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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 ‘Ali b. ‘Abbās Majūsī (d. 994 AD), *Ghinā Munā* by Abū Mansūr al-Hasan Qamrī (d. 999 AD), *al-Qānūn fi’l-Tibb* by Ibn Sīnā (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 Nafis b. ‘Iwaz (d. 1439 AD), *Hudūd al-Anrāz* 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’dā* (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’dā* (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’dā* (Evacuation of stomach)\(^2\)
- *Tahlīl-i Riyāh* (Resolution of gases)\(^4\)
- *Taqwiyat-i Mi’dā* (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.³

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*.²⁴

Oral administration of *Rubb* (Dry extract) of *Bihīdāna* (*Cydonia oblonga* Linn.)/ *Anār* (*Punica granatum* Linn.)/ *Ghawra* (Unripe grape) for *Taskīn-i Harārat* (Normalization of heat) and *Taqwiyat-i Mi’dā*.⁴

Local Application of *Roghan-i Gul*² or *Roghan-i Banfsha* or *Roghan-i Nilofar⁵ on scalp.

**Compound drugs:**

<table>
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<th>Compound</th>
<th>Dosage</th>
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<td>Ayārij-i Fayqara²</td>
<td>3-5 gm. with <em>Itrīfal Saghīr</em> 7 gm.</td>
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<tr>
<td>Habb-i Sibr²</td>
<td>4.5 gm. with lukewarm water at bedtime for 3 days</td>
</tr>
<tr>
<td><em>Itrīfal Zamānī</em>⁶</td>
<td>5-9 gm. at bedtime</td>
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<tr>
<td><em>Itrīfal Kishnīzī</em>⁶</td>
<td>9-20 gm. with 'Arq-i Bādiyān</td>
</tr>
<tr>
<td><em>Itrīfal-i Ustūkhudūs</em>⁶</td>
<td>7-12 gm. with water in the morning and at bedtime</td>
</tr>
<tr>
<td>Jawārish Kamūnī⁶</td>
<td>10 -15 gm.</td>
</tr>
<tr>
<td>Jawārish-i Pudīna⁴</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish Jālinūs⁶</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Jawārish-i Tabāshīr⁶</td>
<td>5-7 gm in the morning</td>
</tr>
<tr>
<td>Murabba-i Halayla⁶</td>
<td>1-2 washed pieces at bedtime</td>
</tr>
</tbody>
</table>

**‘Ilāj bi’l-Tadbīr (Regimenal Therapy):**

- *Qay’* (Emesis)²
- *Ishāl* (Purgation)²⁴
- *Natūl* (Irrigation) with lukewarm water on head.²
- *Dalk* (Massage) on extremities.²⁵
- *Hammām Mu’tadīl²*
Dietary recommendations:

- **Mā’ al-Sha’īr** with *Sikanjabīn*\(^5\) (In case of yellow bile being the causative factor)
- **Aghziya Latīfa**\(^2\)
- **Aghziya Mahmūda**\(^2\)
- **Aghziya Qābiza**\(^3\)
- **Aghziya Hāmīza**\(^3,4\)
- **Aghziya Murattība**\(^5\) (In case of black bile being the causative factor)

Dietary restrictions:

- **Aghziya Ghalīza**\(^2\)
- Fried and sweet dishes\(^5\) (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

**References**

**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 *Luʿāb* of following drugs with *Sharbat-i Nilofar* / Sugar 24 gm.\(^5\):
  - *Bihidāna* (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 Nilofar (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.), Nilofar (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 Nilofar after cooling with ice on head.\(^1\)

### Compound Drugs:

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<tr>
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<tr>
<td>Sharbat-i Banafsha(^6)</td>
<td>24 ml. with water in the morning</td>
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<tr>
<td>Sharbat-i Nilofar(^4,6)</td>
<td>24 ml. with water in the morning</td>
</tr>
<tr>
<td>Sharbat-i Fālsa(^6)</td>
<td>24 ml. with water</td>
</tr>
<tr>
<td>Roghan-i Gul(^4)</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Kadū(^4)</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd-i Warīd-i Jabha (Bloodletting through mandibular vein)\(^1\)
- Massage of feet\(^1\)
- Hijāma (Cupping) on nape of neck.\(^1\)

### Dietary Recommendations:

- Aghziya Latīfa\(^5\)
- Mā al-Sha’īr\(^5\)
- Reduce the quantity of food intake\(^1\)

### Tahaffuz (Prevention/Precaution):

- Avoid exposure to sun in hot weather.
References


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 Riyāḥ (Resolution of gases)\(^2\)
- Taltīf-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.).

- Oral administration of concoction prepared with Āmla (Phyllanthus emblica Linn.), Halayla (Terminalia chebula Retz.), Balayla (Terminalia bellerica (Gaertn.) Roxb.) and Kishnīz (Coriandrum sativum Linn.).

- Oral administration of concoction prepared with Āmla (Phyllanthus emblica Linn.), Kishnīz (Coriandrum sativum Linn.) 10.5 gm. and Nīlofar (Nymphaea lotus Linn.) 31.5 gm. and mixed with 21 gm. of sugar.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayāri-i Fayqra</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Habb-i Qawqāya</td>
<td>4.5 gm. with lukewarm water at bed time</td>
</tr>
<tr>
<td>Murabba-i Āmla</td>
<td>As directed by physician</td>
</tr>
<tr>
<td>Murabba-i Seb</td>
<td>As directed by physician</td>
</tr>
<tr>
<td>Itrīfal Kishnīzi</td>
<td>9-24 gm. at bed time</td>
</tr>
<tr>
<td>Itrīfal-i Aftīmun</td>
<td>9 gm.</td>
</tr>
<tr>
<td>Anūshdārū Lūlwī</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Jawārish-i Tabāshīr</td>
<td>5-7 gm with ‘Arq-i Gāozabān</td>
</tr>
<tr>
<td>Khamīra-i Marwārīd</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Mā’ al-Lahm</td>
<td>108 ml.</td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**

- Aghziya Latīfa
- Aghziya Musakhkhina in case of predominance of Burūdat (Cold)
Dietary restrictions:

- *Aghziya Mubakhkhira*

Investigations:

- Complete Blood Count
- X-ray Cervical Spine

References

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):
- Tanqiya (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


**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ma’jūn-i Najāh</em>²</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn Mufarrīh</em>²</td>
<td>9-11 gm.</td>
</tr>
<tr>
<td><em>Itrīfāl Saghīr</em>²</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td><em>Itrīfāl-i Aftīmūn</em>²</td>
<td>9 gm.</td>
</tr>
<tr>
<td><em>Itrīfāl Zagān</em>³</td>
<td>5-9 gm.</td>
</tr>
<tr>
<td><em>Habb-i Aftīmūn</em>²</td>
<td>5-9 gm.</td>
</tr>
<tr>
<td><em>Tīryāq-i Zahāb</em>³</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td><em>Habb-i Lājward</em>³</td>
<td>10.5 gm. with <em>Mā’ al-Jubn</em></td>
</tr>
<tr>
<td><em>Khamīra-i Khashkhāsh</em>³</td>
<td>7-12 gm. in the morning</td>
</tr>
<tr>
<td><em>Khamīra-i Gāozābān ‘Ambarī</em>³</td>
<td>3-7 gm. in the morning</td>
</tr>
<tr>
<td><em>Khamīra-i Gāozābān</em>³</td>
<td>12 gm. in the morning</td>
</tr>
<tr>
<td><em>Dawā al-Misk</em>³</td>
<td>7 gm. in the morning</td>
</tr>
<tr>
<td><em>Sikanjabān Aftīmūn</em>³</td>
<td>12-24 ml. with <em>Mā’ al-Jubn</em></td>
</tr>
<tr>
<td><em>Sharbat-i Khashkhāsh</em>⁴</td>
<td>24 ml.</td>
</tr>
<tr>
<td><em>Sharbat-i Aftīmūn</em>³</td>
<td>24 ml. with <em>Mā’ al-Jubn</em></td>
</tr>
<tr>
<td><em>Sharbat-i Ābreśham</em>³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td><em>Mufarrīh Yāqūṭī</em>³</td>
<td>4.5-9 gm.</td>
</tr>
<tr>
<td><em>Roghan-i Banafshā</em>³</td>
<td>Local application on scalp</td>
</tr>
</tbody>
</table>

‘*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 mutton\(^{2}\)

Tahaffuz (Prevention/Precaution):

- Avoid excessive sexual indulgence.\(^{1}\)
- Avoid excessive perspiration.\(^{1}\)

Investigations:

- Computed Tomography of head
- Magnetic Resonance Imaging of head

References

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 ‘Afīn (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 Halaqi (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)\(^1,2\)

- Tanqiya-i Mawād (To remove the causative matter)\(^2\)

- Taftīh-i Sudda (To remove the obstruction)\(^1,2\)

- Taqwiyat-i Dimāgh (To tone-up the brain)\(^3,4\)
‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Takmīd Hār with Sabūs (Wheat husk) tied in cloth.  
- Takmīd Hār with common salt and Jāwras (Pennisetum glaucum R. Br.).
- Local application of paste of Khardal (Seed of Brassica nigra Linn.) and Qust (Saussurea lappa Clarke.) on forehead and head.
- Inkibāb (Steaming) of head with turnip and Bābūna (Matricaria chamomilla Linn.).
- Oral administration of decoction of Asl al-Sūs (Glycyrrhiza glabra Linn.) 7 gm., Gāozabān (Borago officinalis Linn.) 7 gm., Parsiyāoshān (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.
- Oral administration of powder of Shonīz (Seed of Nigella sativa Linn.) 1 gm., Zarambād (Curcuma zedoaria (Christm.) Roscoe.) 1 gm., Bisbāsa (Aril of Myristica fragrans Houtt.) mixed with 24 ml. of honey.
- 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.
- 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.).
- Oral administration of powder of Kundur (Boswellia serrata Roxb.) mixed with purified honey.
- Instillation with the combination of 3.5 gm. of powdered Ustūkhūdūs (Lavandula steochas Linn.) and suitable quantity of honey.
- Chewing of almond, sugar and pine nuts.
- Oral administration of Harīra prepared with wheat husk and almond oil.
- Bakhūr (Fumigation) with Shonīz (Seed of Nigella sativa Linn.).
- Bakhūr (Fumigation) with Qust (Saussurea lappa Clarke.).
- Inhalation with Shonīz (Seed of Nigella sativa Linn.).
Inhalation with *Qust* (*Saussurea lappa* Clarke.).

Instillation of nasal drops prepared with *Shonīz Bīryān* (*Roasted seed of Nigella sativa* Linn.) soaked in vinegar and mixed with olive oil.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb-i Ayārij</em>²</td>
<td>3-9 gm. with lukewarm water at bed time</td>
</tr>
<tr>
<td><em>Sharbat-i Ustūkhūdūs</em>²</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td><em>Sharbat-i Zūfā</em>²</td>
<td>24 ml.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Falāsifa</em>²</td>
<td>7 gm.</td>
</tr>
<tr>
<td><em>Itrīfal-i Ustūkhūdūs</em>⁴</td>
<td>Up to 12 gm. at bed time</td>
</tr>
<tr>
<td><em>Itrīfal Zamāni</em>³</td>
<td>7 gm. at bed time</td>
</tr>
<tr>
<td><em>Itrīfal Mulayyin</em>²</td>
<td>4.5-13.5 gm. at bed time</td>
</tr>
<tr>
<td><em>Itrīfal Muqawwī-i Dimāgh</em>²</td>
<td>12 gm. in the morning on empty stomach</td>
</tr>
<tr>
<td><em>Roghun-i Banafsha</em>²</td>
<td>Instillation and local application on chest</td>
</tr>
<tr>
<td><em>Qayrūti Hār</em>²</td>
<td>Local application on chest</td>
</tr>
</tbody>
</table>

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

- *Takmīd* with warm cloth.
- To induce sneezing
- *Daghdagha* (To produce irritation) in the nostrils
- Intake of lukewarm water

**Dietary recommendations:**

- *Mā’ al-‘Asl*²
- *Mā’ al-Sha‘īr*²
- *Aghziya Latīfa*²
- *Aghziya Musakhkhina*²

**Dietary restrictions:**

- Excessive food intake
- *Aghziya Bārida*¹
- Oily food
- Heavy food
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

Ruʿāf (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 Intilāʾ* (Extreme congestion), *Hiddat-i Dam* (Increased heat of sanguine) due to *Ghalba-i Safrāʾ* (Predominance of yellow bile) and trauma. It may also occur as a result of *Buhrān-i Amrāz Ḥādda* (Crisis of acute diseases).\(^1\)
- It is characterized by bleeding per nose. In case of *Shiddat-i Intilāʾ*, it is preceded by headache and redness of face and eyes. Other clinical features will be according to causative factors.\(^1\)

*Usūl-i ʿIlāj (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 detioriates.
- *Taqlīl-i Ghizā* (To reduce the quantity of food)\(^1\)

*ʿIlāj biʿl-Dawāʾ (Pharmacotherapy):*

- Oral administration of *Shīra-i Tukhm-i Kāhū* (Seed of *Lactuca sativa* Linn.), *Shīra-i ʿUnnāb* (*Zizyphus vulgaris* Lamk.) and *Luʿāb-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.).

- Local application of paste prepared with Nashāsta (Starch)/Gil Armanī (Armenian Earth) mixed with vinegar on scalp.

- Instillation of nasal drop prepared with Kāfūr (Camphor) mixed with almond oil.

- Instillation of nasal drop prepared with Kāfūr (Camphor) boiled in vinegar.

- Saʻūt (Snuff) with Kāfūr (Camphor) 32 mg. mixed with 21 gm. of juice of fresh coriander.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Sharbat-i Anjabār</th>
<th>25-50 ml.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i ‘Unnāb</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Nilofar</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh</td>
<td>12-24 ml.</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting)

- Fasd-i Qīfāl (Bloodletting through cephalic vein)

- Hijāma (Cupping) on nape of the neck

- Sprinkling of cold water on scalp and extremities.

**Dietary recommendations:**

- Mā’ al-Sha’īr

- Mā’ al-Jubn

- Aghziya Mughalliz-i Dam

- Aghziya Hāmiza Qābiza

**Dietary restrictions:**

- Aghziya Muraqqiq-i Dam

**Tahaffuz (Prevention/Precaution):**

- Rigorous physical activities should be avoided.
Investigations:

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

References


Fasād-i Shamm (Parosmia)

Introduction:
- It is defined as the perversion of sense of smell.\(^1\text{-}^3\)
- It is caused by Ṣū’-i Mizāj (Morbid temperament) of anterior part of brain, accumulation of varied kind of bad quality humors in the anterior part of brain.\(^1\) It 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.\(^2\text{-}^3\)
- It is characterized by the perception of only one kind of smell, good or bad.\(^1\text{-}^3\)

Usūl-i ‘Ilāj (Principles of treatment):
- Tanqiya-i Mādda (Evacuation of morbid matter)\(^1\text{-}^3\)
- 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.\(^1\text{-}^2\)
- Inhalation of Jundbedastar (Castorium) in case of perception of only good odours.\(^1\text{-}^2\)
Instillation of Qutūr (Nasal Drops) prepared with Kalonjī (Nigella sativa Linn.), vinegar and olive oil.

Nafūkh (Insufflation) with powder of Hurmul (Peganum harmala Linn.) and Filfil Safed (Piper nigrum Linn.).

**Compound drugs:**

| Roghan-i Bādam Talkh | Used as snuff |

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

- Fasd (Bloodletting)
- Hijāma (Cupping) on head

**Dietary recommendations:**

- Aghziya Ghayr Mubakkhira

**Dietary restrictions:**

- Aghziya Mubakkhira

**Investigations:**

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

**References**

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.), *Afšantīn* (*Artemisia absinthium* Linn.), *Aftīmūn* (*Cuscuta reflexa* Roxb.), *Ushna* (*Usnea longissima* Asch.) and *Mastagī* (*Pistacia lentiscus* Linn.) mixed with *Roghān-i Gul* (Greenish/blackish discoloration).\(^2\)
- Local application of paste prepared with *Post-i Bekh-i Kibr* (Root
bark of *Capparis spinosa* Linn.) and *Mastagī* (*Pistacia lentiscus* Linn.) mixed with *Roghan-i Gul*.¹

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Roghan-i Mastagī</em>² (Chalky white teeth)</td>
<td>Local application on teeth</td>
</tr>
<tr>
<td><em>Sanūn Mujallī</em>²</td>
<td>Local application on teeth</td>
</tr>
<tr>
<td><em>Sanūn Missī</em>³</td>
<td>Local application on teeth</td>
</tr>
</tbody>
</table>

**‘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**

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):
- Tanqiya-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:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murabba-i Zanjabi⁵ (in case of phlegmatic</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td>humour in stomach)</td>
<td></td>
</tr>
<tr>
<td>Murabbâ-i Halayla⁴</td>
<td>1-2 for a longer period of time</td>
</tr>
<tr>
<td>Itrîfal Saghîr⁵ (in case of phlegmatic</td>
<td>12 gm. at bedtime.</td>
</tr>
<tr>
<td>humour in stomach)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**

- Aghziya Latîfa⁴

**Dietary restrictions:**

- Sweet dishes⁴
- Meat⁴
- Milk⁴
- Aghziya Murattiba⁴
- Aghziya Saqîla⁴
- Aghziya Muwallid-i Balgham⁴

**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


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 gums²,³ 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):

- Taslib-i Lissa/Taqwiyat-i Lissa (To strengthen the gums)⁴
- Taqlīl-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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanūn-i Chob Chini⁵</td>
<td>Local application on gums</td>
</tr>
<tr>
<td>Sanūn Kalān⁵</td>
<td>Local application on gums</td>
</tr>
<tr>
<td>Sanūn-i Supārī⁵</td>
<td>Local application on gums</td>
</tr>
<tr>
<td>Sanūn-i Post-i Mughilān⁵</td>
<td>Local application on gums</td>
</tr>
</tbody>
</table>

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

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

Dietary recommendations:

- Aghziya Ghalīza⁶

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

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):

- *Tanqiya-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 Fawākıh*.\(^4\)
- *Ghargharah* (Gargle) with *Āb-i Mako* (Juice of fresh *Solanum nigrum* Linn.) and *Āb-i Kishniz 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.).

**Ghargharah (Gargle)** with a combination of Mā’ al-Rummān (Juice of *Punica granatum* Linn.), Shībb (Alum), Gil Armanī (Armenian earth), Zar-i Ward (Stamen of *Rosa damascena* Mill.).

**Nafūkh (Insufflation)** with combination of Phitkirī (Alum), burnt horn of Staghorn and Nawshādar (Ammonium chloride) on uvula in case of Sū’-i Mizāj Balghami.

Local application of flour of Māsh (*Vigna mungo* Linn.) and powders of Gil Armanī (Armenian earth), Samagh ‘Arbi (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 Balghami.

### Compound drugs:

<table>
<thead>
<tr>
<th>Rubb-i Tūt</th>
<th>Orally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Ayāriji</td>
<td>3-9 gm. with lukewarm water at bed time.</td>
</tr>
</tbody>
</table>

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

**Fasd-i Qīfāl** (Bloodletting through cephalic vein) in case of Sū’-i Mizāj Damawī.

**Hijāma bi’l-Shart** (Wet Cupping) on nape of neck and below chin in case of Sū’-i Mizāj Damawī.

### 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


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 Zanjabil (Zingiber officinale Roscoe.) 9.5 gm. mixed with jaggery 17.5 gm. in morning.¹
- Oral administration of decoction of Sapistān (Cordia latifolia Linn.) 9.5 gm., Khatmī (Althea officinalis Linn.) 9.5 gm. and Khubāzī (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 Mīzāj Yābis*.⁴

Oral administration of *Lu’āb-i Aspghol* (*Plantago ovata* Frosk.) and *Lu’āb-i Behīdāna* (*Cydonia oblonga* Mill.) with Sharbat-i Banafsha.⁵

Oral administration of *Hiltīt* (Asafoetida) with lukewarm water.⁵

Mastication of *Khulanjān* (*Alpinia galanga* Willd.) in case of *Nazla* and *Sū’-i Mīzāj 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:**

| Sharbat-i Khashkhāsh² (in case of Nazla Hār) | 12-24 ml. |
| Sharbat Faryādpras¹ | 12-24 ml. |
| Sharbat-i Tūt Siyāh⁶ | 24 ml. in the morning with water |
| La’ūq-i Katān¹ | 6-12 gm. |
| La’ūq-i Sapistān¹ | 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 Mugharriyya³* in case of dryness

**Dietary restrictions:**

- *Aghziya Māliha³*
- *Aghziya Hāmiza³*
Aghziya Hirrifa³

**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**

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.

- It is caused by Imtilā’ (Congestion), rupture of blood vessels, injury, trauma, corrosion and infection of the affected organ. 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.

Usūl-i ‘Ilāj (Principles of treatment):

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

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Shīra-i ‘Unnāb (Zizyphus jujuba Mill. & Lamk.), Lu’āb-i Bihidāna (Cydonia oblonga Mill.), Shīra-i Maghz-i Tarbūz (Seed...
kernel of Citrullus lanatus Thunb.), Post-i Bekh-i Anjbār (Polygonum bestorata Linn.), Shīr-i Khurfa (Portulaca oleracea Linn.) with Sharbat-i Habb al-Ās sprinkled with Bārtang (Seed of Plantago major Linn.).

- Oral administration of powder of Dam al-Akhwayn (Pterocarpus marsupium Roxb.) and Samagh ‘Arabī (Gum of Acacia arabica Willd.) with Sharbat-i Khashkhāsh.

- Oral administration of Āb Āhan Tāb (Water treated with hot iron rod).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Kahrubā³</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Qurs-i Gulnār³</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Sharbat-i Anjbār³</td>
<td>24 ml. in morning with water</td>
</tr>
<tr>
<td>La‘ūq Bārid³</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td>Khamira-i Khashkhāsh⁴</td>
<td>12 gm.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Qīfāl (Bloodletting through cephalic vein)³ when source of bleeding is throat.

- Fasd-i Bāslīq (Bloodletting through basilic vein)³ when source of bleeding is in lungs and thorax and in case of Intilā’.

- Fasd-i Sāfin (Bloodletting through saphenous vein)³

- Hijāma-i Sāqayn (Cupping on calf muscles)³

**Dietary recommendations:**

- Aghziya Mugharriyya³
- Mā’ al-Sha‘īr³
- Aghziya Qābiza⁶

**Dietary restrictions:**

- Aghziya Musakhkhina³
- Aghziya Hirrijā³
- 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

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 Safrā’ (Yellow bile) and Dam Safrāwī (Bilious sanguine).\(^1\)
- It is characterized by dry cough, dyspnoea, high grade fever, piercing pain\(^2\) and Nabz Minshāri (Pulsus serratus).\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):
- Tanqiya (Evacuation)\(^3\)
- Tahlīl (Resolution)\(^3\)
- Tatfiya (To extinguish the abnormal heat)\(^3\)
- Taltīf (Rarefaction)\(^3\)
- Talyān (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 (Glycyrhhiza 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 ‘Unnab 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 Nilofar and sprinkling with Khāksī (Sisymbrio irio Zinn.).³

- Oral administration of Shīra-i Dāna-i Ilā’īchī 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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>La’ūq-i Katān⁴</td>
<td>24-48 gm.</td>
</tr>
<tr>
<td>La’ūq-i Khayārshambar⁴</td>
<td>7-12 gm. thrice daily</td>
</tr>
<tr>
<td>Sharbat-i Zūfa³</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh³</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Sharbat-i Nilofar³</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Sharbat-i ‘Unnāb³</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting)³
- Hijāma (Cupping)³
- Ishāl (Purgation)³
Dietary recommendations:
- Māʿ al-Shaʿīr³
- Aghziya Latīfa³

Dietary restrictions:
- Aghziya Hārra³
- Excessive intake of food.³

Tahaffuz (Prevention/Precaution):
- Avoid exposure to cold air.³

Investigations:
- Complete Blood Count
- Montoux test
- X-ray Chest
- Ultrasonography

References
**Zīq al-Nafas (Bronchial Asthma)**

**Introduction:**

- It is a condition in which the body does not get normal amount of air required for *Tarwīh-i Qalb* (supply of *Rūh* to heart), resulting in patient’s unrest due to breathlessness.

- It is caused by *Waram* (Inflammation) of air passage (larynx, trachea, bronchi, bronchioles, lung parenchyma), accumulation of *Ghalīz Rutūbāt* (Thick secretions) within bronchi and alveoli, spasmodic condition due to dryness, *Intilā’-i Sadr* (Thoracic congestion) and pressure from neighboring organs. It may also be caused due to nervine disorders and *Abkhira Dukhāniyya* (Air pollution).

- It is characterized by continuous shallow breathing with decreased periodicity resulting in exhaustion. It is episodic in nature, familial history may be positive and other features may be related to the specific causative factor.

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

- *Taltīf* (Rarefaction)
- *Tahlīl* (Resolution)
- *Tanqiya* (Evacuation)
- *Taskhīn* (To produce warmth)
- *Taskīn* (To relieve the spasm) through *Murattibāt* (drugs producing wetness) in case of dryness
- *Taftīh-i Sudad* (To remove the obstruction)
- *Tawsī’-i Nafas* (To relieve breathlessness)
‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of decoction of Tukhm-i Hulba (Seed of Trigonella foenum-graecum 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-graecum Linn.) after mixing with honey.\(^2\)

- Oral administration of decoction of Tukhm-i Hulba (Seed of Trigonella foenum-graecum 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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Banafsha(^5)</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Sharbat-i Zūfa Sāda(^5)</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Sharbat-i Zūfa Murakkab(^5)</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsuli(^5)</td>
<td>24 ml.</td>
</tr>
<tr>
<td>La’ūq-i Sapistān(^5)</td>
<td>6-12 gm.</td>
</tr>
<tr>
<td>La’ūq-i Katān(^5)</td>
<td>24-48 gm.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāsliq (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 Hirrīfa
- Sour dishes
- Aghziya Muwallid-i Balgham

Tahaffuz (Prevention/Precaution):
- Avoid diuretics as they may increase the thickness of secretions.
- 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
Zāt al-Riya (Pneumonia)

Introduction:

- It is a condition in which lungs get affected with *Waram Hār* (Acute inflammation).

- It is caused by *Dam* (Sanguine), *Safrā’* (Yellow bile), *Balgham Muta’affin* (Putrefied phlegm) [primarily] and *Insibāb-i Nazla* (Pouring of secretions) [secondarily].

- It is characterized by continuous fever, cough, severe breathlessness, pain with heaviness in chest, polydipsia, flushed face, pain on lying on the affected side.

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

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

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

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**

- Oral administration of *Mā’ al-Fawākih.*

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Oral administration of *Mā' al-'Asl.*


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.).

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.).

Oral administration of *Shīra-i Dāna-i Ilā‘īchī Khurđ* (Seed of *Elettaria cardamomum* Maton.) 3 gm. with *‘Arq-i Mako* 60 ml. and *Gulqand Āftābī* 24 gm.

Local application of *Roghan-i Gul* boiled with decoction of *Post-i Khashkhāsh* (Rind of *Papaver somniferum* Linn.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>La‘ūq-i Katān</em></td>
<td>24-48 gm.</td>
</tr>
<tr>
<td><em>La‘ūq-i Khayārshambar</em></td>
<td>7-12 gm. thrice daily</td>
</tr>
<tr>
<td><em>Sharbat-i Zūfa</em></td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td><em>Sharbat-i Khashkhāsh</em></td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td><em>Sharbat-i Nīlofar</em></td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td><em>Sharbat-i ‘Unnāb</em></td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**
- Mā’ al-Sha‘īr
- Aghziya Latifá

**Dietary restrictions:**
- Aghziya Hārra
- Excessive intake of food.

**Tahaffuz (Prevention/Precaution):**
- Avoid exposure to cold air.

**Investigations:**
- Complete Blood Count
- Sputum microscopy Culture & Sensitivity
- Blood culture
- X-ray Chest

**References**


Zaght al-Dam Qawī (Hypertension)

Introduction:

- It is a type of vascular congestion which occurs due to increased volume of blood\(^1\) 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)\(^3\)
- *Tafriḥ* (Exhilaration)\(^3\)
- *Tawsi‘-i Uruq* (Dilatation of blood vessels) in case of narrowing of vessels
- *Taqlīl-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)

‘Ilāj bi‘l-Dawā (Pharmacotherapy):
✓ Oral administration of Shīrā of Khashkhāsh (Seed of Papaver somniferum, Linn.) 3 gm. and Hīl Kalān (Amomum subulatum Roxb.) 1 piece in the morning and evening.
✓ 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.
✓ 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.

Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs Dawā‘ al-Shifā</td>
<td>2 tablets with water once a day</td>
</tr>
<tr>
<td>Asrīn</td>
<td>1 tablet twice a day</td>
</tr>
<tr>
<td>Qurs-i Kāfūr</td>
<td>3 gm.</td>
</tr>
<tr>
<td>Khamīra-i Sandal</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td>Khamīra-i Ābresham</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Khamīra-i Ābresham Hakīm Arshad Wāla</td>
<td>3-6 gm. with ‘Arq-i Gāozabān 144 ml.</td>
</tr>
<tr>
<td>Khamīra-i Gāozabān</td>
<td>12 gm. with ‘Arq-i Gāozabān 144 ml.</td>
</tr>
<tr>
<td>Mufarrīh Bārid</td>
<td>9 gm.</td>
</tr>
<tr>
<td>Yāqūtī Mu‘tadīl</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Itrīfal Kishnīzī</td>
<td>9-24 gm. at bed time</td>
</tr>
<tr>
<td>Jawārish-i Āmla</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Sharbat Bazūrī Mu‘tadīl</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

‘Ilāj bi‘l-Tadbīr (Regimenal therapy):
✓ Fasd-i Bāslīq (Bloodletting through basilic vein)
✓ Fasd-i Sāfin (Bloodletting through saphenous vein)
✓ Hijāma (Cupping) in between shoulders


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

**Dietary recommendations:**

- **Aghziya Latīfa**\(^3\)
- **Aghziya Bārida**\(^3\)
- Buttermilk\(^3\)
- **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

**References**


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
- Tanqiya (Evacuation)⁶
- Tahlīl (Resolution)⁶
- Man’-i Ta’affun (To check the infection)¹
- Qat’-i Tajabbun (To resolve the coagulation)¹
- Taqlīl-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). 
- Local application of paste prepared with leaves of Mako (Solanum nigrum Linn.) mixed with Roghan-i Gul (initial stage).
- Local application of paste prepared with Nākhūna (Pods of Trigonella uncata Boiss.), Ārd-i Bāqla (Flour of Phaseolus vulgaris Linn.) and Roghan-i Kunjad.
- Local application of seed of Aspghol (Plantago ovata Forsk.) mixed with water and Sikanjabīn (Waram Hār).
- Local application of paste prepared with Kamūn (Carum carvi Linn.) and Āb-i Karafs (Juice of Apium graveolens Linn.) (Waram Bārid).
- Local application of mixture of juice of leaves of Mako (Solanum nigrum Linn.), Roghan-i Gul and vinegar of grapes.
- Natūl (Irrigation) with the decoction of Hulba (Seed of Trigonella foenum-graeceum Linn.), Nākhūna (Pods of Trigonella uncata Boiss.) and Bābūna (Matricaria chamomilla Linn.).
- 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.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Zimād Muhallil</th>
<th>Local application</th>
</tr>
</thead>
</table>

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

- Fasd-i Bāслиq (Bloodletting through basilic vein)
- Fasd-i Sāfin (Bloodletting through saphenous vein)
- Fasd-i Mābiz (Bloodletting through popliteal vein)
- Ishāl (Purgation)
- Idrār-i Tams (Induction of menstruation)

**Investigations:**

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


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

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

- Oral administration of powder of Tabashir (Bambusa bambus Druce.) and Mastagi (Pistacia lentiscus Linn.) with Gulqand.³
- Oral administration of powder of Tabashir (Bambusa bambus Druce.) with Sikanjabin.³

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish-i Āmla³</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish-i Zarishk³</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish Shāhī³</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish Safarjalī³</td>
<td>9-14 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Khubs al-Hadīd³</td>
<td>3-7 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Sangdāna³</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Anushdārū Sāda³</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Anushdārū Lūluwī³</td>
<td>5-10 gm.</td>
</tr>
</tbody>
</table>

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

- Ishāl (Purgation)³ for evacuation of matter

Dietary recommendations:

- Aghziya Latīfa³

Dietary restrictions:

- Batī al-Hazm Aghziya³
- 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

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., Mastagī (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., Mastagī (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:

<table>
<thead>
<tr>
<th>Jawārish-i ‘Ūd³</th>
<th>5-7 gm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish-i Zarishk³ (in case of Harārat Hādd)</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish-i Anārayn³ (in case of Harārat Hādd)</td>
<td>7-10 gm. after meal</td>
</tr>
<tr>
<td>Jawārish-i Āmla³ (in case of Harārat Hādd)</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish Kamūnī⁴ (in case of Sū’-i Mizāj Bārid)</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Jawārish Falāfili⁴ (in case of Sū’-i Mizāj Bārid)</td>
<td>3 gm.</td>
</tr>
<tr>
<td>Murabba-i Zanjabil⁴ (in case of Sū’-i Mizāj Bārid)</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td>Murabba-i Halayla⁴</td>
<td>1-2 pieces with water at night</td>
</tr>
</tbody>
</table>

‘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 humour
- Lemon pickle
- Spices in case of Sū’-i Mizāj Bārid
- Vinegar

Dietary restrictions:

- Aghziya Ghalīza

Tahaffuz (Prevention/Precaution):

- Avoid consumption of alcohol.

Investigations:

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

References

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-Fawākh.\(^2\)
- Local application of paste prepared with Gul Surkh (Flower of Rosa damascena Mill.), ‘Ūd (Aquilaria agallocha Roxb.), Mastagī (Pistacia lentiscus Linn.), Sumbul al-Tīb (Nardostachys Jatamansi (D.Don) DC.) and ‘Arq-i Gulāb on epigastric region.\(^3\)
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mā‘ al-Lahm²</td>
<td>60 ml.</td>
</tr>
<tr>
<td>Dawā’ al-Misk² for In‘āsh</td>
<td>7 gm.</td>
</tr>
<tr>
<td>‘Arq-i Bed-i Mushk³</td>
<td>60 ml.</td>
</tr>
<tr>
<td>Jawārish-i Mastagi³</td>
<td>5-9 gm.</td>
</tr>
<tr>
<td>Jawārish Kamūnī³</td>
<td>7-12 gm.</td>
</tr>
</tbody>
</table>

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

- Qay’ (Emesis)¹
- Ishāl (Purgation)¹

Dietary recommendations:

- Zūd Hazm Aghziya¹

Dietary restrictions:

- Bati‘ al-Hazm Aghziya¹

Investigations:

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

References

Qurūh-i Miʿda (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 Qurūh¹

‘Ilaj 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 Seb⁶:

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¹ Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases

² Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases

³ Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases

⁴ Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases

⁵ Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases

⁶ Qurūh-i Miʿda: Standard Unani Treatment Guidelines for Common Diseases
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- Oral administration of pills prepared with following drugs in a dose of 7 gm. along with juice of *Khurfa* (*Portulaca oleracea* Linn.)
  - *Gil Qabrasi* (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.

### Compound drugs:

<table>
<thead>
<tr>
<th>Qurs-i Kahrubā (to check haematemesis)</th>
<th>3 pills of 1 gm. each with Āb-i Sumāq (Juice of <em>Rhus coriara</em> Linn.) and Āb-i Bārtang (Juice of <em>Plantago major</em> Linn.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Tabāshī (to check haematemesis)</td>
<td>5 gm. with Āb-i Sumāq (Juice of <em>Rhus coriara</em> Linn.) and Āb-i Bārtang (Juice of <em>Plantago major</em> Linn.)</td>
</tr>
<tr>
<td>Ayārij-i Fayqra (to clean chronic ulcer)</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Sharbat-i Bihi</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Anār</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

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

### Dietary recommendations:

- Zūd Hazm Aghziya
- Mā’ al-Sha’īr to clean the ulcer.
- Buttermilk after cleansing of ulcer.
- Khurfa (*Portulaca oleracea* Linn.)
- *Bihī (Cydonia oblonga Mill.)*
- Guava
- Apple

**Dietary restrictions:**
- Sour and spicy diets

**Tahaffuz (Prevention/Precaution):**
- Avoid use of potent *Munaqqiyāt-i Qurūh* (Cleansers of ulcers) as they may aggravate the condition.
- Avoid tobacco chewing, smoking, alcohol, NSAID’s.

**Investigations:**
- Endoscopy
- Blood antibody test for Helicobacter pylori

**References**

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 Riyāḥ* (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 *Ghāriqūn* (*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*.³⁴
- 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 *Harārat*.³
- Local application of lukewarm paste prepared with *Dārchīnī* (*Cinnamomum zeylanicum* Blume.), *‘Ūd* (*Aquilaria agallocha* Roxb.), *Waj* (*Acorus calamus* Linn.), *Zarambād* (*Curcuma zedoaria* Rosc.), *Mastagī* (*Pistacia lentiscus* Linn.), Rose water on epigastric region in case of *Balgham*.³⁴
- Local application of *‘Itr-i Gulāb* on the epigastric region in case of *Balgham*.¹
- *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:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikanjabīn</td>
<td>12-24 ml</td>
</tr>
<tr>
<td>Sikanjabīn Laymūnī</td>
<td>12-24 ml with water</td>
</tr>
<tr>
<td>Sharbat-i Hummāz</td>
<td>24 ml. with water in the morning</td>
</tr>
<tr>
<td>Sharbat-i Anār</td>
<td>24 ml. with water in the morning</td>
</tr>
<tr>
<td>Safūf-i Namak Sulaymānī</td>
<td>3-4 gm. with water after meal</td>
</tr>
<tr>
<td>‘Arq ‘Ajīb</td>
<td>2-4 drops mixed with water</td>
</tr>
</tbody>
</table>

**‘Iltāj 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 Safrah.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 Hāmiza⁴

**Dietary restrictions:**

- Aghziya Hārra³
- Aghziya Mubakhkhira³

**Tahaffuz (Prevention/Precaution):**

- Avoid mental stress.⁵
- Avoid hunger.²
- Avoid NSAIDs, tobacco chewing, smoking and alcohol.

**Investigations:**

Endoscopy
References


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,³ 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’īchī 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.)
v 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

v Oral administration of *Shīra of Kunjad Muqashshar* (Dehusked seeds of *Sesamum indicum* Linn.) prepared with water and mixed with small amount of sugar.¹

v Oral administration of mucilage of seeds of *Aspghol* (*Plantago ovata* Forsk.) 17.5 gm. mixed with sugar.¹

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Murabba-i Āmla</em>¹</td>
<td>As directed by physician</td>
</tr>
<tr>
<td><em>Murabba-i Halayla</em>¹</td>
<td>As directed by physician</td>
</tr>
<tr>
<td><em>Itrīfal Saghīr</em>¹</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td><em>Sikanjabīn ‘Unsulī</em>³</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

v *Fasd-i Ibtī* (Bloodletting through axillary vein)¹

v *Fasd-i Bāslīq* (Bloodletting through basilic vein) [Left hand]¹

v *Fasd-i Usaylim* (Bloodletting through *Usaylim* vein) [Left hand]¹

**Dietary recommendations:**

v *Mā’ al-Jubn*¹

v Gravy of chick with bread¹

**Dietary restrictions:**

v *Aghziya Muwallid-i Sawdā¹*

*Tahaffuz* (Prevention/Precaution):

v Avoid things producing black bile.¹

v *Avoid tobacco chewing, smoking, alcohol, NSAID’s and spices.*

**Investigations:**

v Fractional Test Meal

v Endoscopy
References


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 Intilā’-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-lī Ghizā (To reduce the quantity of food)\(^5\)
- Taqviyyat-i Jigar (To tone-up the liver)\(^4\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Murawwaqayn with Sikanjabin.\(^6\)
- 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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ma’jūn Dabīd al-Ward</strong></td>
<td>7 gm. in morning</td>
</tr>
<tr>
<td>Qurs-i Zarishk</td>
<td>4 pills of 1 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Kurkum</td>
<td>9 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Luk</td>
<td>3.5-4.5 gm.</td>
</tr>
<tr>
<td>Sharbat-i Afsantīn</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat Dīnār</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Kasūs</td>
<td>24-48 ml. in morning</td>
</tr>
<tr>
<td>Jawārish-i Āmla</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Jawārish-i Anārayn</td>
<td>7-10 gm.</td>
</tr>
</tbody>
</table>

### ‘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\(^6\)
- Pomegranate\(^4\)
- Apple\(^6\)
- Guava\(^6\)
- 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

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 Kabīd (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 extremeties 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’rīq (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.), Shukāʽī (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 Shukāʽī 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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayārij-i Fayqra</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Sharbat-i Afsantīn⁴</td>
<td>20 ml. twice a day</td>
</tr>
<tr>
<td>Sharbat Dīnār⁴</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Ambarbāris⁴</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Ward⁴</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Usūl⁵</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Habb-i Rewand⁴</td>
<td>1 pill twice a day with ‘Arq-i Bādiyān</td>
</tr>
<tr>
<td>Dawā’ al-Kurkum⁴</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Ma’jūn Dabīd al-Ward⁴</td>
<td>7 gm. with ‘Arq-i Bādiyān</td>
</tr>
<tr>
<td>Qurs-i Zarishk⁴</td>
<td>4 pills of 1 gm.</td>
</tr>
<tr>
<td>Sharbat-i Zarishk⁴</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>
‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- Moderate exercise
- Walking
- Qay’ (Emesis) before meal
- Hammām (Bath) with Ḍabāqā and Ḍab Shibbi
- Hammām Yābis (Dry Bath)
- Huqna (Enema)

Dietary recommendations:

- Aghziya Latīfa in small quantity
- Milk of wild camel with Sikanjabīn
- Leaves of Shībit (Anethum sowa Roxb.), Chawlā’ī (Amaranthus gangeticus Linn.)
- Use of garlic and black mustard in diet

Dietary restrictions:

- Aghziya Murattiba
- Bāti’ al-Hazm Aghziya
- Avoid drinking water and replace it with ‘Arq-i Mako, ‘Arq-i Kāsnī and ‘Arq-i Bādiyān as per the temperament of the patient.
- Excessive food intake

Tahaffuz (Prevention/Precaution):

- Avoid Fasd (Bloodletting), bathing with cold water, and things producing cold in the body.

Investigations:

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


**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 ʿIlāj (Principles of treatment):**

- Izāla-i Sabab (To remove the causative factor)³
- Ta’dīl-i Mizāj-i Jigar (To correct the temperament of liver)³
- Taskhīn (To produce warmth)² when caused by increased Burūdat (Cold)
- Tanshīf (To produce dryness)²
- Taqlīl-i Ghizā (To reduce the quantity of food)³
- Islāh-i Kabid (To correct hepatic functions)⁴
- Taqwīyat-i Mi’da (To tone-up the stomach)⁴
- Taqwīyat-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).
- Oral administration of Āb Nuqra Tāb (Water treated with hot silver).
- Oral administration of Āb Tilā Tāb (Water treated with hot gold).
- Local application of paste of Būra Armanī and Roghan-i Bābūna.

Compound drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiryāq Fārūq</td>
<td>1.75-2.25 gm.</td>
</tr>
<tr>
<td>Ma’jūn Dabid al-Ward</td>
<td>7 gm. in morning</td>
</tr>
<tr>
<td>Sharbat Bazūri</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Bazūri</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat Dinār</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Qurs-i Zarishk</td>
<td>4 pills of 1 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Kurkum</td>
<td>9 gm.</td>
</tr>
<tr>
<td>‘Arq-i Mā al-Lahm Mako Kāsnī Wāla</td>
<td>125 ml.</td>
</tr>
<tr>
<td>‘Arq-i Mako</td>
<td>144 ml.</td>
</tr>
<tr>
<td>‘Arq-i Kāsnī</td>
<td>144 ml.</td>
</tr>
<tr>
<td>‘Arq-i Bādiyān</td>
<td>144 ml.</td>
</tr>
<tr>
<td>Jawārish Shaharyārān</td>
<td>7-12 gm.</td>
</tr>
</tbody>
</table>

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

- Ta’riq (Diaphoresis)
- Idrār (Diuresis)
- Indifān-i Raml (Sand bath)
- Hammām Būraqiyya
- Hammām Kibrītiyya

Dietary recommendations:

- Aghziya Musakhkhina
- Aghziya Mujaffīfa
- Zūd Hazm Aghziya
- Pomegranate
Dietary restrictions:

- Batī al-Hazm Aghziya\(^3\)
- Aghziya Bārida 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*

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)\(^2\)
- Tajfīf (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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Rewand²</td>
<td>1 pill in morning and evening</td>
</tr>
<tr>
<td>Tiryāq Fārūq²</td>
<td>1.75-2.25 gm.</td>
</tr>
<tr>
<td>Sharbat Bazūrī²⁴</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat Dinār⁴</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Qurs-i Zarishk⁴</td>
<td>4 pills of 1 gm.</td>
</tr>
<tr>
<td>Sikanjabīn Bazūrī²</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Dawā’ al-Kurkum²</td>
<td>9 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Luk⁴</td>
<td>3.5 gm.</td>
</tr>
</tbody>
</table>

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

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

### Dietary recommendations:

- Aghziya Musakhkhina⁶
- Aghziya Mujaffifa⁶
- Zūd Hazm Aghziya⁶

### Dietary restrictions:

- Batī al-Hazm Aghziya⁶
- Aghziya Bārida Rataba⁶
- Aghziya Ghalīza Lazija²

### 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

References

Sahj o Qurūh-i Amʿā (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 Amʿā*.\(^1\)
- It is characterized by dull pain in left iliac region with excretion of *Ghalīz Khurāt-i Amʿā* (Thick mucous) in stool (when large intestine is involved) and severe pain around umbilicus with excretion of *Raqīq Khurāt-i Amʿā* (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 Amʿā* (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 Balghami).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 ‘Arbî (Gum of Acacia arabica Willd.), roasted starch and roasted Tabâshîr (Bambusa bambus Druce.) may also be added.³
- Oral administration of Shîra-i Gul Surkh Tâza (Fresh flower of Rosa damascena Mill.) (Sahj Safrâwî).³
- Oral administration of Rewand Chînî (Rheum emodi Wall.) (Sahj Safrâwî).³
- Oral administration of Kharnûb (Ceratonia siliqua Linn.) (Sahj Safrâwî).³
- Oral administration of Balût Biryân (Roasted Quercus incana Roxb.) (Sahj Safrâwî).³
- Oral administration of combination of Kharnûb (Ceratonia siliqua Linn.) and Balût Biryân (Roasted Quercus incana Roxb.) (Sahj Safrâwî).³
- Oral administration of Shîra-i Khurfa (Portulaca oleracea Linn.).³
- Oral administration of Shîra-i Khurfa (Portulaca oleracea Linn.) mixed with Gil Armanî (Armenian earth) (Sahj Safrâwî with thirst).³
- Oral administration of mixture of Shîra-i Khurfa (Portulaca oleracea Linn.) 9 gm., Lu‘âb-i Bihîdâna (Mucilage of seed of Cydonia oblonga Mill.) 3 gm., Lu‘âb-i Aspghol (Mucilage of seed of Plantago ovata Forsk.) 7 gm., Samagh ‘Arbî (Gum of Acacia arabica Willd.) 4 gm. in cold water sprinkled with 3 gm. of Tukhm-i Rayhân (Seed of Ocimum sanctum Linn.) along with Qurs-i Tabâshîr Qâbiz 3 gm.³
- Oral administration of Samagh ‘Arbî (Gum of Acacia arabica Willd.) 1 gm., Zar-i Ward (Stamen of Rosa damascena Mill.), Katîrâ (Sterculia urens Roxb.), Starch 1 gm. each, Bârtang (Plantago major Linn.) 4 gm., Sabûs-i Aspghol (Husk of Plantago ovata Forsk.) 4 gm. along with one cup of buttermilk treated with hot stone.³
- Oral administration of Lu‘âb-i Bihîdâna (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 ‘Arqiyyāt.³

- Local application of following Zīmād (Paste)³:

  Gil Armanī (Armenian earth), Sandal (*Santalum album* Linn.), ‘Aqāqiya (Extract of pods of *Acacia arabia* Willd.), Āb-i Habb al-Ás (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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safūf Muqliyāsa³</td>
<td>5 gm. in the morning</td>
</tr>
<tr>
<td>Sharbat-i Banafsha³</td>
<td>24 ml. in the morning</td>
</tr>
<tr>
<td>Sharbat-i Anār³</td>
<td>24 ml. in the morning</td>
</tr>
<tr>
<td>Safūf-i Tin³⁴</td>
<td>7 gm. with clarified butter</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr³</td>
<td>5 gm. with water</td>
</tr>
</tbody>
</table>

### ‘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 birds

**Dietary restrictions:**

- *Aghziya Hirrifā*¹
- *Aghziya Hāmiza*³
- Oily/fried food³
- Meat³

**Tahaffuz (Prevention/Precaution):**

- Avoid regimens that may produce dryness and constipation.⁴

**Investigations:**

- Stool test for occult blood
- Colonoscopy

**References**

**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 *Salīkha* (*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 (Tragopagon 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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Sandal⁴</td>
<td>12-24 ml. in morning</td>
</tr>
<tr>
<td>Sharbat-i Habb al-Ās⁴</td>
<td>24 ml. in morning</td>
</tr>
<tr>
<td>Khamira-i Banafsha⁴</td>
<td>24-48 gm. in the morning</td>
</tr>
<tr>
<td>Qurs-i Kahrubā¹</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Yāqūtī Bārid⁴</td>
<td>3-5 gm.</td>
</tr>
</tbody>
</table>

### ‘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).

**Investigations:**

- Ultrasonography-Upper abdomen

**References**

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.\(^3\)

**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 demulcients)\(^1,4\)
- *Iltihām* (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 Bihīdāna* (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 Hil Khurd (Seed of Elettaria cardamomum Linn.), Gil Armani (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:**

<table>
<thead>
<tr>
<th>Compound Drugs</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safūf-i Muqliyāsā2,3</td>
<td>7 gm. twice daily</td>
</tr>
<tr>
<td>Safūf-i Tin1</td>
<td>7 gm. with clarified butter in the morning</td>
</tr>
<tr>
<td>Sharbat-i Anjabār2</td>
<td>25-50 ml.</td>
</tr>
<tr>
<td>Qurs-i Gulnār2,3</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Qurs-i Anjabār3</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td>Qurs-i Kahrubā2,3</td>
<td>3.5 gm.</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr2,3</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Qurs-i Kāfūr2</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Murabba-i Āmlā2</td>
<td>1 piece with water</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāslīq (Bloodletting through basilic vein)2,4
- Fasd-i Qifāl (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 \(^1,2,3,4\)
- Plums \(^1\)
- Egg yolk with vinegar \(^1\)
- Gravy of chick with spinach \(^1\)
- Trottle soup \(^1\)

Dietary restrictions:

- Aghziya Qābiza \(^1\)
- Aghziya Hirrīfa \(^2\)
- Aghziya Māliha \(^2\)
- Sweet dishes \(^2\)
- All types of meat except bird’s meat \(^2\)

Tahaffuz (Prevention/Precaution):

- Avoid regimens causing constipation. \(^2\)

Investigations:

- Stool for occult blood
- Ultrasonography Whole abdomen

References

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\textsuperscript{1,2,3}  
- Tanqiya-i Sawdā’ (Evacuation of Black Bile) in case of Waram Sulb\textsuperscript{1,2,3}  
- Tahlīl-i Waram (Resolution of swelling)\textsuperscript{1,2,3}  
- Taskhīn-i Kuliya (Calefaction of kidneys) in case of Waram Bārid\textsuperscript{1,2,3}  
- Talyīn-i Kuliya (To soften the kidneys) in case of Waram Sulb\textsuperscript{1,2,3}  

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):  
- Oral administration of Lu’āb-i Aspghol (Mucilage of Plantago ovata Forsk.) Lu’āb-i Bihīdāna (Mucilage of seed of Cydonia oblonga Linn.), Shīra-i ‘Umnāb (Zizyphus jujuba Mill & Lamk.) with Sharbat-i Banafsha in case of Waram Hār.\textsuperscript{6}  
- Oral administration of decoction of Tukhm-i Karafs (Seed of Apium graveolens Linn.), Khār Khasak (Tribulus terristris Linn.), Anīsūn (Pimpinella anisum Linn.), Parsiyāoshān (Adiantum capillus-veneris Linn.), Halyūn (Asparagus officinalis Linn.) with Sharbat Buzūrī in case of Waram Bārid.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Ingestion/Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimād-i Waram- i Kulya Qawi⁸</td>
<td>Local application on renal area</td>
</tr>
<tr>
<td>Banādiq al-Bazūr⁷</td>
<td>5-7 pills with water in divided doses three times a day</td>
</tr>
<tr>
<td>Iksīr-i Gurdā⁷</td>
<td>1-2 gm.</td>
</tr>
<tr>
<td>Jawārish Zar‘ūni ‘Ambarī Ba Nuskha Kalān⁷</td>
<td>5 gm. with ‘Arq-i Gāozabān and Bed-i Mushk</td>
</tr>
<tr>
<td>Sharbat Bazūrī Mu‘tadīl⁷</td>
<td>24-48 ml. with water in the morning</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāsliq (Bloodletting through basilic vein) of the affected side in case of Waram Hār²
- Fasd-i Sāfin (Bloodletting through saphenous vein) in case of Waram Hār²
- Fasd-i Mābiz (Bloodletting through popliteal vein) in case of Waram Hār²
- Huqna (Enema) with Roghan-i Ghār in case of Waram Bārid²
- Qay’ (Emesis) in case of Waram Sulb⁴

**Dietary recommendations:**

- Mā’ al-Jubn in case of Waram Hār²
- Mā’ al-Sha‘īr mixed with ‘Usāra-i Bed Sāda (Extract of Salix alba Linn.) in case of Waram Hār²
- Aghziya Latīfa⁵
- Harīra²
- Mā’ al-‘Asl⁵
• Honey⁵

Dietary restrictions:
• Meat in case of Waram Hār²
• Sweet diets in case of Waram Hār²

Tahaffuz (Prevention/Precaution):
• Avoid Hammām in case of Waram Hār²

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

References


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
v Oral administration of decoction of Post-i Nīm (Bark of Azadirachta indica A. Juss.) mixed with Shilājit (Asphaltum).\textsuperscript{7}

v Oral administration of decoction of Post-i Bekh-i Arnī (Root bark of Clerodendrum multiflorum (Burm.f.) Kuntze) mixed with Shilājit (Asphaltum).\textsuperscript{7}

v Oral administration of powdered Zahar Mohra (Bezoar stone) 1 gm., Tabāshīr (Bambusa bambus Druce.) 1 gm., Marwārid (Pearl) 1 gm. mixed with 2-3 ripe bananas.\textsuperscript{7}

v Inhalation of Nilofār (Nymphaea lotus Linn.).\textsuperscript{3,7}

v Inhalation of Kāfūr (Camphor).\textsuperscript{3,7}

v Application of mixture of vinegar, extracted juice of fresh coriander, rose water and Roghan-i Banafsha on throat and chest.\textsuperscript{7}

v Application of paste prepared with flour of ‘Adas (Lentil) and rose water on renal area.\textsuperscript{7}

v Huqna (Enema) with rose water and mucilage of Platago ovata Forsk.\textsuperscript{6}

\textbf{Compound drugs:}

<table>
<thead>
<tr>
<th>Juice</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Kāfūr\textsuperscript{7}</td>
<td>3 pills of 1 gm. each</td>
<td></td>
</tr>
<tr>
<td>Qurs-i Zayābitus Khās\textsuperscript{8}</td>
<td>1-2 gm.</td>
<td></td>
</tr>
<tr>
<td>Qurs-i Tabāshīr\textsuperscript{7}</td>
<td>5 gm.</td>
<td></td>
</tr>
<tr>
<td>Qurs-i Gulnār\textsuperscript{7}</td>
<td>5 gm.</td>
<td></td>
</tr>
<tr>
<td>Qurs-i Banafsha\textsuperscript{2}</td>
<td>4.5 gm.</td>
<td></td>
</tr>
<tr>
<td>Roghan-i Gul\textsuperscript{2}</td>
<td>Application on renal area</td>
<td></td>
</tr>
</tbody>
</table>

\textbf{‘Ilāj bi’l-Tadbīr (Regimenal therapy):}

v Increase water intake\textsuperscript{3}

v Rest\textsuperscript{2}

v Fasd-i Bāsliq (Bloodletting through basilic vein)\textsuperscript{4}

v Ābzan (Sitz bath) in cold water\textsuperscript{7}

v Keeping of cloth soaked in cold water on renal area.\textsuperscript{7}

v Take dip in cold water till the body temperature falls substantially.\textsuperscript{7}
Dietary recommendations:

- Aghziya Bārida (Cold diets)\textsuperscript{6}
- Mā‘ al-Sha‘īr\textsuperscript{4}
- Mā‘ al-Jubn\textsuperscript{4}
- Cow milk\textsuperscript{6}
- Butter milk prepared with cow milk\textsuperscript{7}
- Chilled butter milk prepared with goat milk\textsuperscript{7}
- Fresh cheese\textsuperscript{2}
- Cucumber juice\textsuperscript{6}
- Jāmun (Syzygium cumini (L.) Skeels)\textsuperscript{7}
- Apple, pear, pomegranate\textsuperscript{2} (in limited quantity as advised by the physician)

Dietary restrictions:

- Avoid Bārid Qābiz (Cold, astringent) fruits having diuretic property.\textsuperscript{7}

Tahaffuz (Prevention/Precaution):

- Avoid indulgence in sexual activities.\textsuperscript{6}
- Avoid high calorie diet.
- Avoid sedentary lifestyle.
- Morning walk for 45 minutes.

Investigations:

- Hb A1\textsubscript{c}
- Blood Sugar-Fasting & Postprandial
- Oral glucose tolerance test

References


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 builts.⁴

Usūl-i ‘Ilāj (Principles of treatment):
- Taskīn-i Dard (Analgesia)²
- Taftīt-i Hasāt (To break down the calculi)²
- Taqlīl-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 terristris Linn.).

- Oral administration of Shīra-i Barg-i Shahdi’ī (Leaf of Vernonia cinerea Less.) 12 gm. mixed with Shora Qalami (Potassium nitrate) 2 gm.
- Ābzan (Sitz Bath) with lukewarm water.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barsha’sha</td>
<td>500 mg.-2 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Hajr al-Yahūd</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Sang-i Sar-i Māhi</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Sharbat-i Ālū Bālū</td>
<td>48-72 ml. at night</td>
</tr>
<tr>
<td>Safūf-i Hajr al-Yahūd</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Roghan-i Bābūna</td>
<td>Local application on pubic region</td>
</tr>
<tr>
<td>Roghan-i ‘Aqrab</td>
<td>Local application on pubic region and instilling of few drops in urethra</td>
</tr>
</tbody>
</table>

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

- Taghrīq-i ‘Āna (To dip the pelvic region in any suitable liquid)

**Dietary recommendations:**

- Aghziya Latīfa
- Diets producing good humours.

**Dietary restrictions:**

- Aghziya Ghalīza
- Aghziya Muwallid-i Balgham

**Investigations:**

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

**References**


Zu’f-i Masāna (Vesicular Debility)

Introduction:
- It is a condition in which normal functions of urinary bladder get weakened.\(^1\,\text{2}\)
- 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)\(^1\,\text{4}\)
- Taqwiyat-i Masāna (To tone-up the urinary bladder)\(^5\)
- Taltīf-i Aghziya\(^3\)
- Tajfīf-i Aghziya (To suggest diets dry in nature)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Kundur(^6)</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Ma’jūn Za’farān(^6)</td>
<td>3-7 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Falāsifa(^6)</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Itrīfal Saghīr(^5)</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td>Itrīfal Kabīr(^5)</td>
<td>7-14 gm.</td>
</tr>
<tr>
<td>Roghan-i Sosan(^3)</td>
<td>Local application on pelvic region</td>
</tr>
<tr>
<td>Roghan-i Bisbāsa(^3)</td>
<td>Local application on pelvic region</td>
</tr>
<tr>
<td>Roghan-i Bābūna(^3)</td>
<td>Local application on pelvic region</td>
</tr>
</tbody>
</table>
Dietary recommendations:

- Aghziya Latifa in case of predominance of Rutubat Fuzliyya
- Aghziya Mujaffifa in case of predominance of Rutubat Fuzliyya

Dietary restrictions:

- Aghziya Bārida
- Aghziya Rataba

Investigations:

- Post voiding residual volume measurement
- Urodynamic testing

References

Taqtîr 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 Taqtîr 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
- Taskhîn-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
Standard Unani Treatment Guidelines for Common Diseases

(Peucedanum graveolens C. B. Clarke) 4 gm. with ‘Arq-i Shāhtra 120 ml. and Sharbat Bazūrī 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 Bihidāna (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:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Khashkhāsh²</td>
<td>20-40 ml.</td>
</tr>
<tr>
<td>Sharbat-i Banafsha⁴</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Qurs Māsik al-Bawol²</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Kundur²</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Waj²</td>
<td>5 gm.</td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**

- Mā’ al-Sha’īr²
- Aghziya Hārra²

**Dietary restrictions:**

- Aghziya Hāmiza⁶
- Aghziya Hirrifa⁶
Avoid physical activities.

Investigations:
- Urine Examination-Routine & Microscopic
- Urine-Culture & Sensitivity Test
- Ultrasonography

References

**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 Bihidāna (Mucilage of seed of Cydonia oblonga Mill.), Shīra-i ‘Unnāb (Zizyphus jujuba Mill. & Lamk.), Shīra-i Mağhz-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 Nilofar 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.).

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*.

Oral administration of *Shīra-i Khār Khasak* (*Tribulus terrestris* Linn.) 7 gm., *Shīra-i Kāhū* (*Lactuca sativa* Linn.) 7 gm. with *Sharbat-i Anār*.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Kahrubā</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Qurs-i Gulnār</td>
<td>4 gm.</td>
</tr>
<tr>
<td>Qurs-i Kāknaj</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Sharbat-i Anjabār</td>
<td>25-50 ml.</td>
</tr>
<tr>
<td>Sharbat-i Habb al-Ās</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh</td>
<td>20-40 ml.</td>
</tr>
<tr>
<td>Safūf-i Shādnaj</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Safūf-i Tīn</td>
<td>7 gm.</td>
</tr>
</tbody>
</table>

‘Ilaj bi‘l-Tadbīr (Regimenal therapy):

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

**Dietary recommendations:**

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

**Dietary restrictions:**

- *Aghziya Hārra*
- *Aghziya Hirrifa*
- *Aghziya Ghalīza*
- Sour diets
Sweet dishes

Tahaffuz (Prevention/Precaution):
- Avoid rigorous physical activities.
- Avoid strong diuretics.

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

References
‘Izam-i Ghudda-i Mazī Sāda
(Benign Prostatic Hyperplasia)

Introduction:

- It is a condition resembling the clinical features discussed under ‘Usr-i Bawl (Dysuria), Iltibās-i Bawl (Retention of urine) and Taqtīr-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. 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.

- 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):

- Tanqiya (Evacuation of morbid matter)

- Talyīn o Irkhā’ o Tahlīl-i Waram (To soften, relax and resolve the swelling)
Ikhrāj-i Bawol Bazari’u Qāsātīr (Urethral catheterization) in acute retention\textsuperscript{1,2,3}

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Mā’ al-Usūl with castor oil.\textsuperscript{3}
- Oral administration of decoction of following drugs along with Gulqand in the morning\textsuperscript{4}:
  
  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 morning\textsuperscript{4}:
  
  Turbud (Ipomoea turpethum Br.), Zanjabīl (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.\textsuperscript{5}

- Oral administration of 3.5 gm. of Habb-i Khīzrān prepared with following ingredients\textsuperscript{4}:
  
  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 Wāsilī prepared with following ingredients\textsuperscript{4}:
  
  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
Oral administration of powder of **Ustūkhūdūs (Lavandula steochas Linn.)** in a dose of 1 gm. with 12 gm. of **Itrīfal Saghīr**, followed by administration of decoction of **Gul-i Khatmī (Flower of Althaea officinalis Linn.)** 3 gm., **Mawiz 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.).**

**Ābzan (Sitz bath)** with decoction of following drugs:

*Bābūna (Matricaria chamomilla Linn.), Shibit (Anethum sowa Roxb.), Bekh-i Khatmī (Root of Althaea officinalis Linn.)*

**Ābzan (Sitz bath)** with decoction of following drugs:

*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. each:

*Khār Khasak (Tribulus terristris 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 Kātan (Seed of Linum usitatissimum Linn.), Hulba (Trigonella foenum-graeceum Linn.), Banafsha (Viola odorata Linn.), Sabūs (Wheat husk)*

**Natūl (Irrigation)** with decoction of following drugs:

*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 **Roghani Khasak**:

*Ārd-i Hulba (Flour of seed of Trigonella foenum-graeceum Linn.), Khubāzi (Malva sylvestris Linn.), Banafsha (Viola odorata Linn.), Bābūna (Matricaria chamomilla Linn.), Nākhūna (Pods of Trigonella uncata (Ipomoea turpethum Br.) 24.5 gm. Namak Hindi (Salt) 7 gm., Saqmūniya (Convolvulus scammonia Linn.) 14 gm.*
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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Ayārij (^3)</td>
<td>3-9 gm.</td>
</tr>
<tr>
<td>Itrīfal Ghudadi(^5)</td>
<td>12 gm. in the morning</td>
</tr>
<tr>
<td>Itrīfal Saghīr(^3)</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td>Banādiq al-Bazūr (^3)</td>
<td>5-7 pills</td>
</tr>
<tr>
<td>Sharbat Dīnār(^4)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>‘Arq-i Mako(^4)</td>
<td>144 ml.</td>
</tr>
<tr>
<td>Habb Hindi (^4)</td>
<td>14-21 gm.</td>
</tr>
<tr>
<td>Roghan-i Khasak (^6)</td>
<td>Local application on pubic region</td>
</tr>
<tr>
<td>Roghan-i Bābūna (^6)</td>
<td>Local application on pubic region</td>
</tr>
<tr>
<td>Roghan-i Gul(^3)</td>
<td>Local application on pubic region</td>
</tr>
</tbody>
</table>

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

- Urethral catheterization\(^6\)
- Ābzan (Sitz bath)\(^3\)
- Natūl (Irrigation)\(^3\)

**Dietary recommendations:**

- Aghziya Murattiba\(^6\)

**Dietary restrictions:**

- Aghziya Ghalīza\(^5\)
- Aghziya Hāmiza\(^1\)
- Aghziya Qābīza\(^1\)
- Aghziya Muwallid-i Balgham\(^5\)
- Aghziya Muwallid-i Sawdā\(^5\)
**Investigations:**

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

**References**


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)²³
- Taqwiyat-i Qazīb (To tone-up the penis)²³
- Taqwiyat-i A‘zā’ Ra’īsa (To tone-up the vital organs)²³
- Izāla-i ‘Awāriz Nafsānī (To treat the psychological factors)²³

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labūb Kabīr⁴</td>
<td>5 gm. in morning with milk or water</td>
</tr>
<tr>
<td>Labūb Saghīr ⁴</td>
<td>7 gm. in morning with milk</td>
</tr>
<tr>
<td>Labūb Bārid⁴</td>
<td>12 gm. in morning</td>
</tr>
<tr>
<td>Ma’jūn Jalālī⁵</td>
<td>7 gm. in morning with milk or water</td>
</tr>
<tr>
<td>Ma’jūn-i Piyāz⁵</td>
<td>12 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Nuqra⁵</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td><strong>Ma’jūn-i Sa’lab</strong> ²</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Jawārish Zar’ūnī</strong> ³</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td><strong>Habb-i ‘Ambar Momiyā’ī</strong> ³</td>
<td>1 Habb at bed time.</td>
</tr>
<tr>
<td><strong>Habb-i Nishāt</strong> ⁵</td>
<td>1 Habb two hours before coitus with milk.</td>
</tr>
<tr>
<td><strong>Habb Muqawwāi</strong> ³</td>
<td>2 Habb two hours before coitus with milk.</td>
</tr>
<tr>
<td><strong>Habb Mun’īsh</strong> ⁵</td>
<td>1-2 Habb two hours before coitus with milk.</td>
</tr>
<tr>
<td><strong>Habb-i Jadwār</strong> ⁴</td>
<td>1-2 Habb in morning or at bed time with milk.</td>
</tr>
<tr>
<td><strong>Kushta-i Qal’ī</strong> ³</td>
<td>125-250 mg.</td>
</tr>
<tr>
<td><strong>Halwa-i Bayza-i Murgh</strong> ⁴</td>
<td>6-12 gm. twice a day.</td>
</tr>
<tr>
<td><strong>Halwa-i Sa’lab</strong> ⁴</td>
<td>12-24 gm. with milk in morning.</td>
</tr>
<tr>
<td><strong>Halwa-i Gazar</strong> ⁴</td>
<td>24 gm. with milk in morning.</td>
</tr>
<tr>
<td><strong>Tilā Jadīd</strong> ⁵</td>
<td>For local application.</td>
</tr>
<tr>
<td><strong>Tilā Khūs al-Khūs</strong> ⁵</td>
<td>For local application.</td>
</tr>
<tr>
<td><strong>Tilā Mubhū o Mumsik</strong> ⁵</td>
<td>For local application.</td>
</tr>
<tr>
<td><strong>Habb Mulazziz</strong> ⁴</td>
<td>For local application on glans penis.</td>
</tr>
<tr>
<td><strong>Mā’ al-Laham</strong> ⁴</td>
<td>24 ml.</td>
</tr>
<tr>
<td><strong>Khamīra-i Gāozabān ‘Ambarī Jawāhir Wāla</strong> ⁵</td>
<td>5 gm.</td>
</tr>
</tbody>
</table>

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

- Tafrīhī Mashāghil (Engagement in joyful activities)²

**Dietary recommendations:**

- Muqawwī Aghziya²
- Sarī’ al-Hazm Aghziya²

**Dietary restrictions:**

- Sour diets⁴
- Aghziya Bārida⁶

**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 siccative.\(^4\)

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

References

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 uncata Boiss.).⁵
- Jalūs (Sitz bath) in the decoction of Bābūna (Matricaria chamomilla Linn.).⁵
Local application of Dam al-Akhwayn (Pterocarpus marsupium Roxb.).

Local application of Kundur (Boswellia serrata Roxb.).

Hamūl with Hinnā (Lawsonia inermis Linn.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Khashkhāsh² (to relieve pain)</td>
<td>24 ml. in morning with water</td>
</tr>
<tr>
<td>Qurs-i Kahruba²</td>
<td>3 pills of 1 gm. each with juice of Bārtang</td>
</tr>
<tr>
<td></td>
<td>(Plantago major Linn.)</td>
</tr>
<tr>
<td>Qurs-i Kāknaį²</td>
<td>3-6 gm.</td>
</tr>
<tr>
<td>Marham-i Isfidāj²</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Murdār Sang²</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Bāslīqūn²</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

Fasd-i Bāslīq (Bloodletting through basilic vein)

**Dietary recommendations:**

Mā’ al-Sha’īr

**Investigations:**

Complete Blood Count, Erythrocyte Sedimentation Rate

Evaluation of Pap. smear

Colposcopy

**References**


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 *Rīh Ghalīz* (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 *Rīh Ghalīz*.\(^1\)

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:

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb Muʿīn-i Hamal</em>¹</td>
<td>60 mg. during menses followed by sexual contact.</td>
</tr>
<tr>
<td><em>Halwa’-i Supārī Pāk</em>¹</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Supārī Pāk</em>³</td>
<td>24 gm. twice daily</td>
</tr>
<tr>
<td><em>Dawā’-i Luk</em>¹</td>
<td>4.5 gm. in case of obesity</td>
</tr>
<tr>
<td><em>Ma’jūn Nashāra-i ‘Āj Wālī</em>⁵</td>
<td>5 gm. in the morning with water</td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**

- *Aghziya Nāshīfa*¹ in case of *Rutūbat*
- *Aghziya Murattība*³ in case of *Yubūsat*
- *Aghziya Musaṃmīna*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
References


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 Rīh (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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayārij Lawghāziya² (for evacuation)</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Misk³ (for psychological factors)</td>
<td>7 gm. with ‘Arq-i Ġāozabān 72 ml. in the morning.</td>
</tr>
<tr>
<td>Jawārish-i ‘Ambar²</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td>Jawārish Lu’luwī³</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Halwa’-i Supārī Pāk³</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Hamal ‘Ambarī ‘Alvi Khānī⁴</td>
<td>5 gm.</td>
</tr>
</tbody>
</table>

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

- Riyāzat Mu’tdila (Moderate exercise)²
- Istirāhat (Complete bed rest)²

Dietary recommendations:

- Diets producing good humours.²

Dietary restrictions:

- Aghziya Hirrīfā²
- Aghziya Mudirr-i Bawl o Hayz²

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

References


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.).

Oral administration of small quantity of *Rewand chīnī* (*Rheum emodi* Wall.) before and after meal.

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.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Sikanjabin Laymūnī</em></td>
<td>12-24 ml. with water</td>
</tr>
<tr>
<td><em>Murabbā-i Laymūnī Kāghazi</em></td>
<td>As directed by physician</td>
</tr>
<tr>
<td><em>Murabbā-i Turanī</em></td>
<td>As directed by physician</td>
</tr>
<tr>
<td><em>Sharbat-i Anār Tursh</em></td>
<td>24 ml. with water in the morning</td>
</tr>
<tr>
<td><em>Sharbat-i Tamar Hindī</em></td>
<td>24-48 ml. with water in the morning</td>
</tr>
<tr>
<td><em>Sharbat-i Bihī</em></td>
<td>24-48 ml. with water in the morning</td>
</tr>
<tr>
<td><em>Jawārish-i Anārayn</em></td>
<td>7 gm. twice a day with water</td>
</tr>
<tr>
<td><em>Jawārish-i Tamar Hindī</em></td>
<td>5-9 gm. in the morning</td>
</tr>
</tbody>
</table>

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

Follow the general regimen for pregnant woman.

**Dietary recommendations:**

Frequent small meals

*Aghziya Latīfa*

*Aghziya Hāmiza*

**Dietary restrictions:**

*Aghziya Radiyya*

**Investigations:**

Liver Function Test

Kidney Function Test
References


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 ʿIlāj (Principles of treatment):**

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

**ʿIlāj biʾl-Dawā’ (Pharmacotherapy):**

- Local application of *Ushaq* (*Dorema ammoniacum* D. Don.) mixed with vinegar.²
- Local application of *Roghān-i Kunjad* after mixing with duck fat.²
- Local application of ointment prepared with *Kunjad Muqashshar* (*Sesamum indicum* Linn.), *Muqil* (*Balsamodendron mukul* Hook.), *Roghān-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-graecum* Linn.) and *Tukhm-i Katān* (Seed of *Linum usitatissimum* Linn.) and *Roghān-i Sosan*.³
- Local application of *Ārd-i Karsana* (Flour of *Pisum sativum* Linn.) and *Turmus* (*Lupinus albus* Linn.) after mixing with *Sikanjabin*.⁴
- Fomentation with vapours of decoction of *Tukhm-i Shibit* (Seed of *Anethum sowa* Roxb.).

**Compound drugs:**

| *Habb-i Suranjān* | 3 gm. in morning & evening |

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

- *Hammām Murattib* (Moisture producing bath)
- *Qay’* (Emesis)
- *Tamrīkh* (Applying oil on the joint)
- *Ābzān* (Sitz Bath)

**Dietary recommendations:**

- *Aghziya Musakhkhina*
- *Aghziya Murattiba*

**Dietary restrictions:**

- Milk
- Sour diets

**Tahaffuz (Prevention/Precaution):**

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

**Investigations:**

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

**References**


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 walking\(^5\) and decreased local sensation.\(^3\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Badan (Evacuation of morbid humours from the body)\(^4\)
- Taqwiyat-i ‘Azw (To tone-up the affected part)\(^4\)
- Tajjīf (To produce dryness) if caused by phlegm\(^3\)
- Man’-i Insibāb (To stop pouring of matter)\(^2\)
- Talfīf-i Sāq (To wrap the calf)\(^3\) for compression

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Joshānda-i Aftīmūn.\(^4\)
- Natūl (Irrigation) of the following decoction on the affected part\(^5\):
  Bābūna (Matricaria chamomilla Linn.), Tukhm-i Hulba (Seed of Trigonella
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.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Filiyā</th>
<th>1 pill twice daily with water or milk for 40 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itrifal Saghīr</td>
<td>12 gm. with 1.75 gm. of Zanjabil (Zingiber officinale, Roscoe.) and Kundur (Boswellia serrata, Roxb.) after Qay’ (Emesis) in morning</td>
</tr>
</tbody>
</table>

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

- Qay’ (Emesis)
- Ishāl (Purgation)
- Fasd-i Bāslīq (Bloodletting through basilic vein)
- Fasd-i Mābiz (Bloodletting through popliteal vein)
- Hijāmat-i Sāq (Cupping on calf)

**Dietary recommendations:**

- Mā’ al-Jubn
- Aghziya Latīfa

**Dietary restrictions:**

- Aghziya Ghalīza
- Aghziya Bārida
- Aghziya Muwallid-i Balgham
- Aghziya Muwallid-i Sawdā
- Salty and sour diets

**Tahaffuz (Prevention/Precaution):**

- Avoid standing and walking for a longer period of time.
Investigations:

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

References

Dummal (Boil)

Introduction:

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

Usûl-i ‘Ilāj (Principles of treatment):

- Taskîn-i Hiddat (To remove the acuteness of causative matter)\textsuperscript{4}
- Inzâj (To make the matter suitable for evacuation)\textsuperscript{5}
- Tahlîl (Resolution)\textsuperscript{3}
- Tafjîr (To facilitate drainage of Dummal)\textsuperscript{5}
- Tanqiya (To clean the wound)\textsuperscript{3}
- Indimâl (To promote healing)\textsuperscript{5}
- Taqlîl-i Ghizâ (To restrict the diet)\textsuperscript{3}
- Tasfiya-i Dam (To purify the sanguine)\textsuperscript{3}

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Local application of Aspghol (Plantago ovata Forsk.) after mixing with rose water and vinegar (for Taskîn-i Hiddat).\textsuperscript{3}
Local application of Khatmī (Althaea officinalis Linn.) after mixing with rose water and vinegar (for Taskīn-i Hiddat).

Local application of crushed leaves of Nīm (Azadirachta indica A. Juss.) mixed with water (for Nuzj).

Local application of crushed leaves of Nīm (Azadirachta indica A. Juss.) mixed with salt (for Tafjīr).

Local application of Anzarūt (Astragalus sarcocola Dymock.) mixed with honey (for Indimāl).

Oral administration of decoction of Halayla Zard (Terminalia chebula Retz.), Shāhtra (Fumaria parviflora Lam.) and Sanā (Cassia angustifolia Vahl.).

Oral administration of concoction of ‘Unnāb (Zizyphus Jujuba Mill. & Lamk.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikanjabin Sāda</td>
<td>35 ml. for Taskīn-i Hiddat</td>
</tr>
<tr>
<td>‘Arq-i Gulāb</td>
<td>35 ml. for Taskīn-i Hiddat</td>
</tr>
<tr>
<td>Marham Siyāh</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Rāl</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Isfīdāj</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting)
- Ishāl (Purgation)
- Hijāma (Cupping)

**Dietary recommendations:**

- Aghziya Hāmīzā
- Aghziya Qābīzā

**Dietary restrictions:**

- Sweat dishes
- Meat


**Tahaffuz (Prevention/Precaution):**

- Avoid excessive food intake.¹
- Avoid any regimen aggravating Ḳimtā’.¹
- Avoid spicy and seasoned foods.

**Investigations:**

- Complete Blood Count
- Blood Sugar- Fasting & Postprandial

**References**

**Busūr Labaniyya (Acne)**

**Introduction:**
- It is a condition in which small, milky white Busūr (Eruptions) appear on face, especially on cheeks and nose during adolescence.
- It is caused by unresolved thick Sadīdī Mādda (Ichorous matter) stuck within skin pores.
- 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).

**Usūl-i ‘Ilāj (Principles of treatment):**
- Tanqiya-i Badan o Dimāgh (Evacuation of body and brain) followed by Itfā’-i Dam (To modulate the heat of sanguine)
- Tajliya (Topical cleansing) by Jālī Adwiya (Detergent drugs)
- Tahlīl o Tajfīf (Resolution & Desiccation) when Tajliya (Cleansing) is ineffective

**‘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.
- Local application of paste prepared with Salīkha (Cinnamomum cassia Blume.) mixed with honey.
- Local application of paste prepared with Sīr Khām (Garlic cloves) mixed with vinegar and honey.
- 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 lebbeck*, (Linn.) Benth.) and *Kunjad Siyāh* (Seed of *Sesamum indicum* Linn.) mixed with vinegar.\(^3\)

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Qawqāyā(^2) (for evacuation)</td>
<td>4.5 gm. with lukewarm water at bedtime</td>
</tr>
<tr>
<td>Habb-i Sibr(^2) (for evacuation)</td>
<td>2 <em>Habb</em> twice a day</td>
</tr>
<tr>
<td>Habb-i Ayārij(^2) (for evacuation)</td>
<td>3-9 gm.</td>
</tr>
</tbody>
</table>

**‘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**

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) ¾ of all the contents.

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.).

### Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i ‘Unnāb</td>
<td>24-48 ml. with water in the morning.</td>
</tr>
<tr>
<td>Marham-i Isfidāj</td>
<td>Local application on ulcers after mixing with camphor.</td>
</tr>
</tbody>
</table>

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

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

### Dietary recommendations:

- **Mā’ al-Rummān**
- **Mā’ al-Sha’īr**
- **Muzawwara-i Āb-i Ghawra**
- ‘Adas Muqashshar (Dehusked seed of Lens culinaris Medic.) cooked with vinegar.

### Dietary restrictions:

- Sweet and salty dishes.

### Tahaffuz (Prevention/Precaution):

- Avoid heavy exercises.
- Avoid excessive meat intake.

### Investigations:

- Complete Blood Count
- Tzanck Smear
References


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 Iḥtibās-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)\(^4\)
- Tanqiya-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 Tanqiya.\(^2\)
- Oral administration of Mā’ al-Fawākih for Tanqiya.\(^2\)
- 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.\(^2\)
‘Ilāj 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 Tanqiya
- Ishāl (Purgation)² for Tanqiya

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.


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
- Tarqiq 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 Kāsnī Murawwaq (Filtered juice of Cichorium intybus Linn.).²
- Oral administration of Mā’ al-Fawākhīkh 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:**

<table>
<thead>
<tr>
<th>Sharbat-i ‘Unnāb²</th>
<th>24-48 ml. with water in morning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marham-i Isfīdāj⁵</td>
<td>Local application after mixing with camphor</td>
</tr>
</tbody>
</table>

**‘Īlāj bi’l-Tadbīr (Regimenal therapy):**

- Fasd (Bloodletting)¹³
- Hijāma (Cupping) when Fasd (Bloodletting) is contraindicated.²
- Ishāl (Purgation)⁶

**Dietary recommendations:**

- Aghziya Mubarrida³
- Mā’ al-Shaʿīr³
- Āb-i Anārayn (Pomegranate juice)²
Dietary restrictions:
- Aghziya Hirrīfa
- Meat
- Halwahjāt
- Prolonged use of garlic and Khardal (Brassica nigra Linn.).
- Avoid spicy and seasoned food.

Tahaffuz (Prevention/Precaution):
- Avoid local application of Mu’affināt (Things causing putrefaction).
- Avoid local application of highly potent Mubarridāt (Coolants).
- Avoid local application of highly potent Qābizāt (Astringents).
- Avoid local application of highly potent Muhallilāt (Resolvents).
- Avoid excessive exposure to sunlight.
- Avoid local application of soap and warm water.
- Avoid exposure to extremes of climates.

Investigations:
- Complete Blood Count
- Skin biopsy

References
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):

- Tanqiya (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 Khordal Biryān (Roasted seeds of Brassica nigra Linn.) mixed with mustard oil.⁶

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Shāhtra⁶</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Marham Surkh⁵</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Sa’fa⁶</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting) through cephalic vein.¹²
- Hijāma (Cupping) on nape of neck.¹²
- Irsāl-i ’Alaq (Leeching)¹²

**Dietary recommendations:**

- Non-spicy diets¹²
- Aghziya Latīfa⁷

**Dietary restrictions:**

- Aghziya Hirrīfa¹²
- Aghziya Mughalliz-i Dam¹²
- Aghziya Mubakhkhira⁵
- Sweet dishes⁷

**Investigations:**

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

**References**


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).\(^3\)
- 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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itrifal-i Shāhtra⁶</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Itrifal-i Sanā⁶</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Safūf-i Lājward⁷</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Marham-i Sa’fa⁶</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Kadū²</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Banafsha²</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Badam Shirin²  (for moistening)</td>
<td>Local application</td>
</tr>
</tbody>
</table>

‘Ilāj 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 Murattiba⁴
- Mā’ al-Jubn¹

Dietary restrictions:

- Sweet dishes¹
- Aghziya Hirrifa¹
- Aghziya Māliha¹
- Talkh Aghziya (Bitter diets)¹

Investigations:

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

References


Introduction:

- These are the marks, left behind after healing of wounds or boils.¹
- These occur due to healed wounds or boils.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
- Tasmin-i ‘Azw (To make the organ fat) when the scars are depressed.³⁴

‘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).³⁴
- Local application of Marham Dākhliyūn mixed with the fat of duck (when the surface of scar is elevated).¹³

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

- Hammām (Bath)⁴

References


Introduction: 
- It is a condition in which there is sloughing of scales from the affected part of the skin.¹
- It is caused by Hirrīf 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.), Bihīdāna (Seed of Cydonia oblonga Mill.), Khatmi (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:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Arq-i Shāhtra</td>
<td>60-144 ml.</td>
</tr>
<tr>
<td>Sharbat-i Nilofar</td>
<td>24 ml. with water in morning</td>
</tr>
<tr>
<td>Roghan-i Gul</td>
<td>Local application after mixing with Murdār Sang (Litharge)</td>
</tr>
<tr>
<td>Roghan-i Banafsha</td>
<td>Local application after mixing with Murdār Sang (Litharge)</td>
</tr>
<tr>
<td>Roghan-i Banafsha</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Hammām (Bath) for a longer period of time.¹
- Fasd (Bloodletting) followed by oral administration of Joshānda-i Aftīmūn.²

Dietary recommendations:

- Mā’ al-Jubn ³
- Mā’ al-Sha’ir with Jullāb²
- Aghziya Murattiba¹
- Shīr Tāza (Fresh milk)¹

Dietary restrictions:

- Aghziya Ghalīza²
- Aghziya Muwallid-i Sawdā²
- Aghziya Hirrīfa²

Tahaffuz (Prevention/Precaution):

- Avoid unhygienic lifestyle.²

Investigations:

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


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/Mādī (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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roghan-i Bādām⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Mom⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Bed-i Anjīr⁴</td>
<td>Local application</td>
</tr>
</tbody>
</table>

**‘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 *Khāksi* (*Sisymbrio irio* Zinn.)⁴
- *Mā’ al-Jubn* with *Roghani Bādām Shīrīn*³
- *Aghziya Murattiba*³

**Dietary restrictions:**

- *Aghziya Ghaliza*³
- *Aghziya Muwallid-i Sawdā*³

**Tahaffuz (Prevention/Precaution):**

- Avoid exposure to extreme cold and heat.⁴

**References**


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‘ 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).¹

- Local application of Sir (Allium sativum Linn.) and Khardal (Seed of Brassica nigra, Linn.) preceded by rubbing of affected part with rough cloth.²

- Local application of Kaf-i Dariyā Sokhta (Burnt Cuttle fish bone) mixed with vinegar.³

- Local application of Gandhak (Sulphur) mixed with vinegar.⁴

- Rubbing of piece of Piyāz (Allium cepa Linn.) on affected part.⁴

- Local application of castor oil on affected part.⁵

- Local application of olive oil on affected part.⁵

- 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.⁶

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Qawqāya⁶</td>
<td>4.5 gm. with lukewarm water at bed time.</td>
</tr>
<tr>
<td>Habb-i Ayārij⁶</td>
<td>3-9 gm. at night</td>
</tr>
<tr>
<td>Habb-i Aftīmūn⁷</td>
<td>5-9 gm. along with Joshānda-i Aftīmūn.</td>
</tr>
</tbody>
</table>

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

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

**Dietary recommendations:**

- Mā’ al-Jubn⁷

**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.  
Avoid excessive use of chemicals on hair.

Investigations:
- Complete Blood Count
- Blood Sugar-Fasting & Postprandial
- Wood’s lamp Examination

References
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 Gharizī (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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Halayla¹</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Khubs al-Hadīd¹</td>
<td>3-7 gm. in morning with water</td>
</tr>
<tr>
<td>Ma’jūn-i Balādur¹</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Itrīfal Saghīr⁴,⁵</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td>Itrīfal Kabīr⁴</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Murabba’-i Halayla¹,⁶</td>
<td>1 piece daily after washing with water</td>
</tr>
</tbody>
</table>

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

- Išāl (Purgation)³

Dietary recommendations:

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

Dietary restrictions:

- Aghziya Muwallid-i Balgham⁴
- Aghziya Murattiba⁷
- 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


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 Mīzāj-i A’zā (Morbid temperament of organs), Āfāt-i Ahshā (Diseases of viscera) i.e. Sudād-i Kabid (Hepatic obstructions), ‘Izam-i Tihāl (Splenomegaly), Didān-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 factors\(^3\) 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)\(^1\)
- Tasmiñ-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.), Mūslī Safed (Chlorophytum arundinaceum Bak.) and Mūslī Siyāḥ (Curculigo orchioides Gaertn.).¹

Oral administration of powder of Simsīm (Sesamum indicum Linn.) 100 gm., Khushkhāsh (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:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labūb Kabīr³</td>
<td>5 gm. in morning with milk or water.</td>
</tr>
<tr>
<td>Halwa’-i Sa’lab⁵</td>
<td>12-24 gm. with milk in morning.</td>
</tr>
<tr>
<td>Halwa’-i Maghz-i Sar-i Kunjashk⁵</td>
<td>24-36 gm. with milk in morning.</td>
</tr>
</tbody>
</table>

‘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 Musammina¹ to be used in moonlight
- Aghziya Qawiyya Ghalīza¹ producing good humour and easily digestible.
- Muwallid-i Dam Aghziya⁶

**Dietary restrictions:**

- Aghziya Māliha⁶
- Aghziya Hirrīfa⁶
- 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

References

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)\(^1,2\)
- Taqlīl-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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safūf Muhazzil²</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Luk²</td>
<td>3.5-4.5 gm.</td>
</tr>
<tr>
<td>Itrīfal Saghir²</td>
<td>12 gm. at bedtime</td>
</tr>
<tr>
<td>Jawārish Kamūnī²</td>
<td>10-15 gm.</td>
</tr>
<tr>
<td>Jawārish Falāfīli²</td>
<td>3 gm. after meal</td>
</tr>
</tbody>
</table>

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

- Riyāzat Shāqqa (Heavy physical exercise)¹²
- Taqlil-i Nawm (To decrease the sleeping time)¹²
- Hammām Yābis (Dry Bath)¹² on empty stomach
- Hammām Muhallil (Bath causing resolution of fluids)¹²
- Ishāl (Purgation)¹²
- Idrār (Diuresis)¹²
- Ta’riq (Diaphoresis)¹²

Dietary recommendations:

- Aghziya Hirrīfa²
- Aghziya Māliha²
- 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

**References**

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.\textsuperscript{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.\textsuperscript{1,2,4}
- It is characterized by headache, elevated body temperature, warm eyes and head, dry skin and face and dry mouth.\textsuperscript{1,2,3,5}

Usul-i ‘Ilāj (Principles of treatment):

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

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Zulāl-i Amba Khām (Decanted water of unripe mango) sweetened with sugar.\textsuperscript{4}
- Oral administration of Pannā (a drink prepared with pulp of roasted unripe mango, water and sugar).\textsuperscript{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), *Nilofar* (Flower of *Nymphaea lotus* Linn.), *Gul Surkh* (*Rosa damascena* Mill.).\(^4,6\)

- *Natīl* (Irrigation) on scalp with the cold mixture of following ingredients\(^2,4,6,7\):

Rose water 1 part, *Roghān-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 *Roghān-i Banafsha/Roghān-i Nilofar/Roghān-i Kadū* on the scalp.\(^4,6\)

### Compound drugs:

| Sharbat-i Banafsha\(^4,6,7,8\) | 24 ml. with Pomegranate juice |
| Sharbat-i Nilofar\(^4,7,8\) | 24 ml. with Pomegranate juice |
| Sharbat-i Bih\(^3,7,8\) | 24-48 ml. with Pomegranate juice |
| Sharbat-i Fālsa\(^8\) | 24-48 ml. mixed with plain water |
| Sharbat-i Tamar Hindī\(^3,8\) | 24-48 ml. mixed with plain water |
| Sharbat-i Turanj\(^7\) | 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 Latifā*\(^4,6\)
- Black mulberry, plum, pomegranate, grapes
- Boiled rice prepared with curd of cow milk and grated cucumber and pumpkin.

**Tahaffuz (Prevention/Precaution):**

- Avoid exposure to extreme heat especially direct sun.

**References**

### Glossary

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Term</th>
<th>Description/Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Āb Būraqī</td>
<td>Salty water</td>
</tr>
<tr>
<td>2.</td>
<td>Āb Shibbi</td>
<td>Alum water</td>
</tr>
<tr>
<td>3.</td>
<td>Adhān Hārra</td>
<td>Oils of hot temperament that produce heat in the body* e.g. Roghan-i Qust, Roghan-i Bābūna, etc.</td>
</tr>
<tr>
<td>4.</td>
<td>Adhān Murattiba</td>
<td>Oils of moist temperament that produce moistness in the body* e.g. Roghan-i Banafsha, Roghan-i Nīlofar, etc.</td>
</tr>
<tr>
<td>5.</td>
<td>Aghziya Bārida</td>
<td>The food of cold temperament having ability to produce the humours which induce coldness in the body* e.g. Khas (Andropogan muricatus Retz.), Kāsnī (Cichorium intybus Linn.), etc.</td>
</tr>
<tr>
<td>6.</td>
<td>Aghziya Ghalīza</td>
<td>Dry and viscous foods such as dry date, ‘Adas Musallam (Lens esculenta Moench.), etc. These are of two types i.e. Mahmūda (that produces good humour) and Ghayr Mahmūda (that produces morbid humour).</td>
</tr>
<tr>
<td>7.</td>
<td>Aghziya Hāmīza</td>
<td>Sour foods e.g. lemon, sour pomegranate, sour apple, orange, vinegar, curd, etc. They change the thick waste products of stomach into smaller particles.</td>
</tr>
<tr>
<td>8.</td>
<td>Aghziya Hārra</td>
<td>The foods of hot temperament having ability to produce the humours which induce heat in the body* e.g. onion, garlic, etc.</td>
</tr>
<tr>
<td>Sl.No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
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<tr>
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</tr>
<tr>
<td>9.</td>
<td>Aghziya Hirrîfa</td>
<td>Spicy (Pungent) foods that may produce heat in the body e.g. pepper.</td>
</tr>
<tr>
<td>10.</td>
<td>Aghziya Latîfa</td>
<td>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.e. Mahmûda (that produces good humour) e.g. meat of small birds, small fishes, etc. and Ghayr Mahmûda (that produces morbid humour) e.g. garlic, radish, spicy and salty foods, etc.</td>
</tr>
<tr>
<td>11.</td>
<td>Aghziya Lazija</td>
<td>The foods which increase the viscosity of humours e.g. Khurfa, Til, etc.</td>
</tr>
<tr>
<td>12.</td>
<td>Aghziya Mahmûda</td>
<td>Foods that produce good humours.</td>
</tr>
<tr>
<td>13.</td>
<td>Aghziya Mâliha</td>
<td>Salty foods</td>
</tr>
<tr>
<td>14.</td>
<td>Aghziya Mubakhkhîra</td>
<td>The foods liable to produce flatus and vapours e.g. cabbage, pea, brinjal, cauliflower, beans, turnip, etc.</td>
</tr>
<tr>
<td>15.</td>
<td>Aghziya Mubarrida</td>
<td>Same as Aghziya Bârida.</td>
</tr>
<tr>
<td>16.</td>
<td>Aghziya Mughallîza</td>
<td>Same as Aghziya Ghalîza.</td>
</tr>
<tr>
<td>17.</td>
<td>Aghziya Mughalliz-i Dam</td>
<td>Foods producing Dam (Sanguine) of thick consistency.</td>
</tr>
<tr>
<td>18.</td>
<td>Aghziya Mugharriyya</td>
<td>Glutinous foods</td>
</tr>
<tr>
<td>19.</td>
<td>Aghziya Mujaffîfa</td>
<td>Foods causing desication of body fluid e.g. roasted gram.</td>
</tr>
<tr>
<td>20.</td>
<td>Aghziya Muraqqîq-i Dam</td>
<td>Foods that cause thinning of Dam (Sanguine).</td>
</tr>
<tr>
<td>21.</td>
<td>Aghziya Murattîba</td>
<td>Foods of wet/moist temperament having ability to produce the humours which give rise to wetness in the body e.g. milk, Kadû (Cucurbita maxima Duchesne.), cucumber, watermelon, clarified butter, almond oil, etc.</td>
</tr>
<tr>
<td>22.</td>
<td>Aghziya Musakhkhîna</td>
<td>Foods producing heat in the body e.g. spices.</td>
</tr>
<tr>
<td>Sl.No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>23.</td>
<td>Aghziya Musammina</td>
<td>The foods which help to put on body weight e.g. dry fruits, milk and dairy products, etc.</td>
</tr>
<tr>
<td>25.</td>
<td>Aghziya Muwallid-i Balgham</td>
<td>The foods which produce excessive quantity of phlegm in the body e.g. sheep milk, beet root, cucumber, etc.</td>
</tr>
<tr>
<td>26.</td>
<td>Aghziya Muwallid-i Dam</td>
<td>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.</td>
</tr>
<tr>
<td>27.</td>
<td>Aghziya Muwallid-i Safrā’</td>
<td>The foods which produce an excessive quantity of yellow bile in the body e.g. cheese.</td>
</tr>
<tr>
<td>28.</td>
<td>Aghziya Muwallid-i Sawdā’</td>
<td>The foods which produce an excessive quantity of black bile in the body e.g. buffalo meat, cabbage, brinjal, etc.</td>
</tr>
<tr>
<td>29.</td>
<td>Aghziya Nāshifa</td>
<td>Foods that have the property of absorbing the moisture of the body.</td>
</tr>
<tr>
<td>30.</td>
<td>Aghziya Radī al-Kaymūs</td>
<td>Foods that produce inferior quality chyme e.g. Beef, Khardal (Seed of Brassica nigra Linn.), Karnab (Brassica olearacea Linn.), radish, etc.</td>
</tr>
<tr>
<td>31.</td>
<td>Aghziya Radiyya</td>
<td>Foods that produce bad quality of humours.</td>
</tr>
<tr>
<td>32.</td>
<td>Aghziya Rataba</td>
<td>Same as Aghziya Murattiba.</td>
</tr>
<tr>
<td>33.</td>
<td>Aghziya Sāliha</td>
<td>The foods which produce good quality of humours.</td>
</tr>
<tr>
<td>34.</td>
<td>Aghziya Saqīla</td>
<td>The foods which are difficult to digest.</td>
</tr>
<tr>
<td>35.</td>
<td>Aghziya Yābisa</td>
<td>The foods of dry temperament which produce dryness in the body e.g. meat, lentil, etc.</td>
</tr>
<tr>
<td>36.</td>
<td>Akhal</td>
<td>A vein of forearm.</td>
</tr>
<tr>
<td>37.</td>
<td>Asl</td>
<td>Root</td>
</tr>
<tr>
<td>Sl.No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
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<td>-------</td>
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</tr>
<tr>
<td>38.</td>
<td>Ayārij</td>
<td>It is a semisolid preparation made by adding the powdered ingredients into the base (Qiwām) of honey. Aloe which is the chief ingredient of Ayārij is added in the end in a quantity which is double of the total sum.</td>
</tr>
<tr>
<td>39.</td>
<td>Barg</td>
<td>Leaf</td>
</tr>
<tr>
<td>40.</td>
<td>Bati’ al-Hazm</td>
<td>Foods that take longer time for digestion.</td>
</tr>
<tr>
<td></td>
<td>Aghziya</td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Bekh</td>
<td>Same as Asl.</td>
</tr>
<tr>
<td>42.</td>
<td>Farzaja</td>
<td>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.</td>
</tr>
<tr>
<td>43.</td>
<td>Gul</td>
<td>Flower</td>
</tr>
<tr>
<td>44.</td>
<td>Habb</td>
<td>Fruit/Seed</td>
</tr>
<tr>
<td>45.</td>
<td>Haft Andām</td>
<td>Cephalic vein</td>
</tr>
<tr>
<td>46.</td>
<td>Haliwājāt</td>
<td>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 (Qiwām).</td>
</tr>
<tr>
<td>47.</td>
<td>Hammām</td>
<td>It is bath, medically used for producing moistness/dryness/compactness/rarefaction in the skin/body.</td>
</tr>
<tr>
<td>48.</td>
<td>Hammām Būraqiyya</td>
<td>Salt water bath</td>
</tr>
<tr>
<td>49.</td>
<td>Hammām Kibrītiyya</td>
<td>Sulphur water bath</td>
</tr>
<tr>
<td>50.</td>
<td>Hammām Mu’tadil</td>
<td>A type of bath medically used for producing dryness, compactness, moistness and rarefaction of normal range in the skin/body.</td>
</tr>
<tr>
<td>51.</td>
<td>Hamūl</td>
<td>It is prepared by grinding the drugs and mixing the resultant powder into a suitable base. It is used for local effect.</td>
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<tr>
<td>52.</td>
<td>Harīra</td>
<td>It is a semiliquid preparation prepared by roasting flour or semolina in clarified butter.</td>
</tr>
<tr>
<td>53.</td>
<td>Inkibāb</td>
<td>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.</td>
</tr>
<tr>
<td>54.</td>
<td>Istifrāgh</td>
<td>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 e.g. Ishāl (Purgation), Idrār-i Bawl o Hayz, Qay' (Emesis), Ta‘riq (Diaphoresis), Fasd (Bloodletting), etc.</td>
</tr>
<tr>
<td>55.</td>
<td>Joshānda</td>
<td>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.</td>
</tr>
<tr>
<td>56.</td>
<td>Joshānda-i Aftīmūn</td>
<td>Halayla Siyāh (Terminalia chebula Retz.), Halayla Kābulī (Terminalia chebula Retz.), Halayla Zard (Terminalia chebula Retz.), Āmla (Phyllanthus emblica Linn.) 17 ½ gm. each, Gāozabān (Borago officinalis Linn.), Bīsfā’īj (Polypodium vulgare Linn.), Bādranjboya (Nepeta ruderalis Ham.), Ustuūkhudūs (Lavandula steochas Linn.) 14 gm. each, Turbud (Ipomoea turpethum Br.) 7 gm., Shāhtra (Fumaria parviflora Lamk.) 24 ½ grams, Ālū Bukhārā (Prunus domestica Linn.) 20 pieces, Mawīz Munaqqā (Vitis vinifera Linn.) are soaked and boiled in 1600 ml of water till 600 ml of liquid is left. Thirty five grams of Aftīmūn (Cuscuta reflexa Roxb.) is added to</td>
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<td>it and boiled again till it is reduced to 400 ml. The boiled material is filtered and 52½ grams of <em>Maghz-i Falūs-i Khayār Shambar</em> (Fruit pulp of <em>Cassia fistula</em> Linn.), 3 gm. of <em>Ghārīqūn</em> (<em>Agaricus alba</em> Linn.) and honey are added to the filtrate.</td>
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<td>59.</td>
<td>Joshânda-i Shâhtra</td>
<td>Shâhra (Fumaria parviflora Lamk.) 7 gm., Chirâ’ita (Swertia chirata Buch. Ham.) 7 gm., Sarphûka (Tephrosia purpurea Pers.) 7 gm., Mundî (Sphaeranthus indicus Linn.) 7 gm., ‘Unnâb (Zizyphus jujuba Mill. &amp; Lamk.) 5 pieces, Halayla Siyâh (Terminalia chebula Retz.) 7 gm., Sandal Surkh (Pterocarpus santalinus 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 Sharbat-i ‘Unnâb.</td>
</tr>
<tr>
<td>60.</td>
<td>Jullâb</td>
<td>Rose water boiled in honey/sugar.</td>
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<tr>
<td>61.</td>
<td>Khall al-Khamr</td>
<td>Vinegar, prepared from juice of grapes.</td>
</tr>
<tr>
<td>62.</td>
<td>Khisânda</td>
<td>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.</td>
</tr>
<tr>
<td>63.</td>
<td>Lu’âb</td>
<td>The drug is soaked in water/suitable liquid. The supernatant fluid containing mucilage is taken.</td>
</tr>
<tr>
<td>64.</td>
<td>Mâ’ al-‘Asl</td>
<td>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.</td>
</tr>
<tr>
<td>65.</td>
<td>Mâ’ al-Fawâkıh</td>
<td>It is a liquid preparation of expressed fruit juice. A fresh juice is prepared when it is intended to be used.</td>
</tr>
<tr>
<td>66.</td>
<td>Mâ’ al-Jubn</td>
<td>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.</td>
</tr>
<tr>
<td>67.</td>
<td>Mâ’ al-Sha’îr</td>
<td>Barley water</td>
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<td>69.</td>
<td>Mazmaza</td>
<td>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.</td>
</tr>
<tr>
<td>70.</td>
<td>Mujaffifāt</td>
<td>The regimens, foods or drugs (<em>e.g.</em> Sang Jarāhat (Soap stone), Supārī Biryān (Roasted Areca catechu Linn.), Sadaf Muharraq (Burnt pearl shells), Murdār Sang (Litharge) that cause desiccation on local application. For general purposes Hammām (Bath), Ta’riq (Diaphoresis), and other regimens are also used.</td>
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<td>73.</td>
<td>Munzij-i Sawdā’</td>
<td>Gāozabān (Borago officinalis Linn.), ‘Unnāb (Zizyphus jujuba Mill &amp; Lamk.), Parsiyāoshān (Adiantum capillus-veneris Linn.), Shāhtra (Fumaria parviflora Lamk.), Bādiyān (Foeniculum vulgare Gaertn.), Halayla Siyāh (Terminalia chebula Retz.), Sarphūka (Tephrosia purpurea Pers.), Mundī (Sphaeranthus indicus Linn.), Ustūkhūdūs (Lavandula stoechas Linn.), etc.</td>
</tr>
<tr>
<td>74.</td>
<td>Muqawwī Aghziya</td>
<td>Diets that provide nutrition and thereby strengthen the body.</td>
</tr>
<tr>
<td>75.</td>
<td>Muqawwī-i Sha’r</td>
<td>Drugs that provide nutrition and thereby strengthen hair e.g. Āmla (Phyllanthus emblica Linn.), Halayla Kābulī (Terminalia chebula Retz.), Parsiyāoshān (Adiantum capillus-veneris Linn.), Rīthā (Sapindus trifoliatus Linn.), Bhangra (Eclipta alba Hassk.), Majīth (Rubia cordifolia Linn.), Post-i Akhrot (Jugulans regia Linn.), Aloe, etc.</td>
</tr>
<tr>
<td>76.</td>
<td>Murawwqayn</td>
<td>Freshly extracted juice of Mako (Solanum nigrum Linn.) and Kāsnī (Cichorium intybus 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.</td>
</tr>
<tr>
<td>77.</td>
<td>Musaffī-i Dam</td>
<td>Blood purifier</td>
</tr>
<tr>
<td>78.</td>
<td>Musakhkhināt</td>
<td>Regimens, diets and drugs producing heat in the body e.g. Hammām, Riyāzat, spices, drugs of hot temperament etc.</td>
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<td>79.</td>
<td>Musakkirāt</td>
<td>Intoxicating substances</td>
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<td>83.</td>
<td>Muwallid-i Balgham Aghziya</td>
<td>Same as Aghziya Muwallid-i Balgham.</td>
</tr>
<tr>
<td>84.</td>
<td>Muwallid-i Balgham</td>
<td>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.</td>
</tr>
<tr>
<td>85.</td>
<td>Muwallid-i Khūn Aghziya</td>
<td>Same as Aghziya Muwallid-i Dam.</td>
</tr>
<tr>
<td>86.</td>
<td>Muwallid-i Safrā’ Aghziya</td>
<td>Same as Aghziya Muwallid-i Safrā’.</td>
</tr>
<tr>
<td>87.</td>
<td>Muwallid-i Sawdā’ Aghziya</td>
<td>Same as Aghziya Muwallid-i Sawdā’.</td>
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<td>88.</td>
<td>Muzawwarat</td>
<td>Gravies prepared with ingredients other than meat.</td>
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<tr>
<td>89.</td>
<td>Muzawwara-i Ab-i Ghawra</td>
<td>Gravy prepared with juice of unripe grapes.</td>
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<td>90.</td>
<td>Naffakh Aghziya</td>
<td>Same as Aghziya Mubakhkhira.</td>
</tr>
<tr>
<td>91.</td>
<td>Naqu’</td>
<td>Same as Khisanda.</td>
</tr>
<tr>
<td>92.</td>
<td>Natul</td>
<td>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.</td>
</tr>
<tr>
<td>93.</td>
<td>Nuzj</td>
<td>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 Munzij drugs followed by Adwiya Mushila (Purgatives).</td>
</tr>
<tr>
<td>94.</td>
<td>Post-i Bekh</td>
<td>Root bark</td>
</tr>
<tr>
<td>95.</td>
<td>Qutur</td>
<td>Finely powdered drug is mixed with an oil or liquid base. It is then filtered and used as eye, ear and nasal drops.</td>
</tr>
<tr>
<td>96.</td>
<td>Qifal</td>
<td>Same as Haft Andam.</td>
</tr>
<tr>
<td>97.</td>
<td>Rutubat Buraqiya</td>
<td>Alkaline secretions</td>
</tr>
<tr>
<td>98.</td>
<td>Safuf</td>
<td>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.</td>
</tr>
<tr>
<td>99.</td>
<td>Sari’ al-Hazm Aghziya</td>
<td>Easily digestible food materials which provide nutrition to the body very soon.</td>
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<td>100.</td>
<td>Shamium</td>
<td>It is a preparation in which drugs are used for inhalation.</td>
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<td>101.</td>
<td>Shirra</td>
<td>Semi liquid material obtained after grinding the seeds and other drugs.</td>
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<td>102.</td>
<td>Taghlīz-i Mādda</td>
<td>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.</td>
</tr>
<tr>
<td>103.</td>
<td>Takmīd</td>
<td>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.</td>
</tr>
<tr>
<td>104.</td>
<td>Taltīf-i Ghizā’</td>
<td>Use of foods that are digested very easily but provide little nutrition to the body.</td>
</tr>
<tr>
<td>105.</td>
<td>Taskhīn</td>
<td>To produce heat.</td>
</tr>
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<td>106.</td>
<td>Tanqiya</td>
<td>Elimination of morbid matter from the body.</td>
</tr>
<tr>
<td>107.</td>
<td>Tukhm</td>
<td>Seed</td>
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<tr>
<td>108.</td>
<td>Tursh Aghziya</td>
<td>Same as Aghziya Hāmiza.</td>
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<tr>
<td>109.</td>
<td>Usaylim</td>
<td>Small vein, on the back of the hand, between the ring and little finger. It is related to axillary vein.</td>
</tr>
<tr>
<td>110.</td>
<td>Zimād</td>
<td>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.</td>
</tr>
<tr>
<td>111.</td>
<td>Zūd Hazm Aghziya</td>
<td>Same as Sari’ al-Hazm Aghziya.</td>
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</tbody>
</table>