral administration of powder of *Asgand* (*Withania somnifera* (Linn.) Dun.), *Mūsli Safed* (*Chlorophytum arundinaceum* Bak.) and *Mūsli Siyāh* (*Curculigo orchioides* Gaertn.).¹
- ❖ Oral administration of powder of *Simsim* (*Sesamum indicum* Linn.) 100 gm., *Khashkhāsh* (Seed of *Papaver somniferum* Linn.) 100 gm., Sugar 100 gm., *Maghz-i Bādām* (*Prunus amygdalus* Baill.) 50 gm. and *Ajwā'in Khurāsānī* (*Hyoscyamus niger* Linn.) 10 gm. in a dose of 30 gm.¹

Compound drugs:

<i>Labūb Kabīr</i> ¹	5 gm. in morning with milk or water.
<i>Halwa'-i Sa'lab</i> ⁵	12-24 gm. with milk in morning.
<i>Halwa'-i Maghz-i Sar-i Kunjashk</i> ⁵	24-36 gm. with milk in morning.

Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Hammām* (Bath) followed by application of small quantity of oils producing wetness in the body.¹
- ❖ Moderate exercise⁶
- ❖ *Dalk Mu'tadil* (Moderate massage)⁶

Dietary recommendations:

- ❖ *Aghziya Musamma*¹ to be used in moonlight
- ❖ *Aghziya Qawiyya Ghalīza*¹ producing good humour and easily digestible.
- ❖ *Muwallid-i Dam Aghziya*⁶

Dietary restrictions:

- ❖ *Aghziya Māliha*⁶
- ❖ *Aghziya Hirrīfa*⁶
- ❖ Sour diets⁶

Tahaffuz (Prevention/Precaution):

- ❖ Avoid rigorous physical movements.¹

- ❖ Avoid excessive indulgence in psychological activities.¹
- ❖ Avoid activities causing excessive exhaustion.¹

Investigations:

- ❖ Complete Blood Count, Erythrocyte Sedimentation Rate
- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Liver Function Test
- ❖ Kidney Function Test
- ❖ Montoux Test
- ❖ X-ray Chest
- ❖ Thyroid Profile
- ❖ Urine Examination-Routine & Microscopic
- ❖ HIV tests

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Samn Mufrat (Obesity)

Introduction:

- ❖ It is a condition in which the body becomes extremely fat (*BMI of 30 or more*).^{1,2}
- ❖ It is caused by *Sū'-i Mizāj* (Morbid temperament), excessive and abnormal accumulation of humours which are normally evacuated, luxurious lifestyle and use of diets which cause weight gain.³
- ❖ It is characterized by obesity causing hindrance in physical movements.¹ The obese person remains susceptible to epilepsy, paralysis, bronchial asthma, cholera, syncope and *Hummiyāt Muharriqa*.⁴ It may be associated with abortion and sterility (Male & Female).⁵

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tajfīf-i Badan* (Desiccation)^{1,2}
- ❖ *Tahzīl* (To induce weight loss)^{1,2}
- ❖ *Taqīl-i Ghizā* (To reduce the quantity of food)^{2,5}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of washed *Luk* (Lac) 7 gm. on empty stomach in morning.²
- ❖ Oral administration of washed *Luk* (Lac) 3 gm. with vinegar on empty stomach in morning.^{2,5}
- ❖ Oral administration of vinegar on empty stomach in morning.²
- ❖ Oral administration *Zīra Siyāh* (*Carum carvi* Linn.) for forty days on empty stomach in morning.²

Compound drugs:

<i>Safūf Muhazzil</i> ²	5-10 gm.
<i>Dawā' al-Luk</i> ²	3.5-4.5 gm.
<i>Itrīfal Saghīr</i> ²	12 gm. at bedtime
<i>Jawārish Kamūnī</i> ²	10-15 gm.
<i>Jawārish Falāfil</i> ²	3 gm. after meal

Tlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Riyāzat Shāqqa* (Heavy physical exercise)^{1,2}
- ❖ *Taqīl-i Nawm* (To decrease the sleeping time)^{1,2}
- ❖ *Hammām Yābis* (Dry Bath)^{1,2} on empty stomach
- ❖ *Hammām Muhallil* (Bath causing resolution of fluids)^{1,2}
- ❖ *Ishāl* (Purgation)^{1,2}
- ❖ *Idrār* (Diuresis)^{1,2}
- ❖ *Ta'rīq* (Diaphoresis)^{1,2}

Dietary recommendations:

- ❖ *Aghziya Hirrifa*²
- ❖ *Aghziya Māliha*²
- ❖ Lemon, piper, garlic, onion²

Dietary restrictions:

- ❖ Meat²
- ❖ Milk²
- ❖ Sweat dishes²

Tahaffuz (Prevention/Precaution):

- ❖ Avoid luxurious lifestyle.³
- ❖ Avoid sedentary lifestyle.

Investigations:

- ❖ Blood Sugar-Fasting & Postprandial
- ❖ Thyroid profile

- ❖ Urinary metabolite (17 OH steroid)
- ❖ Cortisol level in blood and urine

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Zarba al-Shams (Sun Stroke)

Introduction:

- ❖ It is a condition occurring in those persons who get exposed to excessive heat from the sun or severe heat wave. It is common in temperate regions during summer.^{1,2,3}
- ❖ It is caused by prolonged exposure to external heat specially sun altering normal temperament of the body and resulting in elevated body temperature along with other symptoms of excess of heat.^{1,2,4}
- ❖ It is characterized by headache, elevated body temperature, warm eyes and head, dry skin and face and dry mouth.^{1,2,3,5}

Usul-i 'Ilāj (Principles of treatment):

- ❖ *Tabrīd* (cooling)^{2,3,4,6}
- ❖ *Tartīb* (To produce moistness)^{2,3,4,6}
- ❖ *Taskīn-i Atsh* (Quenching of thirst)^{2,4,6}
- ❖ *Tafrīh-i Qalb* (Exhilaration)^{4,6}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Zulāl-i Amba Khām* (Decanted water of unripe mango) sweetened with sugar.⁴
- ❖ Oral administration of *Pannā* (a drink prepared with pulp of roasted unripe mango, water and sugar).⁴
- ❖ *Pāshoya* (Foot bath) with *Barg-i Bed Sāda* (Leaf of *Salix alba* Linn.), *Gul-i Chāndnī* (Flower of *Ipomoea alba* Linn.), *Gul-i Nīlofar* (Flower

of *Nymphaea lotus* Linn.), *Sabūs-i Gandum* (Wheat husk), *Shora Qalmī* (Potassium nitrate).⁴

- ❖ Inhalation of *Sandal* (*Santalum album* Linn.), Rose water, *Kāfūr* (Camphor), *Nīlofar* (Flower of *Nymphaea lotus* Linn.), *Gul Surkh* (*Rosa damascena* Mill.).^{4,6}
- ❖ *Natūl* (Irrigation) on scalp with the cold mixture of following ingredients^{2,4,6,7}:

Rose water 1 part, *Roghan-i Gul* ½ part, Vinegar 1 part

It is followed by *Takmīd* (Fomentation) of the scalp and chest with a muslin cloth soaked in the above mentioned mixture superadded with *Sandal* (*Santalum album* Linn.) till the body temperature gets normal. Thereafter, *Hammām* is advised. *Hammām* is followed by application of *Roghan-i Banafsha*/*Roghan-i Nīlofar* /*Roghan-i Kadū* on the scalp.^{4,6}

Compound drugs:

<i>Sharbat-i Banafsha</i> ^{4,6,7,8}	24 ml. with Pomegranate juice
<i>Sharbat-i Nīlofar</i> ^{4,7,8}	24 ml. with Pomegranate juice
<i>Sharbat-i Bihī</i> ^{4,7,8}	24-48 ml. with Pomegranate juice
<i>Sharbat-i Fālsa</i> ⁸	24-48 ml. mixed with plain water
<i>Sharbat-i Tamar Hindī</i> ^{7,8}	24-48 ml. mixed with plain water
<i>Sharbat-i Turanj</i> ⁷	24 ml. with Pomegranate juice

‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- ❖ Keep the patient in dark and cold room.^{3,4,6}
- ❖ Wash the hands and feet with cold water.^{3,4}
- ❖ Sit in water tub having cold water.^{3,4}

Dietary recommendations:

- ❖ Chilled water mixed with equal quantity of Rose water.^{4,6}
- ❖ Chilled *Mā’ al-Sha’īr* sweetened with sugar.^{4,6,7}
- ❖ Chilled and sweetened *Sattū* (prepared with roasted barley seeds).^{4,6}
- ❖ *Aghziya Latīfa*^{4,6}

- ❖ Black mulberry, plum, pomegranate, grapes^{4,6}
- ❖ Boiled rice prepared with curd of cow milk and grated cucumber and pumpkin.⁴

Tahaffuz (Prevention/Precaution):

- ❖ *Avoid exposure to extreme heat especially direct sun.*

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Glossary

Sl.No.	Term	Description/Equivalent
1.	<i>Āb Būraqī</i>	Salty water
2.	<i>Āb Shibbī</i>	Alum water
3.	<i>Adhān Hārā</i>	Oils of hot temperament that produce heat in the body e.g. <i>Roghan-i Qust</i> , <i>Roghan-i Bābūna</i> , etc.
4.	<i>Adhān Murattiba</i>	Oils of moist temperament that produce moistness in the body e.g. <i>Roghan-i Banafsha</i> , <i>Roghan-i Nīlofar</i> , etc.
5.	<i>Aghziya Bārīda</i>	The food of cold temperament having ability to produce the humours which induce coldness in the body e.g. <i>Khas</i> (<i>Andropogon muricatus</i> Retz.), <i>Kāsni</i> (<i>Cichorium intybus</i> Linn.), etc.
6.	<i>Aghziya Ghalīza</i>	Dry and viscous foods such as dry date, <i>Adas Musallam</i> (<i>Lens esculenta</i> Moench.), etc. These are of two types i.e. <i>Mahmūda</i> (that produces good humour) and <i>Ghayr Mahmūda</i> (that produces morbid humour).
7.	<i>Aghziya Hāmīza</i>	Sour foods e.g. lemon, sour pomegranate, sour apple, orange, vinegar, curd, etc. They change the thick waste products of stomach into smaller particles.
8.	<i>Aghziya Hārā</i>	The foods of hot temperament having ability to produce the humours which induce heat in the body e.g. onion, garlic, etc.

Sl.No.	Term	Description/Equivalent
9.	<i>Aghziya Hirrifā</i>	Spicy (Pungent) foods that may produce heat in the body <i>e.g.</i> pepper.
10.	<i>Aghziya Latifa</i>	Food stuffs which are easy to digest but have little nutritional value, and produce such a sanguine which is normal in viscosity. These are of two types <i>i.e.</i> <i>Mahmūda</i> (that produces good humour) <i>e.g.</i> meat of small birds, small fishes, etc. and <i>Ghayr Mahmūda</i> (that produces morbid humour) <i>e.g.</i> garlic, radish, spicy and salty foods, etc.
11.	<i>Aghziya Lazija</i>	The foods which increase the viscosity of humours <i>e.g.</i> <i>Khurfa</i> , <i>Til</i> , etc.
12.	<i>Aghziya Mahmūda</i>	Foods that produce good humours.
13.	<i>Aghziya Māliha</i>	Salty foods
14.	<i>Aghziya Mubakhhira</i>	The foods liable to produce flatus and vapours <i>e.g.</i> cabbage, pea, brinjal, cauliflower, beans, turnip, etc.
15.	<i>Aghziya Mubarrida</i>	Same as <i>Aghziya Bārīda</i> .
16.	<i>Aghziya Mughalliza</i>	Same as <i>Aghziya Ghalīza</i> .
17.	<i>Aghziya Mughalliz-i Dam</i>	Foods producing <i>Dam</i> (Sanguine) of thick consistency.
18.	<i>Aghziya Mugharriyya</i>	Glutinous foods
19.	<i>Aghziya Mujaffifa</i>	Foods causing desiccation of body fluid <i>e.g.</i> roasted gram.
20.	<i>Aghziya Muraqqiq-i Dam</i>	Foods that cause thinning of <i>Dam</i> (Sanguine).
21.	<i>Aghziya Murattiba</i>	Foods of wet/moist temperament having ability to produce the humours which give rise to wetness in the body <i>e.g.</i> milk, <i>Kadū</i> (<i>Cucurbita maxima</i> Duchesne.), cucumber, watermelon, clarified butter, almond oil, etc.
22.	<i>Aghziya Musakhhina</i>	Foods producing heat in the body <i>e.g.</i> spices.

Sl.No.	Term	Description/Equivalent
23.	<i>Aghziya Musamma</i>	The foods which help to put on body weight e.g. dry fruits, milk and dairy products, etc.
24.	<i>Aghziya Muta'affina</i>	Putrefied food stuffs.
25.	<i>Aghziya Muwallid-i Balgham</i>	The foods which produce excessive quantity of phlegm in the body e.g. sheep milk, beet root, cucumber, etc.
26.	<i>Aghziya Muwallid-i Dam</i>	The foods which produce an excessive quantity of sanguine in the body e.g. grapes, pomegranate, egg yolk, fried meat, boiled meat, milk, dairy products, gram, etc.
27.	<i>Aghziya Muwallid-i Safrā'</i>	The foods which produce an excessive quantity of yellow bile in the body e.g. cheese.
28.	<i>Aghziya Muwallid-i Sawdā'</i>	The foods which produce an excessive quantity of black bile in the body e.g. buffalo meat, cabbage, brinjal, etc.
29.	<i>Aghziya Nāshifa</i>	Foods that have the property of absorbing the moisture of the body.
30.	<i>Aghziya Radī al-Kaymūs</i>	Foods that produce inferior quality chyme e.g. Beef, <i>Khardal</i> (Seed of <i>Brassica nigra</i> Linn.), <i>Karnab</i> (<i>Brassica olearacea</i> Linn.), radish, etc.
31.	<i>Aghziya Radiyya</i>	Foods that produce bad quality of humours.
32.	<i>Aghziya Rataba</i>	Same as <i>Aghziya Murattiba</i> .
33.	<i>Aghziya Sāliha</i>	The foods which produce good quality of humours.
34.	<i>Aghziya Saqīla</i>	The foods which are difficult to digest.
35.	<i>Aghziya Yābisa</i>	The foods of dry temperament which produce dryness in the body e.g. meat, lentil, etc.
36.	<i>Akhal</i>	A vein of forearm.
37.	<i>Asl</i>	Root

Sl.No.	Term	Description/Equivalent
38.	<i>Ayārij</i>	It is a semisolid preparation made by adding the powdered ingredients into the base (<i>Qiwām</i>) of honey. Aloe which is the chief ingredient of <i>Ayārij</i> is added in the end in a quantity which is double of the total sum.
39.	<i>Barg</i>	Leaf
40.	<i>Batī' al-Hazm</i> <i>Aghziya</i>	Foods that take longer time for digestion.
41.	<i>Bekh</i>	Same as <i>Asl</i> .
42.	<i>Farzaja</i>	Drugs in powdered form are mixed with oil, honey or any other suitable base. A fine cloth is then impregnated with the mixture and suppository made from it to keep in the vagina.
43.	<i>Gul</i>	Flower
44.	<i>Habb</i>	Fruit/Seed
45.	<i>Haft Andām</i>	Cephalic vein
46.	<i>Halwājāt</i>	These are semisolid preparations, made by grinding and roasting the required drugs with or without oil. This powder is then added into a base of Sugar (<i>Qiwām</i>).
47.	<i>Hammām</i>	It is bath, medically used for producing moistness/dryness/compactness/rarefaction in the skin/body.
48.	<i>Hammām Būraqiyya</i>	Salt water bath
49.	<i>Hammām Kibrītiyya</i>	Sulphur water bath
50.	<i>Hammām Mu'tadil</i>	A type of bath medically used for producing dryness, compactness, moistness and rarefaction of normal range in the skin/body.
51.	<i>Hamūl</i>	It is prepared by grinding the drugs and mixing the resultant powder into a suitable base. It is used for local effect.

Sl.No.	Term	Description/Equivalent
52.	<i>Harīra</i>	It is a semiliquid preparation prepared by roasting flour or semolina in clarified butter.
53.	<i>Inkibāb</i>	Drugs are boiled in water/suitable medium till steam is produced. The affected part of the body is exposed to vapourizing steam as part of the therapeutic regimen. Sometimes steam is produced by plain water.
54.	<i>Istifrāgh</i>	Evacuation of the humours that are involved in the causation of pathology in the body. It is used as a mode of treatment and is induced through various means <i>e.g. Ishāl</i> (Purgation), <i>Idrār-i Bawl o Hayz, Qay'</i> (Emesis), <i>Ta'riq</i> (Diaphoresis), <i>Fasd</i> (Bloodletting), etc.
55.	<i>Joshānda</i>	The crude plant drugs are soaked in water in a ratio of 1:3 for overnight. It is boiled in the morning till the quantity of water is reduced to one third of the amount of water taken initially. It is filtered through a sieve and the liquid extract is used.
56.	<i>Joshānda-i Aftīmūn</i>	<i>Halayla Siyāh</i> (<i>Terminalia chebula</i> Retz.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> Retz.), <i>Halayla Zard</i> (<i>Terminalia chebula</i> Retz.), <i>Āmla</i> (<i>Phyllanthus emblica</i> Linn.) 17 ½ gm. each, <i>Gāozabān</i> (<i>Borago officinalis</i> Linn.), <i>Bisfā'ij</i> (<i>Polypodium vulgare</i> Linn.), <i>Bādranjboya</i> (<i>Nepeta ruderalis</i> Ham.), <i>Ustuūkhudūs</i> (<i>Lavandula steochas</i> Linn.) 14 gm. each, <i>Turbud</i> (<i>Ipomoea turpethum</i> Br.) 7 gm., <i>Shāhtra</i> (<i>Fumaria parviflora</i> Lamk.) 24 ½ grams, <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> Linn.) 20 pieces, <i>Mawīz Munaqqā</i> (<i>Vitis vinefera</i> Linn.) are soaked and boiled in 1600 ml of water till 600 ml of liquid is left. Thirty five grams of <i>Aftīmūn</i> (<i>Cuscuta reflexa</i> Roxb.) is added to

Sl.No.	Term	Description/Equivalent
		it and boiled again till it is reduced to 400 ml. The boiled material is filtered and 52 ½ grams of <i>Maghz-i Falūs-i Khayār Shambar</i> (Fruit pulp of <i>Cassia fistula</i> Linn.), 3 gm. of <i>Ghārīqūn</i> (<i>Agaricus alba</i> Linn.) and honey are added to the filtrate.
57.	<i>Joshānda-i Halayla</i>	Decoction of <i>Post-i Halayla Kābulī</i> (<i>Terminalia chebula</i> Retz.) 36 gm., <i>Shāhtra</i> (<i>Fumaria parviflora</i> Lamk.) 24 gm., <i>Tukhm-i Kasūs</i> (<i>Cuscuta reflexa</i> Roxb.) 10 gm., <i>Tukhm-i Kāsni</i> (<i>Cichorium intybus</i> Linn.) 10 gm., <i>Post-i Bekh-i Bādiyān</i> (<i>Foeniculum vulgare</i> Mill.) 7 gm., <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> Linn.) 20 pieces and <i>‘Unnāb</i> (<i>Zizyphus jujuba</i> Mill. & Lamk.) 20 pieces mixed with <i>Maghz-i Amaltās</i> (Fruit pulp of <i>Cassia fistula</i> Linn.) 54 gm. and <i>Ma’jūn-i Dabīd al-Ward</i> 54 gm.
58.	<i>Joshānda-i Fawākih</i>	<i>Imlī</i> (<i>Tamarindus indica</i> Linn.), <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> Linn.), <i>‘Unnāb</i> (<i>Zizyphus jujuba</i> Mill. & Lamk.) 70 gm. each, <i>Mawīz Munaqqā</i> (<i>Vitis vinefera</i> Linn.) 35 gm., <i>Halayla Siyāh</i> (<i>Terminalia chebula</i> Retz.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> Retz.), <i>Halayla Zard</i> (<i>Terminalia chebula</i> Retz.), <i>Banafsha</i> (<i>Viola odorata</i> Linn.), <i>Sanā Makkī</i> (<i>Cassia angustifolia</i> Vahl.), <i>Gulāb</i> (<i>Rosa damascena</i> Mill.), <i>Afsantīn</i> (<i>Artemisia absinthium</i> Linn.), <i>Asl al-Sūs</i> (<i>Glycyrrhiza glabra</i> Linn.) 14 gm. each, <i>Tukhm-i Kāsni</i> (<i>Cichorium intybus</i> Linn.), <i>Tukhm-i Kasūs</i> (<i>Cuscuta reflexa</i> Roxb.) 10 gm. each are soaked and boiled in 1400 ml. water till the liquid is reduced to 350 ml. Seventy gm. of <i>Shīr-i Khisht</i> (<i>Fraxinus ornus</i> Linn.) is added to the filtrate and taken orally.

Sl.No.	Term	Description/Equivalent
59.	<i>Joshānda-i Shāhtra</i>	<i>Shāhtra</i> (<i>Fumaria parviflora</i> Lamk.) 7 gm., <i>Chirā'ita</i> (<i>Swertia chirata</i> Buch. Ham.) 7 gm., <i>Sarphūka</i> (<i>Tephrosia purpurea</i> Pers.) 7 gm., <i>Mundī</i> (<i>Sphaeranthus indicus</i> Linn.) 7 gm. <i>'Unnāb</i> (<i>Zizyphus jujuba</i> Mill. & Lamk.) 5 pieces, <i>Halayla Siyāh</i> (<i>Terminalia chebula</i> Retz.) 7 gm., <i>Sandal Surkh</i> (<i>Pterocarpus santalinus</i> Linn.) 7 gm. each are soaked overnight in lukewarm water. It is filtered in the morning through a sieve and taken orally after mixing with 48 ml. of <i>Sharbat-i 'Unnāb</i> .
60.	<i>Jullāb</i>	Rose water boiled in honey/sugar.
61.	<i>Khall al-Khamr</i>	Vinegar, prepared from juice of grapes.
62.	<i>Khisānda</i>	The drugs are soaked in water for overnight. In the morning, it is filtered and the liquid thus separated is taken orally. The doses of the drugs included in this preparation are same as in decoction.
63.	<i>Lu'āb</i>	The drug is soaked in water/suitable liquid. The supernatant fluid containing mucilage is taken.
64.	<i>Mā' al-'Asl</i>	A liquid preparation in which honey and water are mixed in ratio of 1:4 and boiled at low temperature, till 2/3 of it is left. It is filtered and filtrate is used.
65.	<i>Mā' al-Fawākih</i>	It is a liquid preparation of expressed fruit juice. A fresh juice is prepared when it is intended to be used.
66.	<i>Mā' al-Jubn</i>	Goat milk is boiled and a sour substance is added to it, so that the suspended albumins are clotted and separated from the liquid component. It is then filtered and whey is obtained.
67.	<i>Mā' al-Sha'ir</i>	Barley water

Sl.No.	Term	Description/Equivalent
68.	<i>Mā' al-Usūl</i>	<i>Bekh-i Karafs (Apium graveolens Linn.), Bekh-i Izkhar (Andropogan schaeonar Linn.), Bekh-i Bādiyān (Foeniculum vulgare Gaertn.), Mulethī (Glycyrrhiza glabra Linn.), Bekh-i Kibr (Capparis spinosa Linn.) and Qiradmānā (Centratherum anthelminticum (Willd.) Kuntze.)</i> 10 gm. each, to be boiled and filtered to get the decoction.
69.	<i>Mazmaza</i>	Rinsing of mouth. Medicated liquids are used to protect the buccal cavity and to treat the diseases of gum, teeth and throat etc. The drugs are boiled in water and the liquid is used after straining.
70.	<i>Mujaffifāt</i>	The regimens, foods or drugs (e.g. <i>Sang Jarāhat</i> (Soap stone), <i>Supāri Biryān</i> (Roasted <i>Areca catechu</i> Linn.), <i>Sadaf Muharraq</i> (Burnt pearl shells), <i>Murdār Sang</i> (Litharge) that cause desiccation on local application. For general purposes <i>Hammām</i> (Bath), <i>Ta'riq</i> (Diaphoresis), and other regimens are also used.
71.	<i>Munzij-i Balgham</i>	<i>Tukhm-i Khubāzī (Malva sylvestris Linn.), Tukhm-i Khatmī (Althaea officinalis Linn.), Bekh-i Kāsnī (Cichorium intybus Linn.), Bādiyān (Foeniculum vulgare Gaertn.), Mulethī (Glycyrrhiza glabra Linn.), Gāozabān (Borago officinalis Linn.), Parsiyāoshān (Adiantum capillus-veneris Linn.), Anjīr (Ficus carica Linn.), Gulqand, etc.</i>
72.	<i>Munzij-i Safrā'</i>	<i>Gul Surkh (Rosa damascena Mill.), Banafsha (Viola odorata Linn.), Gul-i Nīlofar (Nymphaea lotus Linn.), Shāhtra (Fumaria parviflora Lamk.), Tukhm-i Khubāzī (Malva sylvestris Linn.), Tukhm-i Kāsnī (Cichorium intybus Linn.), Bekh-i Kāsnī (Cichorium intybus</i>

Sl.No.	Term	Description/Equivalent
		Linn.), <i>Mako</i> (<i>Solanum nigrum</i> Linn.), <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> Linn.), <i>Sikanjabīn</i> , <i>Turanjabīn</i> (<i>Alhagi maurorum</i> Desv.), etc.
73.	<i>Munzij-i Sawdā'</i>	<i>Gāozabān</i> (<i>Borago officinalis</i> Linn.), ' <i>Unnāb</i> (<i>Zizyphus jujuba</i> Mill & Lamk.), <i>Parsiyāoshān</i> (<i>Adiantum capillus-veneris</i> Linn.), <i>Shāhtra</i> (<i>Fumaria parviflora</i> Lamk.), <i>Bādiyān</i> (<i>Foeniculum vulgare</i> Gaertn.), <i>Halayla Siyāh</i> (<i>Terminalia chebula</i> Retz.), <i>Sarphūka</i> (<i>Tephrosia purpurea</i> Pers.), <i>Mundī</i> (<i>Sphaeranthus indicus</i> Linn.), <i>Ustūkhūdūs</i> (<i>Lavandula stoechas</i> Linn.), etc.
74.	<i>Muqawwī Aghziya</i>	Diets that provide nutrition and thereby strengthen the body.
75.	<i>Muqawwī-i Sha'r</i>	Drugs that provide nutrition and thereby strengthen hair e.g. <i>Āmla</i> (<i>Phyllanthus emblica</i> Linn.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> Retz.), <i>Parsiyāoshān</i> (<i>Adiantum capillus-veneris</i> Linn.), <i>Rīthā</i> (<i>Sapindus trifoliatus</i> Linn.), <i>Bhangra</i> (<i>Eclipta alba</i> Hassk.), <i>Majīth</i> (<i>Rubia cordifolia</i> Linn.), <i>Post-i Akhrot</i> (<i>Jugulans regia</i> Linn.), <i>Aloe</i> , etc.
76.	<i>Murawwqayn</i>	Freshly extracted juice of <i>Mako</i> (<i>Solanum nigrum</i> Linn.) and <i>Kāsnī</i> (<i>Cichorium intybus</i> Linn.) is poured in a tin-coated vessel and heated over low fire till the green froth appear on the surface. The juice is then slowly sieved through a piece of fine cloth leaving behind the froth on the surface of the cloth.
77.	<i>Musaffi-i Dam</i>	Blood purifier
78.	<i>Musakhhināt</i>	Regimens, diets and drugs producing heat in the body e.g. <i>Hammām</i> , <i>Riyāzat</i> , spices, drugs of hot temperament etc.
79.	<i>Musakkirāt</i>	Intoxicating substances

Sl.No.	Term	Description/Equivalent
80.	<i>Mushil-i Balgham</i>	Powder of <i>Turbud (Ipomoea turpethum Br.)</i> , <i>Ghārīqūn (Agaricus alba Linn.)</i> , <i>Habb al-Nīl (Ipomoea hedracea (Linn.) Jacq.)</i> 3 ½ gm. each, <i>Katīrā (Sterculia urens Roxb.)</i> , <i>Shahm-i Hanzal (Citrullus colocynthis Shrad.)</i> 10 ½ gm. each and <i>Saqmūniya (Convolvulus scammonia Linn.)</i> 250 mg. mixed with an equal quantity of sugar.
81.	<i>Mushil-i Safrā'</i>	Powder of <i>Ayārij</i> 4 ½ gm., <i>Halayla Zard (Terminalia chebula Retz.)</i> 6 ¾ gm., <i>Ghārīqūn (Agaricus alba Linn.)</i> 3 ½ gm., <i>Saqmūniya (Convolvulus scammonia Linn.)</i> 250 mg. and Common salt 500 mg mixed with an equal quantity of sugar.
82.	<i>Mushil-i Sawdā'</i>	<i>Ayārij</i> , powder of <i>Halayla Kābulī (Terminalia chebula Retz.)</i> , <i>Halayla Zard (Terminalia chebula Retz.)</i> 3 ½ gm. each, <i>Aftīmūn (Cuscuta reflexa Roxb.)</i> 4 ½ gm., <i>Afsantīn (Artemisia absinthium Linn.)</i> 1 ¾ gm. and <i>Lājward Maghsūl (Washed Lapis lazuli)</i> 1 ^{1/4} gm. mixed with an equal quantity of sugar.
83.	<i>Muwallid-i Balgham Aghziya</i>	Same as <i>Aghziya Muwallid-i Balgham</i> .
84.	<i>Muwallid-i Balgham Asbāb</i>	Regimens or foods that are able to produce an excessive quantity of phlegm in the body e.g. sheep milk, beet root, cucumber, prolonged sleep, lack of physical exercise, etc.
85.	<i>Muwallid-i Khūn Aghziya</i>	Same as <i>Aghziya Muwallid-i Dam</i> .
86.	<i>Muwallid-i Safrā' Aghziya</i>	Same as <i>Aghziya Muwallid-i Safrā'</i> .
87.	<i>Muwallid-i Sawdā' Aghziya</i>	Same as <i>Aghziya Muwallid-i Sawdā'</i> .

Sl.No.	Term	Description/Equivalent
88.	<i>Muzawwarāt</i>	Gravies prepared with ingredients other than meat.
89.	<i>Muzawwara-i Āb-i Ghawra</i>	Gravy prepared with juice of unripe grapes.
90.	<i>Naffākḥ Aghziya</i>	Same as <i>Aghziya Mubakhkhira</i> .
91.	<i>Naqū'</i>	Same as <i>Khīsānda</i> .
92.	<i>Natūl</i>	It is prepared by crushing or grinding the drugs and boiling them in the water or any suitable liquid. The filtrate obtained is poured on the affected part continuously from a small distance.
93.	<i>Nuzj</i>	It is the process, adopted to change the morbid and sticky humour in such a form, which can be smoothly eliminated from the body. It is accomplished by the administration of humour specific <i>Munzij</i> drugs followed by <i>Adwiya Mushila</i> (Purgatives).
94.	<i>Post-i Bekh</i>	Root bark
95.	<i>Qutūr</i>	Finely powdered drug is mixed with an oil or liquid base. It is then filtered and used as eye, ear and nasal drops.
96.	<i>Qīfāl</i>	Same as <i>Haft Andām</i> .
97.	<i>Rutūbāt Būraqiyya</i>	Alkaline secretions
98.	<i>Safūf</i>	Powder of drugs formed by grinding them in mortar and pestle or grinder depending upon the nature of the drug. These are then sieved and used.
99.	<i>Sarī' al-Hazm Aghziya</i>	Easily digestible food materials which provide nutrition to the body very soon.
100.	<i>Shamūm</i>	It is a preparation in which drugs are used for inhalation.
101.	<i>Shīra</i>	Semi liquid material obtained after grinding the seeds and other drugs.

Sl.No.	Term	Description/Equivalent
102.	<i>Taghlīz-i Mādda</i>	To make the abnormally thin body fluids thicker. Generally, it is required to treat the disease but sometimes it is induced to evacuate the morbid matter from the body.
103.	<i>Takmīd</i>	Fomentation. It may be hot or cold. Sometimes, powder of drugs is tied in a piece of cloth/bag and used for local application after heating.
104.	<i>Taltīf-i Ghizā'</i>	Use of foods that are digested very easily but provide little nutrition to the body.
105.	<i>Taskhīn</i>	To produce heat.
106.	<i>Tanqīya</i>	Elimination of morbid matter from the the body.
107.	<i>Tukhm</i>	Seed
108.	<i>Tursh Aghziya</i>	Same as <i>Aghziya Hāmiza</i> .
109.	<i>Usaylim</i>	Small vein, on the back of the hand, between the ring and little finger. It is related to axillary vein.
110.	<i>Zimād</i>	It is prepared for local application. Dry drugs are powdered and mixed with a liquid base whereas fresh drugs are ground into a paste for local application.
111.	<i>Zūd Hazm Aghziya</i>	Same as <i>Sarī' al-Hazm Aghziya</i> .