STANDARD UNANI TREATMENT GUIDELINES FOR COMMON DISEASES

June 2014 • 1,000 Copies

Published by:
CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE
Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)
Ministry of Health & Family Welfare, Government of India

61-65, Institutional Area, Opposite ‘D’ Block, Janakpuri
New Delhi – 110 058 (India)

Telephone: +91-11-28521981, 28525982, 28525983, 28525831, 28525852
            +91-11-28525862, 28525883, 28525897, 28520501, 28522524
Fax:       +91-11-28522965
E-mail: unanimedicine@gmail.com
Website: www.ccrum.net

Printed at:
India Offset Press
A-1, Mayapuri Industrial Area, Phase-I
New Delhi – 110 064 (India)
Guidance & Supervision

Prof. S. Shakir Jamil  
*Director General*  
Central Council for Research in Unani Medicine (CCRUM), New Delhi

Project Coordination

Dr. Sagheer A. Siddiqui  
Research Officer (Unani) (Scientist-IV)  
In-charge  
Literary Research Institute of Unani Medicine (LRIUM), New Delhi

Dr. M. Fazil Khan  
Research Officer (Unani) (Scientist-IV)  
CCRUM Headquarters, New Delhi

Dr. Amanullah  
Research Officer (Unani) (Scientist-II)  
CCRUM Headquarters, New Delhi

Dr. Merajul Haque  
Research Officer (Unani)  
CCRUM Headquarters, New Delhi
Technical Inputs

Dr. Shagufta Parveen
Research Officer (Unani) (Scientist-IV), LRIUM, New Delhi

Dr. M. Saleem Siddiqui
Research Officer (Unani) (Scientist-IV), LRIUM, New Delhi

Dr. Azma
Research Officer (Unani) (Scientist-II), LRIUM, New Delhi

Dr. Neelam Quddusi
Research Officer (Unani) (Scientist-II), LRIUM, New Delhi

Dr. Anwar Jamal
Research Officer (Unani) (Scientist-II), LRIUM, New Delhi

Dr. Shaista Urooj
Research Officer (Unani), LRIUM, New Delhi

Dr. Mahboobus Salam
Research Officer (Unani), LRIUM, New Delhi

Dr. Waseem Ahmad
Technical Officer (Unani), LRIUM, New Delhi

Central Research Institute of Unani Medicine (CRIUM), Hyderabad; CRIUM, Lucknow; Regional Research Institute of Unani Medicine (RRIUM), Aligarh; RRIUM, Patna; RRIUM, Srinagar; RRIUM, Mumbai; RRIUM, Bhadrak; and Regional Research Centre of Unani Medicine (RRCUM), Allahabad

Compilation & Editing

Dr. Wasim A. Azmi
Research Officer (Unani) (Scientist-IV), In-charge, CRIUM, Lucknow

Dr. Bilal Ahmad
Research Officer (Unani) (Scientist-II), LRIUM, New Delhi

Dr. Fakhre Alam
Research Officer (Unani) (Scientist-II), LRIUM, New Delhi
Critical Appraisal

Prof. Rais-ur-Rahman
Advisor (Unani)
Department of AYUSH, Ministry of Health & Family Welfare
Government of India

Prof. Syed Maudood Ashraf
Former Dean, Faculty of Unani Medicine
Aligarh Muslim University (AMU), Aligarh

Prof. M. M. H. Siddiqui
Department of Ilāj bi’l-Tadbīr
AMU, Aligarh

Dr. Ghufran Ahmad
Associate Professor, Department of Ilmul Advia
AMU, Aligarh

Dr. Asia Sultana
Associate Professor, Department of Ilāj bi’l-Tadbīr
AMU, Aligarh
Research activities in Unani Medicine got a boost in 1969, when Government of India established a Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) to undertake scientific research in indigenous healthcare systems including Unani Medicine. Under this Council was set up a Literary Research Unit (Unani) at Aligarh. The CCRIMH was dissolved in March 1978 and four independent research councils were set up, one each for Ayurveda & Siddha, Unani Medicine, Yoga & Naturopathy, and Homoeopathy. The Central Council for Research in Unani Medicine (CCRUM) started functioning from January 1979 as an autonomous organization under the Ministry of Health & Family Welfare, Government of India. The CCRUM’s research programme consisted of Clinical Research, Drug Standardization Research, Survey and Cultivation of Medicinal Plants, and Literary Research.

The Literary Research Programme of the CCRUM is mainly concerned with editing, compilation and translation of classical books and rare manuscripts of Unani Medicine. Under this programme, the Council has collected a number of such books and manuscripts from different libraries in the country and abroad, and got them edited, translated and published. Besides, the Council has also re-printed over 100 rare classical books on Unani Medicine. The Literary Research Institute of Unani Medicine (LRIUM) has over the years developed into a leading institution in the field. Recently, the Institute has made significant contribution in the preparation of an important compendium of 4,028 terms of Unani Medicine entitled Standard Unani Medical Terminology under the collaborative programme of Government of India and World Health Organization for Traditional Medicine, which was published by the Council in 2012. Last year, the Institute was assigned by
the Council the work of compiling *Standard Unani Treatment Guidelines for Common Diseases*.

I am happy to present the first volume of *Standard Unani Treatment Guidelines* for 70 common diseases. Teachers, practitioners and graduate and postgraduate students of Unani Medicine in India and abroad should find the volume useful. The volume carries treatment of different diseases under the major headings of ‘Ilāj bi’l-Dawā’ (Pharmacotherapy) through single and compound drugs, ‘Ilāj bi’l-Tadbīr (Regimenal therapy), dietary recommendations and restrictions, and Tahaffuz (Prevention/Precaution). The document presents vital information about various diseases gathered from classical sources.

I am deeply indebted to Prof. Rais-ur-Rahman, Advisor (Unani), Department of AYUSH, Ministry of Health & Family Welfare, Government of India, who has been associated with the project from the very beginning, for his valuable contribution in the vetting of the document. I also wish to place on record my sincere gratitude to Prof. Syed Maudood Ashraf, Former Dean, Faculty of Unani Medicine, Aligarh Muslim University (AMU), Aligarh; Prof. M.M.H. Siddiqui, Department of Ilāj bi’l-Tadbīr AMU, Aligarh; Dr. Ghufran Ahmad, Associate Professor, Department of Ilmul Advia, AMU, Aligarh; and Dr. Asia Sultana, Associate Professor, Department of Ilāj bi’l-Tadbīr, AMU, Aligarh who reviewed the document critically.

Our thanks are due to the project coordinators - Dr. Sagheer Ahmad Siddiqui, Research Officer (Unani) (Scientist-IV), In-charge, LRIUM, New Delhi; Dr. M. Fazil Khan, Research Officer (Unani) (Scientist-IV); Dr. Amanullah, Research Officer (Unani) (Scientist-II); and Dr. Merajul Haque Research Officer (Unani) - all three from the CCRUM headquarters; and the editors - Dr. Wasim Ahmad Azmi, Research Officer (Unani) (Scientist-IV), In-charge, Central Research Institute of Unani Medicine (CRIUM), Lucknow; and Dr. Bilal Ahmad and Dr. Fakhre Alam, both Research Officers (Unani) (Scientist-II) at LRIUM, New Delhi, for their efforts in making the publication of this document a reality.

Appreciation is also due to the researchers at LRIUM, New Delhi, namely Dr. Shagufta Parveen, Research Officer (Unani) (Scientist-IV); Dr. M. Saleem Siddiqui, Research Officer (Unani) (Scientist-IV); Dr. Azma, Research Officer (Unani) (Scientist-II); Dr. Neelam Quddusi, Research Officer (Unani) (Scientist-II); Dr. Anwar Jamal, Research Officer (Unani) (Scientist-II); Dr.
Shaista Urooj, Research Officer (Unani); Dr. Mahboobus Salam, Research Officer (Unani); and Dr. Waseem Ahmad, Technical Officer (Unani); and those at CRIUM, Hyderabad; CRIUM, Lucknow; RRIUM, Aligarh; RRIUM, Patna; RRIUM, Srinagar; RRIUM, Mumbai; RRIUM, Bhadrak; and RRCUM, Allahabad for providing technical inputs for the document.

20 May 2014

Prof. S. Shakir Jamil
Director General
Central Council for Research in Unani Medicine
Department of AYUSH
Ministry of Health & Family Welfare, Government of India
New Delhi
## Contents

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>vii</td>
</tr>
<tr>
<td>Contents</td>
<td>xi</td>
</tr>
<tr>
<td>Introduction</td>
<td>xv</td>
</tr>
<tr>
<td>Diseases</td>
<td>1-196</td>
</tr>
<tr>
<td>1. Shaqiqa</td>
<td>1</td>
</tr>
<tr>
<td>2. Sahar</td>
<td>4</td>
</tr>
<tr>
<td>3. Nasyan</td>
<td>7</td>
</tr>
<tr>
<td>4. Sar’</td>
<td>10</td>
</tr>
<tr>
<td>5. Faliq</td>
<td>13</td>
</tr>
<tr>
<td>6. Laqwa</td>
<td>16</td>
</tr>
<tr>
<td>7. Risha</td>
<td>19</td>
</tr>
<tr>
<td>8. Khadar</td>
<td>22</td>
</tr>
<tr>
<td>9. Ramad</td>
<td>24</td>
</tr>
<tr>
<td>10. Sulaq</td>
<td>27</td>
</tr>
<tr>
<td>11. Sha’ira</td>
<td>29</td>
</tr>
<tr>
<td>12. ‘Ashaa</td>
<td>31</td>
</tr>
<tr>
<td>13. Qula’</td>
<td>33</td>
</tr>
<tr>
<td>14. Waja’-i Asnān</td>
<td>36</td>
</tr>
<tr>
<td>15. Waram-i Lissa</td>
<td>39</td>
</tr>
<tr>
<td>16. Nawasir-i Lissa</td>
<td>42</td>
</tr>
<tr>
<td>17. Waram-i Lawzatayn</td>
<td>44</td>
</tr>
<tr>
<td>18. Nazla</td>
<td>47</td>
</tr>
<tr>
<td>19. Zukam</td>
<td>49</td>
</tr>
<tr>
<td>20. Su’al</td>
<td>52</td>
</tr>
<tr>
<td>21. Khafqan</td>
<td>55</td>
</tr>
<tr>
<td>22. Qillat-i Laban</td>
<td>58</td>
</tr>
<tr>
<td>23.</td>
<td>Fuwāq</td>
</tr>
<tr>
<td>24.</td>
<td>Waham o Fasād-i Shahwat</td>
</tr>
<tr>
<td>25.</td>
<td>Zu‘f-i Hazm</td>
</tr>
<tr>
<td>26.</td>
<td>Nafakh-i Mi’da</td>
</tr>
<tr>
<td>27.</td>
<td>Waram-i Mi’da</td>
</tr>
<tr>
<td>28.</td>
<td>Hurqat-i Mi’da</td>
</tr>
<tr>
<td>29.</td>
<td>Hayza</td>
</tr>
<tr>
<td>30.</td>
<td>Waram-i Kabid Damawī</td>
</tr>
<tr>
<td>31.</td>
<td>Waram-i Kabid Safrāwī</td>
</tr>
<tr>
<td>32.</td>
<td>Waram-i Kabid Balghamī</td>
</tr>
<tr>
<td>33.</td>
<td>Waram-i Kabid Sawdāwī</td>
</tr>
<tr>
<td>34.</td>
<td>Salābat-i Kabid</td>
</tr>
<tr>
<td>35.</td>
<td>Yarqān Asfar</td>
</tr>
<tr>
<td>36.</td>
<td>Qabz</td>
</tr>
<tr>
<td>37.</td>
<td>Ishāl</td>
</tr>
<tr>
<td>38.</td>
<td>Zahīr</td>
</tr>
<tr>
<td>39.</td>
<td>Didān-i Am’ā</td>
</tr>
<tr>
<td>40.</td>
<td>Rih al-Bawāsir</td>
</tr>
<tr>
<td>41.</td>
<td>Bawāsir ‘Amiyā</td>
</tr>
<tr>
<td>42.</td>
<td>Bawāsir Dāmiya</td>
</tr>
<tr>
<td>43.</td>
<td>Hasāt-i Kuliya</td>
</tr>
<tr>
<td>44.</td>
<td>Hurqat-i Bawāl</td>
</tr>
<tr>
<td>45.</td>
<td>Bawāl fi’l-Firāsh</td>
</tr>
<tr>
<td>46.</td>
<td>Jarayān</td>
</tr>
<tr>
<td>47.</td>
<td>Kasrat-i Ihtilām</td>
</tr>
<tr>
<td>48.</td>
<td>Sur’at-i Inzāl</td>
</tr>
<tr>
<td>49.</td>
<td>Qillat-i Manī</td>
</tr>
<tr>
<td>50.</td>
<td>Sayalān-i Rahim</td>
</tr>
<tr>
<td>51.</td>
<td>Ihtibās-i Tams</td>
</tr>
<tr>
<td>52.</td>
<td>Qillat-i Tams</td>
</tr>
<tr>
<td>53.</td>
<td>‘Usr-i Tams</td>
</tr>
<tr>
<td>54.</td>
<td>Kasrat-i Tams</td>
</tr>
<tr>
<td>55.</td>
<td>Waram-i Rahim</td>
</tr>
<tr>
<td>56.</td>
<td>Ikhtināq-i Rahim</td>
</tr>
<tr>
<td>57.</td>
<td>Waja‘-i Mafāsil</td>
</tr>
<tr>
<td>58.</td>
<td>Irq al-Nasā’</td>
</tr>
<tr>
<td></td>
<td>Term</td>
</tr>
<tr>
<td>---</td>
<td>---------------</td>
</tr>
<tr>
<td>59.</td>
<td>Niqris</td>
</tr>
<tr>
<td>60.</td>
<td>Hasba</td>
</tr>
<tr>
<td>61.</td>
<td>Sharā</td>
</tr>
<tr>
<td>62.</td>
<td>Hazāz</td>
</tr>
<tr>
<td>63.</td>
<td>Intisār-i Sha’r</td>
</tr>
<tr>
<td>64.</td>
<td>Kalaffhā’īn</td>
</tr>
<tr>
<td>65.</td>
<td>Baras</td>
</tr>
<tr>
<td>66.</td>
<td>Bahaq Abyaz</td>
</tr>
<tr>
<td>67.</td>
<td>Bahaq Aswad</td>
</tr>
<tr>
<td>68.</td>
<td>Qūbā</td>
</tr>
<tr>
<td>69.</td>
<td>Jarab</td>
</tr>
<tr>
<td>70.</td>
<td>Hikka</td>
</tr>
<tr>
<td></td>
<td>Glossary</td>
</tr>
</tbody>
</table>
Introduction

During the past decade, the Central Council for Research in Unani Medicine (CCRUM), New Delhi has emerged as an apex institution of scientific research on Unani Medicine in India. Besides intramural research activity, the Council is also working in collaboration with other renowned research institutions on various aspects of Unani Medicine. Since its establishment, the CCRUM has taken literary research as one of its major thrust areas and has made considerable progress in this field. The Council’s literary research programme, which focuses on editing, translation, and publication of rare manuscripts and classical books, has helped to preserve and re-introduce the vanishing classical literature of Unani Medicine. To address the practical issues that Unani practitioners come across often, the CCRUM came up with a proposal of publishing *Standard Unani Treatment Guidelines for Common Diseases* based on authentic classical literature of Unani Medicine.

The proposed *Standard Unani Treatment Guidelines for Common Diseases*, spread over three volumes, will cover information about 223 diseases. This present first volume includes description of 70 diseases. The selection of the diseases included in the text has been made meticulously. The commonly occurring diseases that a physician usually confronts at their clinic have been included in order to make this book handy. Common prescriptions are presented in the glossary at the end of the book. The drug treatment options have been described in two parts. The first part of the treatment is based on single drugs and their simple combinations, which a physician can easily prepare at their clinic, while the second part includes pharmacopoeial preparations, which are manufactured by leading pharmaceutical companies and are readily available in the market. Care has been taken to present only
such preparations as are easy to formulate and contain ingredients, which are fairly available in the market. Furthermore, a comprehensive account of dietotherapy and regimenal therapy has been given to make the treatment holistic.

Another goal of this text is to make the comprehension of the theories and practices of management easy for the physicians and the students of Unani Medicine as well. The presentation has been made simple and captivating, so that the reader can easily assimilate the logical sequence and the 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 in learning Unani Medicine, English alternatives have been provided in parentheses following each term.

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 Tabari (d. 985 AD), Kāmil al-Sanā’a al-Tibbiyya by ‘Alī b. ‘Abbās Majūsi (d. 994 AD), Ghinā Munā by Abū Mansūr al-Hasan Qamrī (d. 999 AD), al-Qānūn fi’l-Tibb by Ibn Sinā (d. 1037 AD), al-Mujaz fi’l-Tibb by Ibn Nafīs Qarshi (d. 1288 AD), Tazkira al-Kahhālīn by ‘Alī b. Ḣāsā Kahhāl (d. 1039 AD), Kitāb al-Taysīr fi’l-Mudāwa wa-al-Tadbīr by Ibn Zuhr (d. 1162 AD), Kitāb al-Mukhtārāt fi’l-Tibb by Ibn Hubal (d. 1213 AD), Sharah al-Asbāb wa-al-‘Alāmāt by Nafīs b. ‘Iwaz (d. 1542 AD), Mizān al-Tibb by M. Akbar Arzānī (d. 1721 AD), Iksīr-i A’zam by Muhammad A’zam Khān (d. 1902 AD), etc. have been primarily referred to for the compilation of Standard Unani Treatment Guidelines for Common Diseases. These references encompass not only the inputs of authors, but reflect the whole research work on treatment guidelines followed during the Greek, Roman, Arabian, Persian and Indian periods. Practice of amalgamation of allopathic information adopted during the 1920s under the influence of Neo-Hippocratism has been deliberately avoided to preserve the purity of information related to Unani Medicine. Under the head ‘pharmacotherapy’, the dose of single drugs in many cases and duration of treatment have not been specified as this varies under different conditions and the consulted physician is the right person to decide about it. The dose of compound drugs mentioned in the book is meant exclusively for adults. For children, the dose may be decided by the physician. The investigations, classical or modern, for diagnosing diseases
have not been included in the book. It is hoped that the prescriptions would be judiciously used after proper diagnosis of the disease.

In order to encourage further reading, references have been provided at the end of the description of each disease. Although the document has especially been prepared for the physicians, it should be equally appreciated by the teachers, researchers and students of the Unani Medicine as well.

Dr. Sagheer Ahmad Siddiqui

In-charge

Literary Research Institute of Unani Medicine

New Delhi
Shaqīqa (Migraine)

Introduction:
- It is the type of headache in which only one half of head is afflicted with pain.\textsuperscript{1} Sometimes it involves the whole head.
- It is caused by Bukhārāt (Vapours), arising towards the head from the body or by Akhlāt Hārra (Hot humours) or Bārida (Cold humours). In this case a relatively less quantity of causative matter intervenes.\textsuperscript{1}
- It is characterized by the episodic throbbing pain in only one half of head (especially in Damawī type) due to lesser quantity of causative matter. There may be relief in pain when the throbbing artery is pressed.\textsuperscript{1} The headache is frequently accompanied with Tanīn (Tinnitus) and Ghasayān (Nausea).\textsuperscript{2}

Usūl-i ‘Ilāj (Principles of treatment):
- Taskīn-i Dard (Analgesia)\textsuperscript{1}
- Istifrāgh (Evacuation) of causative Khilt (Humour)\textsuperscript{1}
- Taqwiyat-i Dimāgh (Toning up of brain)\textsuperscript{2}

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Local application of following formulation on the affected side\textsuperscript{2}:
  \textit{Dam al-Akhwayn} (Pterocarpus marsupium, Roxb.), \textit{Za’farān} (Crocus sativus, Linn.), \textit{Samagh ‘Arbī} (Acacia arabica, Willd.), \textit{Afyūn} (Dried latex of Papaver somniferum, Linn.) are mixed in Egg white, pasted over a piece of paper and applied on the affected side of the head.
- Application of following Tilā (Liniment) on the affected side\textsuperscript{1}:
  \textit{Ajwā’in Khurāsānī} (Hyoscyamus niger, Linn.) Q.S. /Tukhm-i Kāhū
(Lactuca sativa, Linn.) Q.S./Post-i Bekh-i Luffāh (Atropa belladona, Linn.) Q.S.

- Natūl (Irrigation) on the temporal region when Shaqiqa caused by Khilt Hār²:
  Nilofār (Nymphaea lotus, Linn.), Banaftsha (Viola odorata, Linn.) Barg-i Khatmi (Althaea officinalis, Linn.), Tukhm-i Kāhū (Lactuca sativa, Linn.), Gul Surkh (Rosa damascena, Mill.)

- Natūl (Irrigation) on the temporal region when caused by Khilt Bārid²:
  Bābūna (Matricaria chamomilla, Linn.), Shīh (Artemisia maritima, Linn.), Sa’tar (Zataria multiflora, Boiss.), Shibit (Anethum sowa, Roxb.)

### Compound drugs:

<table>
<thead>
<tr>
<th>Qurs Musallas³</th>
<th>To be applied on the affected temporal region.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itrīfal Muqawwī-i Dimāgh⁴</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Itrīfal Zamānī⁴</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Itrīfal Kishnīzī⁵</td>
<td>9-20 gm.</td>
</tr>
<tr>
<td>Itrīfal Sanā’ī⁴</td>
<td>7-12 gm.</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting) in case of Damawī type.¹
- Ishāl (Purgation) in case of Safrāwī, Sawdāwī and Balghamī types.¹
- Natūl (Irrigation) Hār/Bārid¹

### Dietary recommendations:

- Half boiled egg ⁶
- Zūd Hazm Aghziya⁷
- Mā’ al-Sha’īr ⁶

### Dietary restrictions:

- Aghziya Mubakhkhira⁷
- Saqīl o Naffākh Aghziya⁷

### Tahaffuz (Prevention/Precaution):

- Grief & Sarrow to be avoided.⁷
References


Sahar (Insomnia)

Introduction:

- It is the excess of wakefulness and inability to fall asleep as long as desired for a normal person.¹
- It is caused by predominance of Harārat Sāda (Simple heat), Yubūsat (Dryness), Safrā’ (yellow bile), Sawdā’ (Black bile), Balgham Shor² or deep seated Rutūbat Būraqiyya (Alkaline secretion) in the brain, pain and stress.¹
- It is characterized by disorientation, feeling of weightlessness in the head, dryness of eyes, tongue and nostrils (may be moist when caused by Rutūbat Būraqiyya), excessive thirst and burning sensation in the eyes.¹

Usūl-i ‘Ilāj (Principles of treatment):

- Tartīb (Producing moistness)¹
- Tadhīn (Producing moistness through oils)¹
- Taskīn-i Dard (Analgesia) in case of pain¹
- Sukūn-i Jismānī o Nafsānī (Physical & mental rest)¹

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of powder of Khashkhāsh (Seed of Papaver somniferum Linn.) and Tukhm-i Kāhū (Lactuca sativa, Linn.).²
- Use of Afyūn (Dried latex of Papaver somniferum, Linn.) preparations in acute condition preferably with shirajāt.¹
- Inhalation of the combination of Rayhān Mablūl (Moistened seeds of Ocimum sanctum, Linn.) and ‘Ambar (Ambergris).²
Inhalation of the combination of Post-i Khashkhāsh (Rind of Papaver somniferum, Linn.) and Bekh-i Yabrūj (Atropa belladona, Linn.).

Application of paste of any of following drugs on temporal region:
Post-i Khashkhāsh (Rind of Papaver somniferum, Linn.)/Bekh-i Yabrūj (Atropa belladona, Linn.).

Application of the following paste on forehead:
Qurs Musallas mixed with juice of fresh green Kishnīz (Coriandrum sativum, Linn.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roghan-i Khashkhāsh¹</td>
<td>Local application on scalp</td>
</tr>
<tr>
<td>Roghan-i Khas¹</td>
<td>Local application on scalp</td>
</tr>
<tr>
<td>Roghan-i Kadū²</td>
<td>Local application on scalp</td>
</tr>
<tr>
<td>Roghan-i Labūb Sab’a³</td>
<td>Local application on scalp</td>
</tr>
<tr>
<td>Qurs Musallas²</td>
<td>Local application after grinding with juice of green coriander.</td>
</tr>
<tr>
<td>Khamīra-i Khashkhāsh²,⁴</td>
<td>12 gm.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh²,⁴</td>
<td>12-24 ml.</td>
</tr>
</tbody>
</table>

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

- Natūl (Irrigation)
- Hammām Mu‘tadil
- Dalk-i Atrāf (Massage on the extremities)

**Dietary recommendations:**

- Aghziya Murattiba

**Dietary restrictions:**

- Aghziya Mubakhkhira

**Tahaffuz (Prevention/Precaution):**

- Indigestion, Fikr (Mental stress), Kasrat-i Jimā’ (Excessive coitus), Ta’b (Exertion), Ghām o Alam (Grief & Sorrow), Afkār Mushawwisha (Apprehensions) and factors causing Yubūsat (Dryness) are to be avoided.
References


Nasyān (Loss of Memory)

Introduction:

- It is the deficit in memory following disturbance in the normal functioning of the mental faculty that helps in storage and retrieval of information in the brain. The person becomes confused about the actual information already stored in his brain and may represent as Fasād-i Zikr (Disturbance of memory), Fasād-i Fikr (Disturbance of cogitation) and Fasād-i Takhayyul (Disturbance of imagination).1,2,3
- It is caused mainly by predominance of Balgham (Phlegm), Rutūbat (Moistness)1 and Sū’-i Mīzāj Bārid (Cold morbid temperament).4
- It is characterized by short term and long term or both memory loss.1

Usūl- ’Ilāj (Principles of treatment):

- Istifrāgh (Evacuation)1
- Taskhīn (To produce warmth)5
- Tajfīf (To produce dryness) when caused by Rutūbat (Moistness)5
- Tafrīh-i Taba’ (To produce exhilaration)5

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- First Step- Mā’ al-Usūl (For few days)1
- Second Step- Ayāraj-i Loghāziya, 13.5 gm. along with following decoction1:

  Halayla Siyāh (Terminalia chebula, Retz.) 35 gm., Mawīz Munaqqa (Vitis vinifera, Linn.) 70 gm., Aftīmūn (Cuscuta reflexa, Roxb.) 40.5 gm., crushed Rewand (Rheum emodi, Wall.) 10.5 gm.
Oral administration of powder of *Baram Dandī* (*Echinops echinatus, DC.*) in the dose of 12 gm. with cow milk.  
Oral administration of powder of *Maghz-i Funduq* (*Corylus avellana, Linn.*) mixed with sugar.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Zahbī</em></td>
<td>3 gm. twice a day</td>
</tr>
<tr>
<td><em>Khamīra-i Zaharmuhra</em></td>
<td>6 gm. in the morning</td>
</tr>
<tr>
<td><em>Itrifal-i Ustūkhudūs</em></td>
<td>up to 12 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Nasyān</em></td>
<td>5 gm. in the morning</td>
</tr>
</tbody>
</table>

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

- *Huqna Mushila* (Purgative enema)
- *Gharghara* (Gargle)
- *Qay’* (Emesis)
- Thought provoking activities, partying with friends, indulgence in entertaining activities, listening of music and use of aroma

**Dietary recommendations:**

- Egg yolk, Fish egg

**Dietary restrictions:**

- *Aghziya Mubakhkhira*
- *Aghziya Mubarrida*
- *Āb Sard* (Cold water)

**Tahaffuz (Prevention/Precaution):**

- *Ifrāt-i Jimā’* (Excess of coitus), sleep during day time, *Sahar Mufrit* (Excessive awakening), over much and prolong use of *Musakkirāt* (Intoxicants), excess of exercise and alcoholism to be avoided.
References


Sar‘ (Epilepsy)

Introduction:

- It is a condition of partial obstruction in the passage of Rūḥ Nafsānī (psychic pneuma)¹, that proves to be deterrent for the normal sensory and motor functions of related organs². As its occurrence is common in children, it is also known as Sibyānī/Fāzūn.³
- It is mainly caused by Ghalīz Balghamī Khilt (Thick phlegmatic humour) but sometimes by Ghalīz Sawdāwī Khilt (Thick black bile)³. Occasionally it may occur due to helminthiasis and gastric disorders.²
- It is preceded by heaviness in the head, confusion, vertigo, pallor and characterized by spells of convulsions of the body muscles followed by flaccidity, whitish discoloration of skin, frothing, difficulty in movements and confusion⁴. There may be palpitation and Hurqat-i Mi’dā (Retrosternal burning) in case of its association with gastric disorders.³

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Badan (Evacuation)⁴
- Tanqiya-i Dimāgh (Cleansing of brain)⁴
- Tadābīr-i Taltīf (Regimens for moderation of humoral abnormality)⁴

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

During attack:

- Instillation of following formulation in the throat³:
  
  Hiltīt (Dried latex of Ferula assafoetida, Linn.), Jundbedastar (Castoreum) mixed with vinegar and honey.
Blowing of fine powder of Nawshādar (Sal ammoniac) in the nostrils.³

Blowing of fine powder of ‘Ūd Salīb (Paeonia officinalis, Linn.) in the nostrils.³

Snuffing of following fine powder³:
Farfiyūn (Gum of Euphorbia resinifera, Berq.), Jundbedastar (Castoreum), Shahm-i Hanzal (Citrullus colocynthis, Linn.), Ustūkhudūs (Lavandula stoechas, Linn.).

Instillation of Āb-i Marzanjosh (Juice of Origanum majorana, Linn.) in the nostrils.³

During rest:
Tanqiya with Ayāraj-i Jālīnūs/ Ayāraj-i Loghāziya/ Ayāraj-i Fayqra⁵
Gargle with the mixture of Sirka ‘Unsulī, and Ayāraj-i Fayqra⁵

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Najāh⁵</td>
<td>18 gm.</td>
</tr>
<tr>
<td>Tiryyāq Arba’ae⁵</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Tiryyāq Samāniya⁵</td>
<td>4-13 gm.</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsulī⁵</td>
<td>18-36 ml.</td>
</tr>
<tr>
<td>Ma’jūn-i Zabīb⁶</td>
<td>12 gm.</td>
</tr>
<tr>
<td>Habb-i Sar’ Khās⁷</td>
<td>One pill twice a day</td>
</tr>
</tbody>
</table>

‘Ilāj bi’l-Tadbīr (Regimenal therapy):
Qay’ (Emesis) in case of gastric involvement⁶
Fasd (Bloodletting)³
Ishāl (Purgation)³
Huqna (Enema)³
Hammām (Bath)³
Hijāma (Cupping)³

Dietary recommendations:
Aghziya Mulayyina³
Dietary restrictions:
- Aghziya Mubakhkhira³
- Der Hazm Aghziya³
- Muwallid-i Balgham Aghziya³

Tahaffuz (Prevention/Precaution):
- Loud sounds, strong aroma, excessive wakefulness, anger and grief to be avoided.³

References
Introduction:

- It is the condition of loss of motor power of muscle which can affect any part of the body.  
- It is mainly caused by the drifting of Rutūbat Balghamī (Phlegmatic Humour) from brain on the nerve origin resulting in loss of sensory and motor functions of the affected part of the body on account of related Aʿsāb (Nerves) being afflicted with weakness. It can also occur due to the predominance of Burūdat (Cold) and Rutūbat (Wetness) on the affected organ.
- It is characterized mainly by loss of motor power of affected organs with some other symptoms varying with the causative factor.

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh-i Fuzlāt Balghamiyya (Evacuation of phlegmatic waste products)
- Taʿdīl-i Mizāj (To maintain temperamental equilibrium)
- Taqwiyat-i Aʿsāb (Strengthening of nerves)
- Taqlīl-i Ghizā (Diet moderation/restriction)

‘Ilāj bi’l-Dawāʾ (Pharmacotherapy):

- First step-Mā’ al-Usūl for Nuzj (Concoction) for seven days.
- Light diet comprising of Māʿ al-ʿAsl and whole grain bread during administration of Munzij (Concoctive).
- Second step-Oral/parenteral administration of Mushil-i Balgham (Purgative of phlegm).
Third step-Adhān Hārra (Oils of hot temperament) for Taqviyat-i A’sāb (Strengthening of nerves) as local application.²

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anqardiyā Kabīr⁴</td>
<td>4 gm.</td>
<td>with ‘Arq-i Bādiyān 144 ml. at empty stomach in the morning</td>
</tr>
<tr>
<td>Ayāraj-i Fayqra⁵</td>
<td>3-5 gm.</td>
<td></td>
</tr>
<tr>
<td>Ayāraj Loghāziya⁵</td>
<td>5-10 gm.</td>
<td></td>
</tr>
<tr>
<td>Habb-i Ayāraj⁴,⁵</td>
<td>3-9 gm.</td>
<td>with ‘Arq-i Gāozabān 144 ml. at night</td>
</tr>
<tr>
<td>Ma’jūn Lanā⁵</td>
<td>1-3 gm.</td>
<td>with ‘Arq-i Bādiyān</td>
</tr>
<tr>
<td>Ma’jūn Sir ‘Alū Khānī⁴,⁵</td>
<td>5-10 gm.</td>
<td></td>
</tr>
<tr>
<td>Ma’jūn Jograj Gugul⁴</td>
<td>3-5 gm.</td>
<td></td>
</tr>
<tr>
<td>Ma’jūn-i Azārāqī⁴</td>
<td>1-5 gm.</td>
<td>with ‘Arq-i Gāozabān</td>
</tr>
<tr>
<td>Habb-i Fālij⁵</td>
<td>125 to 250 mg.</td>
<td></td>
</tr>
<tr>
<td>Habb-i Fālij Mulayyin⁵</td>
<td>5 to 10 gm.</td>
<td></td>
</tr>
<tr>
<td>Habb-i Jund⁵</td>
<td>125-500 mg.</td>
<td></td>
</tr>
<tr>
<td>Roghan-i Qust⁴</td>
<td>Local application</td>
<td></td>
</tr>
<tr>
<td>Roghan-i Shifā⁴</td>
<td>Local application</td>
<td></td>
</tr>
</tbody>
</table>

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

- Huqna (Enema)¹
- Dalk (Massage) with rubefacient liniment¹
- Hijāma (Cupping)¹
- Natūl (Irrigation)¹

**Dietary recommendations:**

- Mā’ al-‘Asl¹
- Mā’ al-Sha’ir¹
- Aghziya Yābisa e.g. Khushkārī Rotī (whole grain bread)¹
- Meat of partridge, sparrow, pigeon³

**Dietary restrictions:**

- Aghziya Mughalliza⁶
- Aghziya Murattiba¹
**Tahaffuz (Prevention/Precaution):**

- Extreme cold to be avoided.¹
- Alcohol to be avoided.¹

**References**

Laqwa (Bell’s palsy)

Introduction:
- It is a disorder in which one side of the face droops leading to its unnatural appearance.¹
- It is caused either by Istirkhā’/Flaccidity (Laqwa Istirkhā’i) or Tashannuj/Spasm (Laqwa Tashannuji) of muscles of eyelids and face.²
- It is characterized by drooping of angle of mouth and weakness of its movement leading to involuntary expulsion of air and dropping of lower eyelid with lacrimation from the affected side. In addition, there will be partial impairment of senses (if caused by Istirkhā’/Flaccidity). However there will be stretching of the skin of forehead, decreased salivation, and inability of patient to close the eye of affected side in case of Laqwa Tashannuji.³

Usūl-i ‘Ilāj (Principles of treatment):
- Oral intake of only Mā’ al-’Asl for 4 to 7 days.²
- Tanqiya-i Balgham (Phlegm evacuation) in case of Laqwa Istirkhā’i.²
- Takmīd Murkhī (Fomentation to remove spasm).³

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Mā’ al-Usūl (For Nuzj) in case of Laqwa Istirkhā’i followed by evacuation of Balghmī Rutūbāt (Phlegmatic secretions) through Mushil-i Balgham Adwiya (Phlegm purgatives). Evacuation of remaining Balgham (Phlegm) with ‘Atūs (Sneezing agent), Sa’ūt (Snuff) and Gharghara (Gargle).²
- ‘Atūs (Induction of sneezing) with Kundush (Centipeda minima, Linn.)/Kharbaq Safed (Veratrum viride, Ait.).²
Gharghara (Gargle) with Nawshādar (Ammonium chloride) mixed with Āb-i Marzanjosh (Juice of Oliganum vulgare, Linn.).

Mazūgh (Mastication) with any of the following drugs, in case of Laqwa Istirkhā‘ī:
Jawzbuwā (Myristica fragrans, Houtt.)/Qaranfal (Myrtus caryophyllus, Linn.)/Zanjabīl (Zingiber officinale, Roscoe.).

Mazūgh (Mastication) with following drugs, in case of Laqwa Istirkhā‘ī:
‘Āqarqarhā (Anacyclus pyrethrum, DC.) along with Kundur (Boswellia serrata, Roxb.)

Sa‘ūt (Snuff) with Roghan-i Kalonji.

Fomentation with cotton cloth dipped in hot water (in case of Laqwa Tashannuji).

Hot fomentation with any membranous bag filled with suitable hot oil (in case of Laqwa Tashannuji).

Massage with oil of Khardal (Brassica nigra, Linn.)/castor oil.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anqardiyā Kabīr</td>
<td>4 gm. with ‘Arq-i Bādiyān 144 ml. at empty stomach in the morning</td>
</tr>
<tr>
<td>Ayāraj-i Fayqrā</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Ayāraj Loghāziya</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Habb-i Ayāraj</td>
<td>3-9 gm. with ‘Arq-i Gāozabān 144 ml. at empty stomach in the morning</td>
</tr>
<tr>
<td>Ma’jūn Lanā</td>
<td>1-3 gm. with ‘Arq-i Bādiyān</td>
</tr>
<tr>
<td>Ma’jūn-i Sir ‘Alvi Khān</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Jogrāj Gugul</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Azārāqi</td>
<td>1-5 gm. with ‘Arq-i Gāozabān</td>
</tr>
<tr>
<td>Habb-i Jund</td>
<td>125-500 mg.</td>
</tr>
<tr>
<td>Roghan-i Qust</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Shifā</td>
<td>Local application</td>
</tr>
</tbody>
</table>
‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- Tadhīn (Oil massage) with heated oils in case of Laqwa Tashannuji.³
- Facial exercise with mirror.²
- Exercise with blowing of air in partially air filled pillow.

Dietary recommendations:

- Aghziya Latīfa¹
- Mā’ al-‘Asl²
- Decoction of black gram²
- Meat of birds²

Dietary restrictions:

- Aghziya Munaffikha o Mubakhkhira²
- Muwallid-i Balgham Aghziya²

Tahaffuz (Prevention/Precaution):

- Bright light to be avoided.²
- Cold air and places to be avoided.²
- Drugs of high potency to be avoided during treatment.²

References

**Ri’sha (Tremor)**

**Introduction:**
- It is the trembling of one or more body parts such as hands, legs and head etc.\(^1\)
- It is caused by *Sū’-i Mizāj Bārid* (Cold morbid temperament) of nerves\(^2\), *Zu’f-i Quwwat Muharrika* (Weakness of motor faculty) and *Zu’f-i A’Sāb* (Weakness of nerves).\(^1\)
- It is characterized by involuntary movement of affected body part.\(^2\)

**Usūl-i ‘Ilāj (Principles of treatment):**
- *Istifrāgh* (Evacuation) if caused by *Imtilā’.\(^2\)
- *Taskhīn-i A’Sāb* (Calefaction of nerves) if caused by *Sū’-i Mizāj Bārid* (Cold morbid temperament) of nerves.\(^1\)
- *Tartīb-i A’Sāb* (Moistening of nerves) if caused by *Jufūf-i A’Sab* (Drying up of nerves).\(^1\)
- *Taqwiyat-i A’Sāb* (Strengthening of nerves)\(^3\)
- *In’āsh* (To energize the faculties)\(^3\)

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- *Mā’ al-Usūl* (For Nuzj) followed by *Habb Muntin* as purgative.\(^1\)
- Powder of *Ustūkhūdūs* (*Lavendula steochas*, Linn.), 3.5-7 gm. along with *Habb-i Ayāraj* especially for the tremor of head.\(^3\)
Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage/Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb Mun’ish</td>
<td>1 pill in morning with cow milk.</td>
</tr>
<tr>
<td>Khamīra-i Gāozabān Jadwār ʿŪd</td>
<td>3-7 gm. with ‘Arq-i Gāozabān 144 ml.</td>
</tr>
<tr>
<td>Salīb Wālā</td>
<td></td>
</tr>
<tr>
<td>Ma’jūn Talkh</td>
<td>1-3 gm. with ‘Arq-i Bādiyān 144 ml./water.</td>
</tr>
<tr>
<td>Ma’jūn-i Jogrāj Gogul</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Ma’jūn Lanā</td>
<td>1-3 gm. with ‘Arq-i Bādiyān 144 ml.</td>
</tr>
<tr>
<td>Roghan-i Qust</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan Mujarrab</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Hammām Hār (Hot bath) if caused by Sū’-i Mizāj Bārid (Cold morbid temperament) of nerves
- Takmīd Hār (Hot fomentation)
- Tamrīkh (Pasting) with Roghan-i Khardal on back
- Fasd (Bloodletting)
- Taskīn Nafsānī (Psychic rest)
- Tazahhā (Sun bath) if caused by Sū’-i Mizāj Bārid (Cold morbid temperament) of nerves.

Dietary recommendations:

- Aghziya Musakhkhina
- Black gram water
- Honey
- Bayza Nim Brisht (Half fried egg)
- Meat of lamb
- Meat of pigeon
- Fish

Standard Unani Treatment Guidelines for Common Diseases
Dietary restrictions:
- Aghziya Mubakhkhira¹

Tahaffuz (Prevention/Precaution):
- Too much of sex to be avoided.¹
- Cold water to be avoided.¹
- Alcohol to be avoided.¹

References

Khadar (Numbness)

Introduction:

- It is the partial or complete loss of sensation of a minor or major part of the body depending upon the severity of the causative factor.\(^1\)
- It is caused by *Sudda* (Obstruction in sensory flow), *Sū’i Mizāj Bārid* (Cold morbid temperament) and any pressure on nerves.\(^1\)
- It is characterized by sensation similar to that of the movement of ants over the part of the body, pricking of needle without pain and difficulty in the movement of the affected organ.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- *Taskhīn* (To provide warmth) through *Tadhīn* (Oil application), *Takmīd* (Fomentation), *Dalk* (Massage), etc.\(^2\)
- *Istifrāgh* (Evacuation)\(^2\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- *Roghān-i Khayrī* (Local application)\(^2\)
- *Roghān-i Yāsmīn* (Local application)\(^2\)
- *Roghān-i Bān* (Local application)\(^2\)
- *Mā’ al-Usūl* (few days) for *Nuzj*, followed by *Ishāl* through *Habb Muntin*.\(^2\)

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ma’ājin-i Khadar</em>(^3)</td>
<td>7 gm. with water</td>
</tr>
<tr>
<td><em>Ma’ājin-i Khadar Jadīd</em>(^3)</td>
<td>5 gm. with water in the morning</td>
</tr>
</tbody>
</table>
‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- Dalk (Massage)²
- Hammām (After evacuation)²

Dietary recommendations:

- Aghziya Musakhkhina²

Dietary restrictions:

- Mowallid-i Balgham Aghziya²

Tahaffuz (Prevention/Precaution):

- Ice and its preparations to be avoided.²
- Too much of sex to be avoided.²

References


Ramad (Conjunctivitis)

Introduction:
- It is the inflammation of *Tabaqa Multahima* (Conjunctiva), which may be acute or chronic. 1, 2
- It is caused by dust, smoke, exposure to sunlight, predominance of humours and vapours/gases. 3 It is common during summer season. 4
- It is characterized by swelling, pain, irritation and redness in the eye, epiphora, purulent discharge and heaviness in the head along with the symptoms of causative humour. 1, 2, 4

Usūl-i ‘Ilāj (Principles of treatment):
- *Tanqiya* (Evacuation) through *Ishāl* (Purgation) 2, 4
- *Tahlīl-i Waram* (Resolution of swelling) 2, 4
- *Tartīb-i Dimāgh* (Brain moistening) for Ramad Sawdāwī. 2, 4

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- *Joshānda-i Halayla* in case of Ramad Safrāwī. 3
- *Natūl* (Irrigation) of the following decoction on the head 5:
- Administration of following eye drop containing mucilaginous decanted liquid prepared from *Tukhm-i Hulba* (*Trigonella foenum-graecum*, Linn.) and *Tukhm-i Katān* (*Linum usitatissimum*, Linn.). 3
- Local application of paste of *Sandal* (*Santalum album*, Linn.), *Rasawt* (*Berberis aristata*, DC.), *Māmīsa* (*Thalictrum foliolosum*, DC.) and
Aqāqiya (Extract of pods of Acacia arabia, Willd.) ground, mixed with fresh coriander juice.³

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage/Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayāraj-i Fayqra³ for Ramad Balghamī</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Shiyyāf Abyaz⁶,⁷</td>
<td>Local application</td>
</tr>
<tr>
<td>Shiyyāf Dīnārjūn³ for Ramad Sawdāwī</td>
<td>Local application</td>
</tr>
<tr>
<td>Zarūr Abyaz⁶</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Takmīd (Fomentation)²,⁴
- Fasd (Bloodletting) in case of Ramad Damawī.³
- Hammām (Bath) for Ramad Sawdāwī.³
- Patient to be kept in dark room.⁶

**Dietary recommendations:**

- Mā’ al-Sha’īr for Ramad Sawdāwī.³
- Aghziya Latīfa⁵

**Dietary restrictions:**

- Sour diets³
- Sweet diets⁴
- Spices⁴

**Tahaffuz (Prevention/Precaution):**

- Avoid exposure to dust and smoke, hot temperature and hot air.⁴
- Avoid Istifrāgh (Evacuation) and Tahallul (Resolution).³
- Avoid scalp massage.⁴
References


**Sulāq/ Bāminī (Blepharitis)**

**Introduction:**
- It is a condition in which the eye lids get thickened.\(^1\)\(^2\)
- It is caused by the noxious effect of some irritating and corrosive matters i.e. *Rutūbāt Būraqiyya* (Alkaline secretions), *Rutūbat Akkāla Māliha* (Corrosive salty secretion).\(^2\)
- It is characterised by the thickening of eye lids especially at the point of canthus.\(^1\) There may be inflammation and itching at the canthus and the eye lids.\(^2\)

**Usūl-i ‘Ilāj (Principles of treatment):**
- *Istifrāgh* (Evacuation) with low potency drugs\(^2\)

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- *Mā’ al-Fawākhih*\(^2\)
- Oral administration of decoction of *Halayla* (*Terminalia chebula*, Retz.) and *Ghārīqūn* (*Agaricus alba*, Linn.).\(^2\)
- Infusion of *Sumāq* (*Rhus coriaria*, Linn.) and rose water to be used as eye drop.\(^2\)
- Paste containing following ingredients to be applied on eye lids:\(^2\):
- Paste containing following ingredients to be applied on eye lids:\(^2\):
  - *Shahm al-Rummān* (Fruit pulp of *Punica granatum*, Linn.), ‘*Adas Muqashshar* (Dehusked seed of *Lens culinaris*, Medic.), with any suitable medium.
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shiyāf Ahmar Layyin&lt;sup&gt;1, 2, 3&lt;/sup&gt;</td>
<td>Local application</td>
</tr>
<tr>
<td>Barūd-i Hasram&lt;sup&gt;1, 4&lt;/sup&gt;</td>
<td>Local application</td>
</tr>
<tr>
<td>Shiyāf Abyaz&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Local application after mixing with Āb-i Bādiyān.</td>
</tr>
<tr>
<td>Kuhl al-Jawāhir&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting) through cephalic vein and vein of forehead.<sup>2</sup>
- Hijāma (Cupping) on calf muscles and shoulders.<sup>2</sup>
- Fomentation with hot water on eyes.<sup>2</sup>
- Exposure to steam.<sup>2</sup>

Dietary recommendations:

- Mā’ al-Fawākih<sup>2</sup>
- Mīfakhtaj<sup>2</sup>

Dietary restrictions:

- Diets that produce Khilt Hādd (Hot humours) to be avoided.<sup>5</sup>

References

Sha‘īra (Stye/Hordeolum)

Introduction:
- It is the inflammation of eyelids appearing at the base of eyelashes and looks like a barley seed.\(^1\)
- It is caused by thick and burnt matter and sanguineous waste product.\(^1\)
- It is characterized by the presence of a bit hard swelling on the eyelids resembling a barley seed.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):
- *Istifrāgh* (Evacuation)\(^2\)
- *Tanqiya-i Dimāgh* (Cleansing of brain)\(^1\)
- *Taskhīn Maqāmī* (Local hot fomentation)\(^3\)
- *Taqwiyat-i Chashm* (Toning up of eyes)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- *Sakbīnaj* (*Ferula persica*, Willd.) dissolved in water to be applied locally.\(^2\)
- Hot fomentation with any of the following drugs\(^2\):
  - Melted fat/Barley flour Q.S. and *Qinnab* (*Cannabis sativa*, Linn.)/decoction of barley seed.
- *Tilā-i Aribāsiyūs* containing following drugs to be used locally\(^2\):
Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayāraj-i Fayqra²</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Itrīfal Zamāni³</td>
<td>7 gm. at bed time</td>
</tr>
<tr>
<td>Kuhal Kāfūrī⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham Dākhilyūn⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Shiyāf-i Māmīsa⁵</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting)³
- Takmīd Hār (Hot fomentation)²
- Fomentation with hot water³
- Gharghara (Gargle)³

Dietary recommendations:

- Taqlīl-i Ghizā (Dietary control)³

Dietary restrictions:

- Aghziya Mubakhkhira³
- Aghziya Saqīla³

References

‘Ashā/Shabkorī (Nyctalopia/Night Blindness)

Introduction:
- It is a disease in which a patient who otherwise can see well at day time, gradually loses his/her ability to see (With fading light) in the evening and becomes vision less at night.¹
- It is caused by Bukhārāt Ghalīza (Thick vapours/gases) which make the Rūh Bāsira (Visual pneuma) hazy and thick. During day time since these vapours/gases become subtle due to sunlight and consequent increase in temperature and also because of physical activity therefore the patient sees properly at day time.²
- It is characterized by decreased vision in the dim light and its complete loss in the night.¹

Usūl-i ‘Ilāj (Principles of Treatment):
- Istifrāgh (Evacuation)²
- Taltīf-i Bukhārāt (Dilution of vapours/gases)²
- Tahlīl-i Bukhārāt (Resolution of vapours/gases)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Ayāraj-i Fayqra³
- Juice of fresh leaves of Bādiyān (Foeniculum vulgare, Gaertn.) is used as eye drop.³
- Saʿūt (Snuff) with a formulation containing following drugs³: Tabāshīr (Bambusa bambus, Druce.) and Roghan-i Banafsha
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuhl-i ‘Ashā 4</td>
<td>Local</td>
</tr>
<tr>
<td>Kuhl Dāfi’-i Shabkori 4</td>
<td>Local</td>
</tr>
<tr>
<td>Kuhl-i Filfil 4</td>
<td>Local</td>
</tr>
<tr>
<td>Barūd-i Hasram 5</td>
<td>Local</td>
</tr>
</tbody>
</table>

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

- Inkibāb (Steam inhalation)²
- Gharghara (Gargle)²
- ‘Atūs (Induced sneezing)²

Dietary recommendations:

- Roasted liver of sheep ⁵
- Roasted liver of hare ⁵

Dietary restrictions:

- Diets which subject the transformation of Rūh Bāsira (Visual pneuma) into a hazy and thick substances.¹

Tahaffuz (Prevention/Precaution):

- Avoid factors that modify Rūh Bāsira (Visual pneuma).¹

References

**Qulā’ (Stomatitis)**

**Introduction:**

- It is a condition of diffused ulceration of oral mucosa, mostly occurring in children.\(^1\)
- It is caused by predominance of any of four humours, indigestion and uncongenial quality of mother’s milk. Some other contributing factors include childhood, rainy season and *Hummā Wabā’iyya* (Epidemic fever).\(^1\)
- It is characterized by bad breath and presence of pain, redness, heat and inflamed oral mucosa in case of *Qulā’ Damawī*, signs and symptoms of *Waram Rakhw* (Soft swelling) and thickened mucosa in case of *Qulā’ Balghamī*, blackish tongue, pain, crusting and burning sensation in case of *Qulā’ Sawdāwī*.\(^2\) The burning escalates however in *Qulā’ Safrāwī*.\(^1\)

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

- *Tanqiya-i Badan* (Evacuation of body)\(^1\)
- *Indimāl-i Qurūh* (Healing) after *Tanqiya-i Badan*.\(^1\)

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

- *Joshānda-i Halayla* in case of *Qulā’ Safrāwī*.\(^2\)
- *Joshānda-i Aftīmūn* for *Tanqiya* in *Qulā’ Sawdāwī* followed by local application of *Mukhkh al-’Izām* (Bone marrow) and mastication of *Barg-i Hinnā* (*Lawsonia inermis*, Linn.).\(^2\)
- *Mazmaza* (Rinse) with decoction of *Sumāq* (*Rhus coriaria*, Linn.) and vinegar in case of *Qulā’ Damawī*.\(^2\)
Mazmaza (Rinse) with decoction of vinegar, Māmīrān (Thalictarum foliolosum, DC.), Halayla (Terminalia chebula, Retz.) and ‘Āqarqarḥā (Anacyclus pyrethrum, DC.) in case of Qulā’ Balghamī.

Mazmaza (Rinse) with Nawshādar (Sal ammoniac), Shibb (Alum), Namak Khurdānī (Sodium chloride) mixed in vinegar in case of Qulā’ Damawī o Safrāwī.

Zarūr (Sprinkle) with powder of following drugs:
Shibb (Alum) and Māzū (Quercus infectoria, Oliv.)

Compound drugs:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Sibr for Tanqiya in case of Qulā’ Balghamī</td>
<td>3-7 gm.</td>
</tr>
<tr>
<td>Zarūr-i Kath</td>
<td>Local application</td>
</tr>
<tr>
<td>Zarūr-i Qulā</td>
<td>Local application</td>
</tr>
<tr>
<td>Qulā’ī</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

Fasd-i Qīfāl (Bloodletting through cephalic vein)
Fasd-i Chahār Rag (Bloodletting through superior and inferior labial veins)

Dietary recommendations:

Aghziya Bāridā in case of Qulā’ Damawī o Safrāwī
Pomegranate juice
Aghziya Sāliha (Diets that produce good humours) for lactating mother

Dietary restrictions:

Meat
Muwallid-i Sawdā Aghziya (Diets that produce black bile) for lactating mother

Tahaffuz (Prevention/Precaution):

Roghaniyāt (Oils) to be avoided except those having an astringent property.
References


Waja‘-i Asnān (Toothache)

Introduction:

- It is the pain in and around a tooth. The cause of pain may be lying within the tooth or surrounding anatomical structures such as gum and jaw etc.\(^1\)
- It is caused by Sū‘-i Mizāj Hār o Bārid o Yābis (Hot, cold and dry morbid temperament), Sū‘-i Mizāj Māddī (Organic morbid temperament), dental carries. Sū‘-i Mizāj Māddī may be either due to predominance of humours or their viciousness, thickness or sharpness.\(^2\)
- It is characterized by pain and other symptoms related to primary and secondary causes.\(^2\)

Usūl-i ‘Ilāj (Principles of treatment):

- Taskīn-i Dard (Analgesia)\(^1\)
- Tanqiya-i ‘Azw o Badan (Evacuation of related organs and the whole body) \(^1\)
- Tabrīd (Cooling) when caused by Sū‘-i Mizāj Hār\(^1\)

‘Ilāj bi‘l-Dawā’ (Pharmacotherapy):

- Mazmaza (Rinse) with decoction of the following drugs\(^2\):
  
  Pudīna (Mentha arvensis, Linn.), ‘Āqarqarhā (Anacyclus pyrethrum, DC.), Sa‘tar (Zataria multiflora, Boiss.) boiled in vinegar (When caused by Sū‘-i Mizāj Bārid)

- Mazmaza (Rinse) with decoction of the following drugs\(^2\):
  
  Kundush (Dregea volubilis, Benth.) 1 part, Asl al-Sūs (Glycyrrhiza glabra, Linn.) 1 part, Zar-i Ward (Stamens of Rosa damascena, Mill.) 2 parts (When caused by Sū‘-i Mizāj Bārid)
- **Mazmaza (Rinse)** with decoction of the following drugs to relieve the pain:
  - *Koknār* (Rind of *Papaver somniferum*, Linn.), *Filfil Siyāh* (*Piper nigrum*, Linn.)

- Holding the mixture of vinegar and rose water in mouth (When caused by *Sū’-i Mizāj Hār*).

- **Mazmaza (Rinse)** with lukewarm mixture of *Kāfūr* (*Cinnamomum camphora*, Nees.), vinegar and rose water (When caused by *Sū’-i Mizāj Hār*).

- **Tadkhīn (Fumigation)** of the tooth having dental carries with the following drugs:

### Compound drugs:

<table>
<thead>
<tr>
<th>Sanūn-i Muğhilān³</th>
<th>Local application on teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanūn Kalān³</td>
<td>Local application on teeth</td>
</tr>
<tr>
<td>Tiryāq-i Asnān⁴</td>
<td>Local application on teeth</td>
</tr>
<tr>
<td>Sanūn Khās⁵</td>
<td>Local application on teeth</td>
</tr>
</tbody>
</table>

- **‘Ilāj bi’l-Tadbīr (Regimenal therapy):**
  - **Fasd-i Qīfāl** (Bloodletting through cephalic vein)
  - **Ishāl** (Purgation)
  - **Mazmaza (Rinse)**
  - **Gharghara (Gargle)**
  - **Tadkhīn (Fumigation)**

### Dietary recommendations:

- **Aghziya Hārra** (If caused by *Sū’-i Mizāj Bārid*).
- **Aghziya Bārida** (If caused by *Sū’-i Mizāj Hār*).

### Dietary restrictions:

- Sweet diets
Tahaffuz (Prevention/Precaution):

- Use of Muhāfīz-i Dandān Adwiya (Tooth protecting drugs).

References

Waram-i Lissa (Gingivitis)

Introduction:

- It is a condition in which the waste products coming from head falls on the gums resulting in their inflammation.¹
- It is caused by Damawī (Sanguineous), Safrāwī (Bilious) or Balghamī (Phlegmatic) Mawād (Matter).² Sometimes, it may be caused due to the involvement of factors that arise from stomach.¹
- It is characterized by change in the appearance and the consistency of gums (feeling on touch). The variation reflects the involvement of one of three causative humours.¹ There will be throbbing pain in case of Damawī (Sanguineous) and severe pain, redness, burning sensation and relief with the use of cold things in case of Safrāwī (Bilious) while whitish appearance of gums and relative coldness on touch in case of Balghamī Mawād (Phlegmatic matter).²

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh-i Mādda (Evacuation of causative matter)²
- Tanqiya-i Badan (Evacuation of whole body)²
- Tahlīl-i Waram (Resolution of swelling)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Mazmaza (Rinse) with the decoction of rind of Papaver somniferum, Linn. as analgesic.²
- Joshānda-i Halayla for Istifrāgh in case of Waram Hār.²
- Mazmaza (Rinse) with the following decoction in case of Safrāwī Mawād (Bilious matter):
Ās (Myrtus communis, Linn.) and Usūl-i ‘Inab al-Sa’lab (Roots of Solanum nigrum, Linn.) in sufficient quantity of vinegar.

- **Mazmaza** (Rinse) with the mixture of olive oil and honey for softening in case of Balghamī Mawād (Phlegmatic Matter), followed by Mazmaza (Rinse) with the decoction containing resolvent drugs viz. Nākhūna (Trigonella uncata, Boiss.), Bābūna (Matricaria chamomilla, Linn.), Marzanjosh (Origanum vulgare, Linn.), Hulba (Seed of Trigonella foenum-graecum, Linn.) and Tukhm-i Katān (Linum usitatissimum, Linn.).

- **Mazmaza** (Rinse) with the mixture of Sumāq (Rhus coriaria, Linn.) with rose water in case of Waram Hār.

- Paste containing common salt and honey to be used locally on gums in children.

- Following Sanūn (Tooth powder) may be used:
  - Suhāga Biryān (Roasted borax), Māzū Sabz (Quercus infectoria, Oliv.) and Kabāb Chīnī (Piper cubeba, Linn.), each in equal proportion to be powdered and used.

### Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanūn-i Tambākū⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Sanūn Zard⁴</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- **Fasd-i Qīfal** (Bloodletting through cephalic vein) in case of Waram Hār.

- **Fasd-i Chahār Rag** (Bloodletting through superior and inferior labial veins) in case of Waram Hār.

- **Hijāma** (Cupping) with cup made of silver.

- **Kayy** (Cauterization)

- **Mazmaza** (Rinse)

### Dietary recommendations:

- Aghziya Latīfa

- Juice of pomegranate

- Use of pomegranate, apple and guava.
Dietary restrictions:

- Aghziya Ghalīza

Tahaffuz (Prevention/Precaution):

- Flow of secretions from head to the gums to be prevented.

References


Nawāsīr-i Lissa (Pyorrhoea)

Introduction:

- It is a condition in which suppurative ulcers develop in the gums.¹
- It is caused by putridity.¹
- It is characterized by presence of pain, swelling, pustules and ulcers on gum with bleeding and discharge of pus.²

Usūl-i ʻIlāj (Principles of Treatment):

- Tanqiya-i Badan (Evacuation of whole body)²
- Daf’-i Ta’affun (Removal of suppuration)¹
- Tajfīf-i Qarha (Healing of ulcer)²

ʻIlāj bi’l-Dawā’ (Pharmacotherapy):

- Joshānda-i Halayla²

Local application of Sanūn (Tooth powder) containing following drugs¹:

ʻĀqarqarhā (Anacyclus pyrethrum, DC.) 1 part, Bekh-i Sosan (Iris florentina, Linn.) 1 part, Sumāq (Rhus coriaria, Linn.) 2 parts, Māzū Ghayr Masqūb (Quercus infectoria, Oliv.) 2 parts, Gulnār (Punica granatum, Linn.) 2 parts, Shibb (Alum) 2 parts.

- Mazmaza (Rinse) with decoction of the following drugs¹:

Vinegar, Barg-i Zaytūn (Olea europea, Linn.).

- Local application of opium mixed with Khall al-Khamr.²
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanūn Khās³</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Asfīdāji²</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Murdārsang²</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Kayy (Cauterization)⁴
- Fasd-i Chahār Rag (Bloodletting through superior and inferior labial veins).¹
- Fasd-i Qīfāl (Bloodletting through cephalic vein)²
- Hijāma (Cupping) with the cups made of silver.²

Dietary recommendations:

- Juice of Pomegranate²
- Aghziya Mubarrida o Mulattifā²

Dietary restrictions:

- Aghziya Hāmiza (Sour diets)⁵
- Aghziya Kasīfa²

References

Waram-i Lawzatayn (Tonsillitis)

Introduction:
- It is the inflammation of glands lying on both sides of throat.¹
- It is caused when any of the four humours impregnate the glands.¹
- It is characterized by pain on swallowing¹, burning sensation in throat², fever¹ and the signs of inflammation on and around the glands along with specific features of the causative humour.¹

Usūl-i ‘Ilāj (Principles of treatment):
- Tahlīl-i Waram (Resolution of swelling)¹
- Istifrāgh (Evacuation)²
- ‘Ilāj bi’l-Yad (Surgery) when the borders of the affected glands are thickened.³

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Gharghara (Gargle) with lukewarm water.¹
- Gharghara (Gargle) with Rubb-i Tūt (Dry extract of Morus indica, Linn.) and Ghawra (Juice of unripe grape).¹
- Gharghara (Gargle) with decoction of the following drugs¹:
  Masūr (Lenses esculenta, Moench.) 5 parts, Gulnār (Punica granatum, Linn.) 5 parts, Shiyāf-i Māmīsa 1 part, Za’farān (Crocus sativus, Linn.) 1 part, Qust (Saussurea hypoleuca, Spreng) 1 part.
  The drugs are boiled, filtered and the liquid obtained is mixed with Rubb-i Tūt (Dry extract of Morus indica, Linn.) ½ part and honey.
- Gharghara (Gargle) with decoction of the following drugs mixed with Sharbat-i ‘Unnāb¹:
Local application of paste containing following drugs for the Waram afflicted with Safrā'¹:
Roghān-i Sosan, Mom Safed, Safūf-i Bābūna (Powder of Matricaria chamomilla, Linn.).

Gharghara (Gargle) with following drugs for the Waram afflicted with Balgham¹:
‘Āqarqarhā (Anacyclus pyrethrum, DC.), Mawīzaj (Vitis vinifera, Linn.), Rubb-i Angūr (Dry extract of fresh grapes).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Sharbat-i ‘Unnāb¹</th>
<th>24-48 ml. mixed with Mā’ al-Sha‘îr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Tūt Siyāh⁴</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Sapistān⁵</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

- **Fasd-i Qīfāl** (Bloodletting through cephalic vein) in case of Damawī and Safrāwī types.²
- **Fasd-i Bāslīq** (Bloodletting through basilic vein) in case of Sawdāwī type.²
- **Huqna** (Enema) in case of Balghmī type.²
- **Ishāl** (Purgation)³
- **Hijāma** (Cupping) on the area between the shoulders in case of Damawī type.¹
- **Gharghara** (Gargle)³

**Dietary recommendations:**

- **Mā’ al-Sha‘îr¹**

**Dietary restrictions:**

- **Aghziya Ghalīza¹**
- **Chilled foods and drinks.**
Tahaffuz (Prevention/Precaution):

- Muwallidāt-i Sawdā regimens to be avoided

References

 Nazla (Catarrh)

Introduction:

- It is the descent of the secretions that arise from frontal region of brain and fall on the upper part of throat.¹
- It is caused by Harārat (Heat) that affects through its power of dissolution (Nazla Hār) and Burūdat (Cold) affecting through its squeezing ability (Nazla Bārid).²
- It is characterized by flow of secretion of thin consistency and causing irritation (if caused by Harārat). There will be stuffy nose, thick secretion and change in the voice (if caused by Burūdat).²

Usūl-i ‘Ilāj (Principles of treatment):

- Taskhīn (To produce warmth) in case of Nazla Bārid.²
- Taghlīz-i Mādda (To make the matter thicker) in case of Nazla Hār.²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- In case of Nazla Bārid, when the Burūdat is severe, following Inkibāb (Steam inhalation) may be used²:
  Nākhūna (Pods of Trigonella uncata, Boiss.), Bābūna (Matricaria chamomilla, Linn.), Marzanjosh (Origanum majorana, Linn.), Soyā (Anethum sowa, Roxb.)
- Shamūm for Nazla Bārid²:
  Kalonji Biryān (Roasted seed of Nigella sativa, Linn.), Anīsūn (Pimpinella anisum, Linn.)
- In case of Nazla Hār, oral administration of decoction of Post-i Khashkhāsh (Rind of Papaver somniferum, Linn.) for Taghlīz-i Mādda.²
Compound drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiryāq-i Nazla³</td>
<td>13 gm.</td>
</tr>
<tr>
<td>Shrabat-i Khashkhāsh Sāda³ (Nazla Hār)</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh³ (Nazla Hār)</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Sharbat Faryādṛas³</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Nazla³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Qurs-i Nazla Band³</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>Qurs-i Khashkhāsh³ (Nazla Hār)</td>
<td>1-2</td>
</tr>
<tr>
<td>La’ūq-i Sapistān³</td>
<td>2 gm. 3-5 times</td>
</tr>
<tr>
<td>La’ūq-i Khashkhāsh³ (Nazla Hār)</td>
<td>6 gm. 3-4 times</td>
</tr>
<tr>
<td>La’ūq-i Bazr al-Banj³ (Nazla Hār)</td>
<td>3-5 gm.</td>
</tr>
</tbody>
</table>

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

- Takmīd Hār (Hot fomentation) in case of Nazla Bārid.²
- Inkibāb (Steam inhalation) in case of Nazla Bārid.²

Dietary recommendations:

- Aghziya mujaffifa in case of Nazla Hār.²
- Harīra made of Ārd-i Bāqla (Flour of Phaseolus vulgaris, Linn.) and honey.²
- Zardī-i Bayza-i Murgh²
- Fish²

Dietary restrictions:

- Aghziya Mubakhkhira²

Tahaffuz (Prevention/Precaution):

- Excessive wakefulness, too much of sex, cold things and alcoholism to be avoided.²

References

Zukām (Coryza)

Introduction:

- It is the flow of secretions originating from brain and falling on the nostrils. These secretions proceed further to run through nose constantly and undermine the sense of smell.¹
- It is caused by Ṣū’-i Mizāj Hār (Hot morbid temperament) of brain that builds up due to certain external factors such as exposure to sun and aroma e.g. Musk and Saffron. It is also caused by Ṣū’-i Mizāj Bārid (Cold morbid temperament) of brain arising out of various external factors.²
- It is characterized by irritation and itching of nose, redness of eyes and face and discharge of yellowish and thin secretion through nose (if caused by Ḥarārat). There will be discharge of thick secretion from nose, lethargy, and feeling of heaviness of head (if caused by Burūdat).¹

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh-i Badan (Evacuation of whole body) in case of Zukām Hār.²
- Taskhīn (To produce warmth) in case of Zukām Bārid.¹

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- In case of Zukām Hār, inhalation of any of the following oils²:
  Roghan-i Banafsha/Roghan-i Nilofar/ Roghan-i Kadū
- In case of Zukām Bārid, Takmid Hār with Jawār (Pennisetum typhoideum, Rich.) tied in cloth.²
- Oral administration of following infusion in case of Zukām Bārid²:
Lādan (Citrus ladanum)/ Shonīz (Nigella sativa, Linn.)/ Qust (Saussurea lappa, Clarke.) prepared in vinegar.

❖ Natūl (Irrigation) with any of the following drug’s decoction on head in Zukām Bārid^2:

Bābūna (Matricaria chamomilla, Linn.)/ Nākhūna (Pods of Trigonella uncata, Boiss.)/ Marzanjosh (Origanum majorana, Linn.).

❖ Inhalation of following formulation in Zukām Bārid^2:

Shonīz Muhammas (Roasted seed of Nigella sativa, Linn.), Anīsūn (seed of Pimpinella anisum, Linn.)

❖ Steam inhalation with the decoction of any of the following drugs in case of Zukām Bārid^2:

Banafsha (Viola odorata, Linn.)/ Bābūna (Matricaria chamomilla, Linn.)/ Khatmī (Althea officinalis, Linn.)/ Post-i Khashkhāsh (Rind of Papaver somniferum, Linn.)

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrabat-i Khashkhāsh Sāda³ (Zukām Hār)</td>
<td>24 ml. with water in morning.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh³ (Zukām Hār)</td>
<td>24 ml. with water in morning.</td>
</tr>
<tr>
<td>Qurs-i Nazla Band³</td>
<td>Lazūq on temporal region after mixing with egg white.</td>
</tr>
<tr>
<td>Qurs-i Khashkhāsh³ (Zukām Hār)</td>
<td>01 with Sharbat-i Khashkhāsh</td>
</tr>
<tr>
<td>La’ūq-i Sapistān³</td>
<td>2 gm. 3-5 times</td>
</tr>
<tr>
<td>La’ūq-i Khashkhāsh³ (Zukām Hār)</td>
<td>6 gm. 3-4 times</td>
</tr>
<tr>
<td>La’ūq-i Bazr al-Banj³ (Zukām Hār)</td>
<td>3-5 gm.</td>
</tr>
</tbody>
</table>

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

❖ Takmīd Hār (Hot fomentation) in case of Zukām Bārid.²

❖ Fasd (Bloodletting) in case of Zukām Hār.²

❖ Hammām (Bath) in case of Zukaām Hār and Bārid.²

**Dietary recommendations:**

❖ Aghziya Mujaffifa in case of Nazla Hār.²

❖ Harīra made of Ārd-i Bāqla (Flour of Phaseolus vulgaris, Linn.) and honey.²
- Zardī-i Bayza-i Murgh
- Fish

**Dietary restrictions:**
- Aghziya Mubakhkhira

**Tahaffuz (Prevention/Precaution):**
- Excessive wakefulness, too much of sex, cold things and alcoholism to be avoided.

**References**

Suʻāl (Cough)

Introduction:

- It is a reflex action of the body to remove the irritating substance from the respiratory air tract.\(^1\)
- It is caused by cold weather, air pollution, Sū’-i Mizāj Sāda o Māddī (Simple & substantial morbid temperament), pouring of causative matter on respiratory organs and their inflammation. It may also occur due to involvement of other body organs.\(^1\)
- It is characterized by coryza, nasal irritation, fever (Occasional) and specific features of causative factors e.g. Asbāb Hārra (Hot factors) and Asbāb Bārida (Cold factors). It may be accompanied with expectoration in case of productive cough which may not be found in its dry type.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Ta‘dīl-i Sū’-i Mizāj (Correction of morbid temperament) through Taltīf (Rarefaction), Taskhīn (Warming), Tartīb (Moistening), Tajfīf o Tanshīf (Drying) or Taghriya (Soothing) as required.\(^1\)
- Tanfīs (Expectoration)\(^1\)
- Taskīn-i Su’āl (Checking the cough)\(^2\)
- Treatment of causative factor\(^1\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of mucilaginous decanted liquid, prepared from Aspghol (Plantago ovata, Forsk.), Nashāsta (Starch), Behīdāna (Seed of Cydonia oblonga, Mill.), Samagh ‘Arabī (Gum of Acacia Arabica, Willd.) for Suʻāl Hār.\(^1\)
- Oral administration of pomegranate juice, mixed with sugar for Su‘āl Hār.¹
- Oral administration of pomegranate juice, mixed with honey for Su‘āl Bārid.¹
- Oral administration of mixture of Maghz-i Bādām (Prunus amygdalus, Batsch.) 1 part, sugar 1 part, Mawīz Munaqqa (Vitis vinifera, Linn.) ½ part for dry cough.²
- Oral administration of the decoction of Asl al-Sūs (Glycyrrhiza glabra, Linn.) 7 gm., Gāozabān (Borago officinalis, Linn.) 3.5 gm. and Parshiāoshān (Adiantum capillus-veneris, Linn. & Bedd.) 3.5 gm.²
- Oral administration of the decoction of Asl al-Sūs (Glycyrrhiza glabra, Linn.), Hulba (Trigonella foenum-graecum, Linn.), Zūfa (Hyssopus officinalis, Linn.), and Anjīr (Ficus carica, Linn.).³
- Oral administration of tablet, containing equal parts of Rubb al-Sūs (Dried extract of Glycyrrhiza glabra, Linn.), sugar, Filfil Siyāh (Piper nigrum, Linn.).³
- Oral administration of Harīra, containing Jaw Muqashshar (Dehusked seed of Hordeum vulgare, Linn.), Khashkhāsh (Seed of Papaver somniferum, Linn.), sugar and almond oil for dry cough.³

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Banafsha for Su‘āl Hār</td>
<td>24 ml. with water.</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh</td>
<td>24 ml.</td>
<td></td>
</tr>
<tr>
<td>Habb-i Surfā</td>
<td>To be kept in mouth.</td>
<td></td>
</tr>
<tr>
<td>Khamira-i Khashkhāsh</td>
<td>7-12 gm. in morning.</td>
<td></td>
</tr>
<tr>
<td>Sharbat I’jāz</td>
<td>24 ml.</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i ‘Unnāb</td>
<td>24-48 ml.</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i Zūfā Sāda</td>
<td>24 ml. in morning.</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i Zūfā Murakkab</td>
<td>24 ml. in morning.</td>
<td></td>
</tr>
<tr>
<td>Habb-i Adrak</td>
<td>1-2 to be kept in mouth.</td>
<td></td>
</tr>
<tr>
<td>La’ūq-i Behidāna</td>
<td>To be licked several times a day.</td>
<td></td>
</tr>
<tr>
<td>La’ūq-i Khashkhāsh</td>
<td>To be licked several times a day.</td>
<td></td>
</tr>
<tr>
<td>La’ūq-i Sapistān</td>
<td>6-12 gm. with ‘Arq-i Gāozabān 144 ml.</td>
<td></td>
</tr>
<tr>
<td>La’ūq-i Sapistān Khiyārshambari</td>
<td>12 gm. with ‘Arq-i Gāozabān 144 ml.</td>
<td></td>
</tr>
<tr>
<td>La’ūq Nazli</td>
<td>7-12 gm.</td>
<td></td>
</tr>
</tbody>
</table>
‘Ilāj bi’l-Tadbīr (Regimenal therapy):

- Inkibāb (Steam inhalation)\textsuperscript{2}
- Takmīd (Fomentation) on chest.\textsuperscript{2}
- Tadhīn (Oil massage) on chest \textsuperscript{2}

Dietary recommendations:

- Aghziya Murattiba for dry cough.\textsuperscript{1}
- Goat milk for dry cough.\textsuperscript{1}
- Mā’ al-Shaʿīr prepared with crabs.\textsuperscript{1}
- Mā’ al-‘Asl\textsuperscript{2}

Dietary restrictions:

- Aghziya Munaffikha\textsuperscript{2}
- Aghziya Qābiza\textsuperscript{2}

Tahaffuz (Prevention/Precaution):

- Excessive sleep to be avoided, when cough is associated with coryza.\textsuperscript{2}
- Regimens, producing cold, heat or roughness in the body to be avoided.\textsuperscript{2}
- Drugs and diets, producing roughness in trachea to be avoided.\textsuperscript{2}
- Smoking to be avoided.

References

Khafaqān (Palpitation)

Introduction:

- It is a condition in which the heart beat is within the notice of the patient with the feeling of aversion.¹
- It is caused by Mādda Khiltiyya (Humoural matter), Sū’-i Mīzāj Sāda (Simple morbid temperament), Inhilāl-i Fard (Dissolution) and extreme sensitivity. It can also occur due to gastric disturbance and following the haemorrhage.²
- It is characterized by prominence of vessels and lethargy (if caused by Mādda Khiltiyya). When the humour involved is Sawdā, there will be disturbance of cogitation and anxiety.³

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh (Evacuation)⁴
- Istifrāgh through emesis and purgation if Khafaqān has a gastric association.⁵
- Taqlīl-i Ghizā (Dietary control) but plenty of nutritive food, when the cause is haemorrhage.⁴
- Taltīf-i Ghizā (Moderation of food).²
- Taqwiyat-i Qalb (Toning up of heart).²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Marwārīd Mahlūl in case of Khafaqān due to Sawdā.⁵
- Purgation by using Ayārajāt in case of Khafaqān due to Sawdā such as Loghāziya, Fayqra.²
Gul Surkh (Rosa damascena, Mill.), Sandal (Santalum album, Linn.), Nilofar (Nymphaea lotus, Linn.) in equal quantity used as infusion with Sharbat-i Sandal and ‘Arq-i Gulāb.  

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwā’ al-Misk</td>
<td>(In case of Intilā’-i Sawdā)</td>
<td>7 gm. in morning with ‘Arq-i Gāozabān 72 ml.</td>
</tr>
<tr>
<td>Murabba-i Ámla</td>
<td>(In case of Intilā’-i Sawdā)</td>
<td>As directed by physician.</td>
</tr>
<tr>
<td>Murabba-i Halayla</td>
<td>(In case of Intilā’-i Sawdā)</td>
<td>As directed by physician.</td>
</tr>
<tr>
<td>Ma’jūn-i Aftīmūn</td>
<td>(In case of Intilā’-i Sawdā)</td>
<td>6-8 gm.</td>
</tr>
<tr>
<td>Khamīra-i Yāqūt</td>
<td>(In case of Intilā’-i Sawdā)</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td>Khamīra-i Marwārid</td>
<td>5-7 gm.</td>
<td></td>
</tr>
<tr>
<td>Khamīra-i Sandal</td>
<td>12-24 gm.</td>
<td></td>
</tr>
<tr>
<td>Khamīra-i Gāozabān ‘Ambarī</td>
<td>5-7 gm.</td>
<td></td>
</tr>
<tr>
<td>Khamīra-i Ābresham</td>
<td>7 gm.</td>
<td></td>
</tr>
<tr>
<td>Mufarrīh Bārid</td>
<td>(Khafaqān Hār)</td>
<td>9 gm.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāslīq (Bloodletting through left basilic vein) in Khafaqān Damawī.  
- Qay’ (Emesis) and Ishāl (Purgation) in case of Khafaqān due to gastric association.  

**Dietary recommendations:**

- Mā’ al-Rā’ib  
- Curd  
- Aghziya Mubarrida  

**Dietary restrictions:**

- Aghziya Mubakhkhira  

**Tahaffuz (Prevention/Precaution):**

- Indigestion to be avoided.  
- Alcoholism to be avoided.
References

1. Chaghmaynī, 1278 H., Qānūncha, Matba’ Hāshimi, Meerutt, p. 98.
Qillat-i Laban (Supressed Lactation)

Introduction:

- It is a condition of drop in milk production and its supply in lactating mothers.\(^1\)
- It is caused by anaemia, chronic diseases, Sū’-i Mizāj-i Pistān (Breast morbid temperament), Fasād-i Dam (Sanguine abnormality)\(^1\), malnutrition and psychological factors.\(^2\)
- It is characterized by low milk supply along with related symptoms of causative factor.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tawlīd-i Dam (Haemopoiesis)\(^1\)
- Tasmīn-i Badan (To gain weight)\(^2\)
- Taksīr-i Ghiza (Increase in food quantity)\(^2\)
- Ta’dīl-i Mizāj-i Pistān (Normalization of breast temperament)\(^2\)
- Tafrīh-i Taba’ (Exhilaration)\(^2\)

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Oral administration of powder of Tūdrī Surkh (Lepidium iperis, Linn.) 4 gm. with 250 ml. of cow milk.\(^2\)
- Oral administration of powder of Nishāsta (Starch) 24 gm., with 500 ml. of cow milk.\(^2\)
- Oral administration of cow milk, mixed with sugar.\(^2\)
- Oral administration of powder of Shonīz (Nigella sativa, Linn.) 2 gm., with Mā’ al-‘Asl.\(^2\)
Oral administration of powder of Zīra Safed (Cuminum cyminum, Linn.) 1 part, Saunf (Foeniculum vulgare, Mill.) 1 part, Satāwar (Asparagus racemosus, Mill.) 1 part in the dose of 7 gm., with milk and sugar.

Compound drugs:

<table>
<thead>
<tr>
<th>Halwa-i Bayza-i Murgh²</th>
<th>6-12 gm. twice a day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halwa-i Nakhūd²</td>
<td>As directed by the physician.</td>
</tr>
<tr>
<td>Halwa-i Sa’lab³</td>
<td>12-24 gm. with milk in morning.</td>
</tr>
</tbody>
</table>

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

- Hijāna (Cupping) below the breast.
- Natūl (Pouring) of lukewarm water on breast.

Dietary recommendations:

- Aghziya Musammina²
- Aghziya Ratba²
- Breasts of animals²
- Muwallid-i Shīr Aghziya (Lactogenic diets)²

Tahaffuz (Prevention/Precaution):

- Psychological factors affecting the milk production adversely are to be avoided.
- Tobacco consumption to be avoided.

References

**Fuwāq (Hiccup)**

**Introduction:**

- It is an abrupt contraction of esophagus and stomach that may repeat several times in one spell.\(^1\)
- It is caused by *Ashiyā’ Lazzā ‘a* (Acrid matters) that induce irritation at the cardiac end of the stomach and cause retention of viscid gases and large amount of secretions and food material in the stomach. *Sū’-i Mizāj Bārid* (Cold morbid temperament) of stomach may also cause hiccough while sometimes it arises because of certain factors of hepatic origin.\(^2\)
- It is characterized by heartburn (if caused by acrid matters), history of indigestion (if caused by viscid gases), epigastric heaviness, water brashes, indigestion (if caused by large amount of secretions), decreased thirst (if caused by *Sū’-i Mizāj Bārid*) and symptoms of *Waram-i Jigar ‘Azīm* (Massive hepatitis) in case of hepatic involvement.\(^2\)

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

- *Tanqiya-i Mi’da* (Cleansing of stomach)\(^3\)
- *Tahlīl-i Riyāh* (Resolution of flatus)\(^2\)
- *Taqlīl-i Ghizā* (Moderation of diet)\(^2\)
- *Taskhīn-i Mi’da* (Warming the stomach)\(^2\)
- ‘Ilāj-i Waram-i Jīgar (Treatment of hepatitis)\(^2\)
- *Islāḥ-i Ghizā* (Dietary modification)\(^4\)
‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Qay’ (Emesis) with Sikanjbīn and luke warm water.²
- Water mixed with salt orally for emesis.⁴
- Oral administration of mucilage of seed of Aspghol (Plantago ovata, Forsk.).³
- ‘Atūs (Snuff) with Kundush (Dregea volubilis, Benth.).³
- Sipping of Roghan-i Bādam Shīrīn (Almond oil).²

<table>
<thead>
<tr>
<th>Compound drugs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish Kamūnī²</td>
<td>10 -15 gm.</td>
</tr>
<tr>
<td>Jawārish-i Pudina²</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Jawārish-i Zanjabil²</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Jawārish-i Mastagī²</td>
<td>5-9 gm.</td>
</tr>
<tr>
<td>Ayāraj-i Fayqra³</td>
<td>3-5 gm.</td>
</tr>
</tbody>
</table>

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

- Qay’ (Emesis) followed by Ishāl (Purgation).³
- A’rāz Nafsāniyya (Emotional stimulation) like instigating anger, frightening, breaking good news.²

Dietary recommendations:

- Mā’ al-Sha’īr Mubarrad (Chilled Barley water).²
- Flour of roasted barley seed.²
- Sipping of butter.²
- Sipping of milk.²

Dietary restrictions:

- Bisyār Khorī (Plenty of food)⁴
- Aghziya Mubarrida⁴
References


Waham o Fasād-i Shahwat (Pica)

Introduction:

- *Waham* is the desire for foods of strange qualities such as acrid food while, in *Fasād-i Shawat* there is desire for unusual and non-nutritive things such as potsherd, charcoal, etc.¹
- It is caused by accumulation of *Akhlāt Radiyya* (Bad humours), ² usually *Khilt Balgham*³ in the stomach and uterus. Uterine *Waham/ Fasād-i Shawat* is common in pregnant women².
- It is characterized by a change in eating habit with the desire for unusual foods such as acrid food, charcoal, lime, potsherd, etc.²

Usūl-i ‘Ilāj (Principles of treatment):

- *Istifrāgh bi’l-Qay’* (Evacuation through emesis)⁴
- *Istifrāgh bi’l-Ishāl* (Evacuation through purgation)¹

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- *Mashāsh al-‘Izām* (Soft ends of bones)¹
- *Mā’ al-‘Asl*³
- Following *Naqū’* (Infusion) for oral administration³:
  
  *Tukhm-i Mūlī* (*Raphanus sativus*, Linn.), *Tukhm-i Shibit* (*Anethum sowa*, Kurz.) infused in *Sikanjabīn*.
- Oral administration of following *Safūf* in the dose of 4.5 gm. daily with lukewarm water for pregnant women³:
  
  *Ilā’īchī Khurd* (*Elettaria cardamomum*, Maton.), *Ilā’īchī Kalān* (*Amomum subulatum*, Roxb.), *Jāwitri* (*Myristica fragrans*, Houtt.) each in equal quantity is powdered and mixed with equal quantity of sugar.
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish-i Anārayn⁵</td>
<td>7-10 gm. after meal.</td>
</tr>
<tr>
<td>Jawārish Kamūnî⁶</td>
<td>7-10 gm. after meal.</td>
</tr>
</tbody>
</table>

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

- Qay’ (Emesis)⁴

Dietary recommendations:

- Aghziya Latīfa²

Dietary restrictions:

- Aghziya Muta‘affina²
- Aghziya Radiyya²
- Aghziya Saqīla²

Tahaffuz (Prevention/Precaution):

- Foods of poor quality to be avoided.²
- Emesis and purgation are contraindicated during pregnancy.³

References

Zu‘f-i Hazm (Delayed Digestion)

Introduction:

- It is a condition in which the process of digestion is delayed.¹
- It is caused by Sū’-i Mizāj-i Mi’da Hār o Bārid (Hot and cold morbid temperament of stomach), retention of humours within the stomach and Waram-i Mi’da (Gastritis).²
- It is characterized by abdominal heaviness and distention, gurgling, belching, nausea, hiccup, loss of appetite and water brashing.²

Usūl-i ‘Ilāj (Principles of treatment):

- Taqlīl-i Ghizā’ (Dietary control)²
- Islāh-i Mizāj-i Mi’da (Correction of gastric morbid temperament)²
- Taqwiyat-i Mi’da (Toning up of stomach)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of powder of Jā’ifal (Myristica fragrans, Houtt.) ½- 1 gm.²
- Oral administration of powder of Filfil Siyāh (Piper nigrum, Linn.) 1 gm.³
- Oral administration of powder of Gul Surkh (Rosa damascena, Mill.) 10 part, Tabāshīr (Bambusa bambus, Druce.) 3 part, Kishnīz Khushk (Coriandrum sativum, Linn.) 5 part in the dose of 7 gm.³
- Oral administration of powder of Pudîna (Mentha piperita, Linn.) with ‘Arq-i Ilā’icht.²
**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murabbā-i Zanjabi⁴</td>
<td>12-24 gm. with ‘Arq-i Bādiyān 144 ml.</td>
</tr>
<tr>
<td>Jawārish Kamūnī ²</td>
<td>7-12 gm. after meal.</td>
</tr>
<tr>
<td>Jawārish-i Mastag Breakfast</td>
<td>5-9 gm. with ‘Arq-i Bādiyān 144 ml.</td>
</tr>
<tr>
<td>Jawārish-i ‘Ul Shīrīn ²</td>
<td>5-7 gm. after meal.</td>
</tr>
<tr>
<td>Jawārish-i ‘Ul Tursh ²</td>
<td>5-7 gm. after meal.</td>
</tr>
<tr>
<td>Habb-i Pachlawna²</td>
<td>2 after meal with water.</td>
</tr>
<tr>
<td>Habb Turszh²</td>
<td>1-4 after meal.</td>
</tr>
<tr>
<td>Habb-i Hiltī²</td>
<td>1-4 one hour after meal with water.</td>
</tr>
<tr>
<td>Safūf Hāzim²</td>
<td>3-5 gm. after meal.</td>
</tr>
</tbody>
</table>

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

- Long sleep to be advised.³
- Qay’ (Emesis)³

**Dietary recommendations:**

- Aghziya Latīfa³

**Dietary restrictions:**

- Excessive food intake to be avoided.²
- Aghziya Radiyya²

**Tahaffuz (Prevention/Precaution):**

- Intake of food material against the daily routine to be avoided.²
- Alcoholism, excessive physical work, intake of hot food and intake of large quantity of water just after meal to be avoided.²

**References**

Nafakh-i Mi‘da (Flatulence)

Introduction:
- It is the excessive production and accumulation of Riyāh (Gases) in the stomach leading to abdominal distension.¹
- It is caused by Sū‘-i Mizāj Bārid (Cold morbid temperament) and Zu‘f-i Harārat Gharīziyya (Weakness of innate heat) of stomach. It is also caused by the use of flatulent and other foods which are difficult to be digested.²
- It is characterized mainly by flatulence, Qarāqir (rumbling), feeling of heaviness in the abdomen, gastralgia and belching.¹

Usūl-i ‘Ilāj (Principles of treatment):
- Taqlīl-i Ghizā (Dietary restriction)³
- Taskhīn-i Mi‘da (Warming the stomach)³
- Taqwiyat-i Mi‘da (Toning up of stomach)⁴

‘Ilaj bi’l-Dawā’ (Pharmacotherapy):
- Hiltīt (Asafoetida) diluted in vinegar and soaked in sponge may be kept over the abdomen.⁴
- Application of any hot oil on stomach.⁴
- Powder of Khulanjān (Alpinia galanga, Willd.), mixed with honey and Sakbīnaj (Ferula persica, Willd.) may be used orally.⁴
- Hot & Dry fomentation with following drugs³:
  Namak Khurdanī (Common salt), Zīra (Carum carvi, Linn.), Ajwā‘in (Trachyspermum ammi, Linn.) tied in a pouch after heating, may be kept on stomach.³
**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish Kamūnī³</td>
<td>4.5 gm. after meal along with lukewarm water</td>
</tr>
<tr>
<td>Jawārish Falāfil³</td>
<td>3 gm. after meal</td>
</tr>
<tr>
<td>Jawārish-i Anjadān³</td>
<td>10.5 gm. after meal</td>
</tr>
<tr>
<td>Jawārish-i Sa’tar³</td>
<td>3-4 gm. after meal</td>
</tr>
<tr>
<td>Jawārish-i Pudīna³</td>
<td>7-10 gm. after meal</td>
</tr>
<tr>
<td>Jawārish-i ’Ambar³</td>
<td>4.5 gm. after meal</td>
</tr>
</tbody>
</table>

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

- Hammām (Bath) and Riyāzat Kasira (Frequent exercise) before taking food.³
- Massage of hot oil on upper abdomen.⁴
- Hot & Dry fomentation.³

**Dietary recommendations:**

- Aghziya Latifa³

**Dietary restrictions:**

- Aghziya Mubakkhira³

**Tahaffuz (Prevention/Precaution):**

- Muwallid-i Riyāḥ Aghziya to be avoided.³

**References**


**Waram-i Mi’da (Gastritis)**

**Introduction:**
- It is the inflammation of stomach (its inner lining) which may be *Hār* (*Damawī/Safrāwī*), *Bārid* (*Balghamī [Rakhw]/Sawdāwī [Sulb]*) etc.¹
- It is caused by the accumulation of *Dam* (Sanguine), *Safrā* (Yellow bile), *Balgham* (Phlegm) or *Sawdā* (Black bile) in the stomach, leading to the inflammation of gastric mucosa.²
- It is characterized by *Hummā* (Fever), vomiting, excessive thirst, restlessness and decreased appetite in case of *Waram Hār* and by *Hummā Layyina* (Mild fever), excessive spittle, decreased appetite, distended stomach, whitish tongue and puffiness of face in case of *Waram Bārid* of soft consistency, caused by *Bhalgham*, while in case of *Waram Bārid* of hard consistency, caused by *Sawdā*, there will be hardness on palpation³ but no history of fever.¹

**Usūl-i ‘Ilāj (Principles of treatment):**
- *Taqlīl-i Ghizā* (Dietary restriction)⁴
- *Ishāl* (Purgation) through enema in case of *Waram Hār*.⁴
- *Rad’-i Mawād* (Repellence of causative matter) in case of *Waram Hār*.⁴
- *Tahlīl-i Waram* (Resolution of swelling) in case of *Waram Hār*.⁴
- *Istifrāgh* (Evacuation) by *Mushīl-i Sawdā* drugs in case of *Waram Sulb*.²

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- Oral administration of *Mā’ al-Sha’īr* in case of *Waram Hār*.⁴
- Oral administration of Māʿ al-Usūl in case of Waram Rakhw.²
- Māʿ al-Usūl 50 ml. mixed with Gulqand 24 gm. to be used orally in case of Waram Rakhw.²
- Māʿ al-Usūl mixed with Dawāʿ al-Kurkum to be used orally in case of Waram Rakhw.¹
- ‘Arq-i Bādiyān 2.25 ml., ‘Arq-i Karafs 2.25 ml. with Falūs-i Khayārshambar (Fruit pulp of Cassia fistula, Linn.) to be used orally in case of Waram Sulb.³
- Massage of castor oil over the abdomen in case of Waram Sulb.³

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiryāq Arba’a (Waram Rakhw)³</td>
<td>2-4.5 gm.</td>
<td></td>
</tr>
<tr>
<td>‘Arq-i Mako+’Arq-i Kāsnī (Waram Hār)¹</td>
<td>144 ml. + 144 ml.</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i Banafṣa (Waram Hār)⁵</td>
<td>24 ml. with water in morning</td>
<td></td>
</tr>
<tr>
<td>Sharbat-i Nīlofar (Waram Hār)⁵</td>
<td>24 ml. with water in morning</td>
<td></td>
</tr>
</tbody>
</table>

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

- Fasd-i Warīd-i Akhal (Bloodletting through Akhal) in case of Waram Hār.⁴
- Light exercise in case of Waram Bārid Rakhw.²
- Dalk (Massage) with oil and vinegar in case of Waram Bārid Rakhw.²

**Dietary recommendations:**

- Aghziya Latīfa⁴
- Nashpātī and Safarjal in case of Waram Hār.⁴
- Āb-i Anār Tursh in case of Waram Hār.³

**Dietary restrictions:**

- Chilled water to be avoided in case of Waram Rakhw.²

**Tahaffuz (Prevention/Precaution):**

- Foods of bad quality to be avoided.²
References


Hurqat-i Mi’da  
(Hyperacidity/Retrosternal Burning)

Introduction:
- It is a condition in which the patient feels burning sensation in epigastric region.\(^1\)
- It is caused by Ghizā’ Ghalīz Khām (Food that is partially cooked and hard to digest)\(^1\), pouring of irritants, sour black bile and bilious fluids on stomach.\(^2\)
- It is characterized by burning sensation in epigastric region and behind the sternum (either at full or empty stomach), nausea, vomiting\(^1\) and discomfort.\(^2\)

Usūl-i ‘Ilāj (Principles of treatment):
- Taskīn-i Laz’ (Neutralization of irritation)\(^3\)
- Rad’-i Mawād Fāsida (Repulsion of causative bad matter)\(^3\)
- Taqwiyat-i Mi’da (Toning up of stomach)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Oral administration of the decoction of Tukhm-i Mūlī (Raphanus sativus, Linn.), common salt and honey for emesis, followed by oral administration of Sharbat-i Anārayn 48 ml.\(^1\)
- Oral administration of powder of Gul-i Babūl (Acacia Arabica, Willd.) 1 part, Namak-i Tabarzad (Rock salt) 1 part, in the dose of 7 gm.\(^1\)
- Oral administration of mucilaginous decanted liquid prepared from Aspghol Musallam (Seed of Plantago ovata, Forsk.) 17.5 gm., mixed with sugar.\(^1\)
Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikanjabīn Bazūrī³</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Murabbā-i Āmla³</td>
<td>1 daily after washing with water.</td>
</tr>
<tr>
<td>Murabbā-i Halayla³</td>
<td>1-2 after washing with water at bed time.</td>
</tr>
<tr>
<td>Namak Sulaymānī³</td>
<td>3 gm. after meal.</td>
</tr>
<tr>
<td>Jawārish-i Mastāgī³</td>
<td>5-9 gm. with ‘Arq-i Bādiyān 144 ml.</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsulī³</td>
<td>12-24 ml.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Usaylim (Bloodletting through Usaylim vein) of left hand.³
- Qay’ (Emesis)³

Dietary recommendations:

- Mā’ al-Sha‘īr³
- Aghziya Nāshīfa³
- Aghziya Latīfa³
- Mā’ al-Jubn³

Dietary restrictions:

- Aghziya Ghalīza³
- Diets, that may produce black bile.¹

Tahaffuz (Prevention/Precaution):

- Regimens, that may increase the production of black bile should be avoided.³

References

**Hayza (Cholera)**

**Introduction:**
- It is an acute disease in which undigested and putrefied food stuff of the stomach and intestine is pushed out through vomiting and diarrhoea.\(^1\)
- It is caused by *Fasād-i Ghizā* (Decay of food) and *Fasād-i Hazm* (Dyspepsia).\(^1\)
- It is characterized initially by restlessness, excessive thirst, cold sweating, muscular cramps\(^2\) followed by severe vomiting and diarrhea.\(^1\)

**Usūl-i ‘Ilāj (Principles of treatment):**
- *Tanqiya-i Mi’da* (Evacuation of stomach)\(^3\)
- *Taqwiyat-i Harārat-i Gharīziyya* (strengthening of natural body heat)\(^3\)
- *In’āsh-i Quwā* (Restoration of body faculties)\(^3\)
- *Taskīn-i ‘Atsh* (Quenching of thirst)\(^3\)
- *Taqwiyat-i Qalb* (Strengthening of heart)\(^3\)
- *Taqlīl-i Ghizā* (Dietary control)\(^3\)
- *Habs-i Qay’* (Control of vomiting)\(^3\)
- *Habs-i Ishāl* (Control of diarrhoea)\(^3\)

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- Oral Administration of lukewarm water mixed with common salt to induce vomiting in early stage of the disease.\(^3\)
- Dropping of following formulation in throat\(^3\):

- Oral administration of one of the following mixture³:

- Oral administration of the following decoction³:
  Post-i Ilā’īchī Safed (Fruit peel of Elettaria cardamomum, Maton.) 12-24 gm. boiled in ‘Arq-i Gulāb.

- Oral administration of mixture of Papīta (Carica papaya, Linn.) with ‘Arq-i Keora.³

### Compound drugs:

| Jawārish-i Anārayn³ | 7 gm. |
| Jawārish Safarjalī Qābiz³ | 7-12 gm. |
| Sharbat-i Habb al-Ås³ | 12-24 ml. |
| Sharbat-i Ābresham³ | 12 ml. |
| Rubb-i Anār Tursh⁴ | 6-12 gm. |
| Dawā’ al-Misk³ for In’āsh-i Quwā | 5-10 gm. along with ‘Arq-i Bed-i Mushk. |
| Jawāhar Mohra⁴ | 30-60 mg. along with Dawā’ al-Misk Mu’tadil Jawāhar Wālí 5 gm. |
| Yāqût³ for In’āsh-i Quwā | 5-9 gm. |
| Sharbat-i Anār Tursh³ | 24 ml. with water. |
| Qurs-i Kāfūr³ | 3 gm. |
| Qurs-i ‘Ūd³ | 7 gm. |

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

- Hammām (Bath)³

### Dietary recommendations:

- Aghziya Latīfa³
- Āb Sard (Cold Water)³
Dietary restrictions:

- Aghziya Kasira (Heavy Diet)³
- Cotaminated diet³

Tahaffuz (Prevention/Precaution):

- Abrupt arrest of vomiting and diarrhoea should be Avoided.³

References

Waram-i Kabid Damawī
(Sanguineous Hepatitis)

Introduction:

- It is an acute inflammatory condition of liver.¹
- It is caused by predominance of Dam (Sanguine).²
- It is characterized by fever, thirst, heaviness and pain in right hypochondrium, loss of appetite, constipation and oliguria along other features of predominance of sanguine. Sometimes, there may be cough and hiccup.²

Usūl-i ‘Ilāj (Principles of treatment):

- Taqlīl-i Ghizā (Dietary control)²
- Istifrāgh (Evacuation) through Fasd (Bloodletting).³
- Tahlīl-i Waram (Resolution of inflammation) through Radʿi Mawād (Deterrence of causative matter), Ishāl (Purgation) in case of inflammation, being in lower part of liver and Idrār (Diuresis), when the inflammation is in its upper part.³
- Talyīn (Laxation)³

‘Ilāj biʾl-Dawā’ (Pharmacotherapy):

- Oral administration of pomegranate juice with Sikanjabīn 24-48 ml.³
- Oral administration of Luʿāb-i Behidāna (Mucilage of seed of Cydonia oblonga, Mill.).³
- Oral administration of Luʿāb-i Aspghol (Mucilage of seed of Plantago ovata, Frosk.).³
Oral administration of Maghz-i Falūs Khiyār Shanbar (Fruit pulp of Cassia fistula, Linn.) mixed with Shīra-i Tukhm-i Kāsinī (Cichorium intybus, Linn.).

Local application of a mixture of fresh juice of leaves of Mako (Solanum nigrum, Linn.), Roghan-i Gul and vinegar in the early stage of disease.

Local application of following Zimād (Paste):
Ård-i Jaw (Flour of seed of Hordeum vulgare, Linn.), Sandal (Santalum album, Linn.), Gulāb (Rosa damascena, Mill.), Āb-i Kāsinī (Fresh juice of Cichorium intybus, Linn.), vinegar.

### Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Arq-i Mako</td>
<td>144 ml.</td>
</tr>
<tr>
<td>'Arq-i Kāsinī</td>
<td>144 ml.</td>
</tr>
<tr>
<td>Qurs-i Zarishk</td>
<td>4 pills of 1 gm.</td>
</tr>
<tr>
<td>Sharbat-i Anārayn</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Sāda</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat Dīnār</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Nīlofar</td>
<td>24-48 ml.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāslīq (Bloodletting through basilic vein) of right hand.

### Dietary recommendations:

- Juices of fruits, especially that of pomegranate.
- Sattū (Flour of roasted seed of Hordeum vulgare, Linn.) mixed with sugar.
- Mā’ al-Sha’īr

### Dietary restrictions:

- Fawākihi Qābiza o Hābisa (Fruits having constrictive and retentive properties)

### Tahaffuz (Prevention/Precaution):

- Strong purgatives and diuretics to be avoided.

---

78  Standard Unani Treatment Guidelines for Common Diseases
References


Waram-i Kabid Safrāwī (Bilious Hepatitis)

Introduction:

- It is an acute inflammatory condition of liver.¹
- It is caused by predominance of Safrā’ (Yellow bile) accumulated either due to its excessive production or because of an obstruction in the liver.²
- It is characterized by high grade fever, excessive thirst, nausea, vomiting, pain in right hypochondrium, loss of appetite, cough/hiccup, yellowish stool¹ and eruptions on tongue² along with the features of predominance of yellow bile.¹ In this type, the signs and symptoms of heat and dryness shall be more intense as compared to Waram-i Kabid Damawī.²

Usūl-i ‘Ilāj (Principles of treatment):

- Ikhrāj-i Safrā’ (Evacuation of yellow bile)²
- Ta’dīl-i Safrā’ (Normalization of yellow bile)³
- Tahlīl-i Waram (Resolution of inflammation) by Ikhrāj-i Safrā’ (Evacuation of yellow bile) through Ishāl (Purgation) in case of inflammation being in lower part of liver and Idrār (Diuresis), when the inflammation is in its upper part.²
- Tabrīd-i Kabid (Cooling of liver’s temperament)²
- Talyīn (Laxation)²
- Taftīh-i Sudad-i Kabid (Removal of hepatic obstructions)¹
- Taqwiyat-i Jigar (Toning up of liver)³
ʻIlāj bi’l-Dawā’ (Pharmacotherapy):

- Joshānda-i Halayla³
- Joshānda-i Fawākhi³
- Oral administration of the decoction containing following ingredients²:
  Tukhm o Bekh-i Kāsinī (Cichorium intybus, Linn.), Mako (Solanum nigrum, Linn.), Tukhm-i Khīrā (Cucumis sativus, Linn.), Parshiāoshān (Adiantum capillus-veneris, Linn.), Asl al-Sūs (Glycyrrhiza glabra, Linn.).
- Oral administration of the decoction of Chahār Gul with Maghz-i Falūs Khiyār Shanbar (Fruit pulp of Cassia fistula, Linn.).³
- Local application of following Zimād (Paste)¹:
  Olive oil, Ārd-i Gandum (Wheat Flour), Water.
- Local application of following Zimād (Paste)²:
  Ārd-i Jaw (Flour of seed of Hordeum vulgare, Linn.), Sandal (Santalum album, Linn.), ‘Arq-i Gulāb (Rosa damascena, Mill.), Āb-i Kāsinī (Fresh juice of Cichorium intybus, Linn.), vinegar.
- Local application of paste of Sandal (Santalum album, Linn.), Gul-i Surkh (Rosa damascena, Mill.), ‘Arq-i Gulāb (Rosa damascena, Mill.) and Kāfūr (Cinnamomum camphora, Nees.).²

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikanjabīn Sāda²</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Bazūrī³</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat-i Niøfār²</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Ālūbkhuārā²</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i ‘Umniāb²</td>
<td>24-48 ml. with infusion of 10 gm. of Zarishk (Berberis vulgaris, DC.).</td>
</tr>
<tr>
<td>Sharbat Dinār²</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Qurs-i Zarishk³</td>
<td>4 pills of 1 gm. each</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr Kāfūrī³</td>
<td>3 pills of 1 gm. each</td>
</tr>
<tr>
<td>Sharbat-i Ward Mukarrar³</td>
<td>24-48 ml. in the morning with water</td>
</tr>
</tbody>
</table>

ʻIlāj bi’l-Tadbīr (Regimenal therapy):

- Fasd-i Bāslīq (Bloodletting through basilic vein)³
Dietary recommendations:

- Mā’ al-‘Asl
- Mā’ al-Sha’īr
- Goat milk
- Mā’ al-Fawākıh
- Grape juice
- Sour pomegranate juice

Dietary restrictions:

- Aghziya Musakhkhina

Tahaffuz (Prevention/Precaution):

- Heat enhancing regimens to be avoided.

References

Waram-i Kabid Balghamī
(Phlegmatic Hepatitis)

Introduction:
- It is a Waram Rakhw (Soft swelling) of liver.¹
- It is caused by predominance of Balgham (Phlegm) accumulated either due to excessive production or its deficient resolution.¹
- It is characterized by heaviness in right hypochondrium without pain and fever, softness on palpation along with the features of predominance of phlegm.¹

Usūl-i ‘Ilāj (Principles of treatment):
- Taqlīl-i Ghizā (Dietary control)²
- Tanqiya-i Balgham (Evacuation of phlegm) through Ishāl (Purgation) and Idrār (Diuresis).²
- Taqwiyat-i Mi’da o Jigar (Toning up of stomach and liver)²
- Taskhīn-i Jigar (Calefaction of liver)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Oral administration of decoction of Afsantīn (Artemisia absinthium, Linn.) with Castor oil.²
- Oral administration of decoction of Tukhm-i Karafs (Apium graveolens, Linn.), Anīsūn (Pimpinella anisum, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.), Nānkhwāh (Ptychotis ajowan, DC.) and Bekh-i Kāsinī (Cichorium intybus, Linn.).²
- Local application of the paste of Khardal (Brassica nigra, Linn.) with cow milk.²
Compound drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Afsantīn</td>
<td>4-7 pills of 1 gm. each, with Sikanjabīn Bazūrī</td>
</tr>
<tr>
<td>Qurs-i Rewand</td>
<td>7 pills of 1 gm. each, with Mā’ al-Uṣūl</td>
</tr>
<tr>
<td>Dawā’ al-Kurkum</td>
<td>9 gm. with ‘Arq-i Afsantīn</td>
</tr>
<tr>
<td>Qurs-i Zarishk Rewandī</td>
<td>3 pills of 1 gm. each</td>
</tr>
<tr>
<td>Gulqand ‘Aslī</td>
<td>48 gm.</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsuli</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Roghan-i Yāsmīn</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Riyāzat (Exercise)
- Hammām (Bath)
- Fasd-i Bāsliq (Bloodletting through basilic vein)

Dietary recommendations:

- Mā’ al-‘Asl

Dietary restrictions:

- Fruits
- Dry fruits
- Dairy products

Tahaffuz (Prevention/Precaution):

- Regimens that increase the production of phlegm should be avoided.

References

Waram-i Kabid Sawdāwī
(Melancholic Hepatitis)

Introduction:
- It is a Waram Sulb (Hard swelling) of liver\(^1\) having tendency of progression towards malignancy.\(^2\)
- It is caused by accumulation of thick humours in the liver, or consequent to its Waram Hār or Waram Bārid. Sometimes, it occurs after hepatic injury.\(^2\)
- It is characterized by heaviness in right hypochondrium exacerbated after food intake, cachexia, loss of appetite, nausea, hiccup, blackish discoloration of skin and hardness on palpation. It may be a prelude of ascitis and may be a predisposing factor of hepatic malignancy.\(^2\)

Usūl-i ‘Ilāj (Principles of treatment):
- Tanqiya-i Khilt Ghalīz (Evacuation of thick humour)\(^2\) through Ishāl (Purgation)\(^1\) and Idrār (Diuresis)\(^3\)
- Taqlīl-i Ghizā (Dietary control)\(^2\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Oral administration of decoction of Gāozabān (Borago officinalis, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.), Gul-i Ghāfis (Gentiana dahurica, Fisch.), Gulqand with Qurs-i Zarishk 4 gm.\(^4\)
- Oral administration of decoction of Aftīmūn (Cuscuta reflexa, Roxb.), Sanā (Cassia angustifolia, Vahl.), Bādranjboya (Nepeta ruderalis, Ham.), Asl al-Sūs (Glycyrrhiza glabra, Linn.), Gāozabān (Borago officinalis,
Linn.), Tukhm-i Kāsinī (Cichorium intybus, Linn.) with Ma’jūn-i Najāh 7-10 gm.4

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Lājward</td>
<td>10.5 gm. with Joshānda-i Aftīmūn</td>
</tr>
<tr>
<td>Safūf-i Lājward</td>
<td>4.5 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>Qurs-i Zarishk</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Safūf-i Lājward</td>
<td>4.5 gm.</td>
</tr>
<tr>
<td>Dawā’ al-Luk</td>
<td>3.5-4.5 gm.</td>
</tr>
<tr>
<td>Tiryāq Arba’a</td>
<td>1 gm. with lukewarm water</td>
</tr>
</tbody>
</table>

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

- Fasd-i Bāslīq (Bloodletting through basilic vein) of left hand4
- Fasd-i Usaylim (Bloodletting through Usaylim vein) of right hand4

**Dietary recommendations:**

- Mā’ al-Jubn4
- Half fried egg2
- Kashk al-Sha’īr2
- Camel milk3

**Dietary restrictions:**

- Meat2
- Cheese4
- Sea birds4
- All fruits except pomegranate and apple4

**Tahaffuz (Prevention/Precaution):**

- Regimens that may increase the production of black bile should be avoided.4
References:


Salābat-i Kabid (Sclerosis of Liver)

Introduction:

- It is a condition in which liver becomes hard because of the stiffness of (Liver) tissue.\(^1\)
- It is caused by the accumulation of Sawdāwī Talchat (Melancholic sediments) that is retained in the ducts and parenchyma of liver\(^1\) due to incomplete evacuation of the causative humour from Waram-i Jigar (Hepatitis).\(^2\) It may also be caused as a result of liver injury.\(^3\)
- It is characterized by heaviness in right hypochondrium without fever and thirst, cachexia, blackening of skin, decreased appetite, hardness of pulse, decreased quantity of urine and soft stool.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Akhlāt Ghalīza (Evacuation of thick humours)\(^3\)
- Talyīn-i Kabid (Softening of liver tissue)\(^4\)
- Idrār-i Bawl (Diuresis)\(^4\)
- Taftīh-i Sudad (Removal of obstruction)\(^4\)
- Taqwiyat-i Jigar (Toning up of liver)\(^4\)
- Strong purgatives to be avoided.\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Local application of following paste\(^4\):
  
  Sandalayn (Santalum album, Linn. & Pterocarpus santalinus, Linn.), Gul Surkh (Rosa damascena, Mill.), Banfsha (Viola odorata, Linn.) each 10 parts, Bābūna (Matricaria chamomilla, Linn.), Shhibit (Anethum sowa,
Roxb.), Nākhūna (Pods of Trigonella uncata, Boiss.) each 5 parts, Afsantīn (Artemisia absinthium, Linn.), Mastagī (Pistacia lentiscus, Linn.) each 3 parts.

- Local application of Ushaq (Dorema ammoniacum, D. Don.) mixed with vinegar.4
- Oral administration of Āb-i Barg-i Turb (Juice of leaves of Raphinus sativus, Linn.) along with Sikanjabin.4

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Zarishk3</td>
<td>5-8 gm.</td>
</tr>
<tr>
<td>Sharbat-i Dinār5</td>
<td>24-48 ml. in morning.</td>
</tr>
<tr>
<td>Zimad-i Qūtūr6</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting)4

**Dietary recommendations:**

- Kashk al-Sha’īr (Barley soup)3
- Sarī’ al-Hazm Aghziya (Easily digestible diets)3
- Zardī-i Bayza-i Murgh (Egg yolk)3

**Dietary restrictions:**

- Sweet dishes4
- Fishes4

**Tahaffuz (Prevention/Precaution):**

- Qābiz Ashiyā to be avoided.4
References


6. Anonymous, 2006, National Formulary of Unani Medicine, Part IV, NISCAIR (CSIR), New Delhi, p. 117.
Yarqān Asfar (Jaundice)

Introduction:
- It is yellow discoloration of body skin.¹
- It is caused either by excessive production or reduced excretion of bile, Waram-i Kabid (Hepatitis), Sudda-i Majārī-i Marāra (Biliary duct obstruction) and Ihāla al-Dam ila’l-Safrā’ (Haemolysis). It may also be drug induced.¹
- It is characterized by yellow discoloration of skin and eyes, yellowish urine and stool, except when it is caused by biliary duct obstruction (Whitish stool), pain in right hypochondrium, nausea, vomiting, loss of appetite, excessive thirst, bitterness of taste, gastric pain and flatulence after food intake, constipation and generalized itching.¹

Usūl-i ‘Ilāj (Principles of treatment):
- Istifrāgh-i Mādda (Evacuation of causative matter) through Ishāl (Purgation), Qay’ (Emesis) and Idrār (Diuresis).¹
- Islāh-i Mizāj-i Jigar (Correction of hepatic temperament)¹
- Tahlīl-i Waram-i Jigar (Resolution of hepatic inflammation)¹
- Taqwiyat-i Jigar (Toning up of liver)¹
- Taftīh-i Sudad (Removal of obstructions)¹

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Oral administration of the mixture of juice of leaves of radish 32 ml., Maghz-i Falūs Khiyār Shambar (Fruit pulp of Cassia fistula, Linn.) 24.5 ml., Tukhm-i Bathwa (Chenopodium album, Linn.) 3.5 gm. and Sibr (Aloe vera, Linn.) 500 mg.¹
• Oral administration of decoction of peel of radish prepared in donkey milk.\(^1\)
• Oral administration of decoction of Masūr (\textit{Lens esculenta}, Moench.), prepared in vinegar.\(^2\)
• Joshānda-i Halayla\(^3\)
• Oral administration of ‘Usāra-i Afsantīn (Extract of \textit{Artemisia absinthium}, Linn.).\(^1\)

\underline{Compound drugs:}

<table>
<thead>
<tr>
<th>Compound Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Zarishk(^4)</td>
<td>4 pills of 1 gm. each with \textit{Murawwaqayn}/\textit{Sikanjabin Bazūri}.</td>
</tr>
<tr>
<td>Qurs-i Kāfūr(^1)</td>
<td>7 pills of 1 gm. each.</td>
</tr>
<tr>
<td>Qurs-i Ghāfīs(^4)</td>
<td>7 pills of 1 gm. each with 144 ml. of ‘\textit{Arq-i Gāozaban}.</td>
</tr>
<tr>
<td>Sharbat-i Rewand(^4)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Afsantīn(^4)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Niłofar(^4)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat Dīnar(^4)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Laymūnī(^3)</td>
<td>12-24 ml.</td>
</tr>
<tr>
<td>‘Arq-i Kāsinī(^4)</td>
<td>60 ml.</td>
</tr>
</tbody>
</table>

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

• Complete physical and mental rest.\(^1\)
• \textit{Fasd-i Bāslīq} (Bloodletting through basilic vein)\(^1\)
• \textit{Fasd-i Usaylim} (Bloodletting through Usaylim vein)\(^1\)
• Hijāma (Cupping) below right shoulder.\(^1\)
• Hammām (Bath)\(^1\)

\underline{Dietary recommendations:}

• Mā’ al-Sha’īr\(^3\)
• Mā’ al-Jubn\(^1\)
• Cucumber\(^2\)
• Juice of vegetables of cold temperament.\(^1\)
• Juice of leaves of radish.\(^1\)
- Watermelon juice
- Pomegranate juice at empty stomach.

Dietary restrictions:
- Oily diets
- Aghziya Qābiza
- Aghziya Ghalīza

References

Qabz (Constipation)

Introduction:

- It is a condition of delayed defecation, where the quantity of stool reduces and becomes hard to pass.\(^1\)
- It is caused by intake of less quantity of food, constipative and flatulent diets, decreased repulsive force or increased retentive force of intestine, weakened intestinal sensation and muscles, excessive absorption of chyme by the liver, decreased flow of secretions towards intestine and \textit{Zuʾf-i Harārat-i Miʾda o Amʿāʾ} (Weakened heat of stomach and intestine).\(^1\)
- It is characterized by abdominal heaviness, flatulence, frequent passage of flatus, delayed and difficult defecation, reduction in the quantity of stool, while the complete bowel evacuation takes place after several visits to toilet.\(^1\)

\textit{Usūl-i ‘Ilāj} (Principles of treatment):

- \textit{Talyīn-i Tabaʿ} (Laxation of bowels)\(^2\)
- \textit{Rafʿ-i Qabz} (Removal of constipation)\(^2\)
- \textit{Taqwiyat-i Amʿāʾ} (Toning up of intestines)\(^2\)

\textit{‘Ilāj biʿl-Dawā} (Pharmacotherapy):

- Oral administration of husk of \textit{Aspghol} (\textit{Plantago ovata}, Forsk.) 6 gm.\(^2\)
- Oral administration of powder of \textit{Banafsha} (\textit{Viola odorata}, Linn.) mixed with equal quantity of sugar at bed time with lukewarm water.\(^2\)
● Oral administration of crushed *Anjīr* (*Ficus carica, Linn.*) 10 parts, *Maghz-i Qurtum* (Seed kernel of *Carthamus tinctorius, Linn.*) 1 part in the dose of 21 gm.²

● Local application of pessary made up of soap, especially in children.²

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roghan-i Bed-i Anjīr²</td>
<td>9 ml. with cow milk 500 ml.</td>
</tr>
<tr>
<td>Sharbat-i Dīnār²</td>
<td>48 ml. with 1 bowl of <em>Mā’ al-Jubn.</em></td>
</tr>
<tr>
<td>Sharbat-i Banafsha²</td>
<td>24 ml. with Roghan-i Bādām.</td>
</tr>
<tr>
<td>Sharbat Mulayyin²</td>
<td>60-120 ml.</td>
</tr>
<tr>
<td>Itrīfal Mulayyin³</td>
<td>5-10 gm. at bed time.</td>
</tr>
<tr>
<td>Habb-i Ghārīqūn²</td>
<td>3.5 gm. at bed time.</td>
</tr>
<tr>
<td>Habb-i Muqīl⁴</td>
<td>2-4 at bed time with lukewarm water.</td>
</tr>
<tr>
<td>Habb Mulayyin⁴</td>
<td>1-2 at bed time.</td>
</tr>
<tr>
<td>Sharbat-i Anjīr⁴</td>
<td>24-48 ml. with water.</td>
</tr>
<tr>
<td>Sharbat Mulayyin⁴</td>
<td>24-48 ml. with water.</td>
</tr>
<tr>
<td>Ma’jūn-i Anjīr²</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Qurs Mulayyin²</td>
<td>1-2 gm. at bed time.</td>
</tr>
</tbody>
</table>

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

● *Hammām* (Bath) at empty stomach.²

**Dietary recommendation:**

● *Mā’ al-Jubn²*

● *Fig²*

● *Almond²*

● *Mawīz Munaqqā²*

**Dietary restrictions:**

● *Aghziya Munaffikha⁵*

● *Aghziya Qābiza⁵*

● *Aghziya Ghalīza⁵*
Tahaffuz (Prevention/Precaution):

- Regimens causing constipation to be avoided.²

References


**Ishāl (Diarrhoea)**

**Introduction:**
- It is a disease, which drives away the matters from the entire body towards rectum.\(^1\)
- It is caused by food material (if quantity or quality is defective) and many diseases of intestine and other organs such as stomach, liver, brain, etc.\(^2\)
- It is characterized by repeated defecation with excretion of faecal matter, sometimes mixed with mucus, blood, pus, etc., indigestion, flatulence and gurgling. Beside these symptoms, specific features may also be noticed when it is associated with the organs other than the intestine.\(^2\)

**Usūl-i ʿIlāj (Principles of treatment):**
- Izāla-i Sabab (Removal of causative factor)\(^2\)
- Habs-i Ishāl (Checking of diarrhoea) through Mugharriyāt (Mucilaginous substances) and substances making the matter thicker.\(^2\)
- Imāla-i Mawād (Diversion of matter)\(^2\)
- Taqwiyat-i Miʿda o Amʿā (Toning up of stomach & intestine)\(^3\)
- Rehydration\(^4\)

**ʿIlāj biʾl-Dawāʿ (Pharmacotherapy):**
- Oral administration of the decoction of Jaw Biryān (Roasted seed of Hordeum vulgare, Linn.), Khatmi (Althaea officinalis, Linn.), Zar-i Ward (Stamen of Rosa damascena, Mill.), Post-i Khashkhāsh (Rind of Papaver somniferum, Linn.) with Sharbat-i Ās.\(^2\)
Oral administration of the powder of Jaw Biryan (Roasted seed of Hordeum vulgare, Linn.).

Oral administration of mucilaginous decanted liquid, prepared from Aspghol Musallam (Plantago ovata, Forsk.), Resha Khatmi (Rootlet of Althaea officinalis, Linn.) and Behidâna (Cydonia oblonga, Mill.) with Sharbat-i Banafsha.

Oral administration of powder of Tukhm-i Khurfa (Portulaca oleracea, Linn.), Khashkhâsh (Seed of Papaver somniferum, Linn.) and Kishniz Khushk (Coriandrum Sativum, Linn.).

Oral administration of Tukhm-i Rayhân (Ocimum sanctum, Linn.) and Tukhm-i Bârtang (Plantago major, Linn.).

Sipping of Āb Āhan Tāb (Water in which hot iron rod is immersed).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Anūshdārū Qābiz</th>
<th>5-13 gm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish-i Āmla</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Jawārish-i Zarishk</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Jawārish-i Zanjabîl</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Safūf Miqliyāsa</td>
<td>5 gm. in morning with water.</td>
</tr>
<tr>
<td>Safūf-i Tīn</td>
<td>7 gm. with water.</td>
</tr>
<tr>
<td>Sharbat-i Habb al-Ās</td>
<td>24 ml. with water.</td>
</tr>
<tr>
<td>Ma’jūn-i Sangdāna Murgh</td>
<td>7 gm.</td>
</tr>
</tbody>
</table>

ʻIlāj bi’l-Tadbîr (Regimenal therapy):

- Physical rest
- Hammām (Bath)
- Dalk (Massage)

**Dietary recommendations:**

- Mā’ al-Shaʻîr
- Butter milk
- Curd

**Dietary restrictions:**

- Fruits
- Large quantity of food.
- Foods of bad taste.
- *Aghziya Munaffikha*

**Tahaffuz (Prevention/Precaution):**
- Intake of food without desire to be avoided.

**References**

Zahīr (Dysentery)

Introduction:

- It is an inevitable and repeated urge for defecation, while only small quantity of mucus and blood passes at every sitting.¹
- It is caused by dry faecal matter (Zahīr Kāzib)², Rutūbat Māliha Lazza’a (Irritant salty fluid) of intestine, inflammation¹ and abrasion of large intestine (Zahīr Sādiq) and Balgham ‘Afin (Putrefied phlegm).³
- It is characterized by repeated urge for defecation along with heaviness in abdomen, pain, abdominal distention, tenesmus, occasional fever¹ and decreased appetite.³

Usūl-i ‘Ilāj (Principles of treatment):

- Taqlīl-i Ghizā’ (Dietary control)²
- Talyīn (Laxation) through Muzliqāt (Mucilaginous drugs) and Mugharriyāt (Mucilaginous drugs).²
- Taskīn-i Hiddat-i Khilt (Neutralization of irritating causative humour)³
- Tahlīl-i Waram (Resolution of inflammation)³

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Aspghol Musallam (Plantago ovata, Forsk.) with Roghan-i Banafsha.⁴
- Oral administration of Habb al-Rishād (Seed of Artemisia vulgaris, Linn.) 7 gm. with lukewarm water.⁴
- Oral administration of Aspghol Musallam (Plantago ovata, Forsk.).²
Oral administration of powder of *Tukhm-i Rayhān Biryān* (Roasted seed of *Ocimum sanctum*, Linn.) and *Samagh ‘Arabī Biryān* (Roasted gum of *Acacia Arabica*, Willd.) 3-6 gm. twice a day.

Oral administration of mucilaginous decanted liquid prepared from *Aspghol Musallam* (Seed of *Plantago ovata*, Forsk.), *Resha Khatmī* (Rootlet of *Althaea officinalis*, Linn.) and *Behīdāna* (Seed of *Cydonia oblonga*, Mill.).

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Safūf-i Tīn</em></td>
<td>7 gm. mixed with clarified butter and taken in morning with water</td>
</tr>
<tr>
<td><em>Safūf Miqliyāsa</em></td>
<td>5 gm. in morning with water.</td>
</tr>
<tr>
<td><em>Jawārish Shahryarān</em></td>
<td>7 gm. in morning with water.</td>
</tr>
<tr>
<td><em>Tiryāq-i Pechish</em></td>
<td>3 gm.</td>
</tr>
<tr>
<td><em>Habb-i Pechish</em></td>
<td>01 with water.</td>
</tr>
</tbody>
</table>

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

- Moderate *Takmīd Hār* (Hot fomentation)
- *Huqna* (Enema) with *Mā’ al-‘Asl* mixed with lukewarm water.
- *Ābzan* (Sitz bath)

Dietary recommendations:

- Laxative diets

Dietary restrictions:

- *Aghziya Ghalīza*

Tahaffuz (Prevention/Precaution):

- *Qābiz* (Constrictive) and *Hābis* (Retentive) drugs to be avoided in the initial stage.
References


Dīdān-i Amʿā (Intestinal Worms)

Introduction:

- It is a condition in which worms grow and lodge in different parts of the intestine. The worms may be of four types i.e. long (Hayyāt), short (Dūd al-Khall), broad (Habb al-Qara’) and round.¹
- It is caused by putrefaction of Rutūbat Balghamiyya (Phlegmatic secretion) in the intestine giving rise to Harārat Gharība (Abnormal heat), which provides suitable medium for the growth of worms.²
- It is characterized by abdominal pain, grinding of teeth, feeling of worm’s movement especially at empty stomach, nausea, excessive salivation (in case of Hayyāt). There will be history of worms in faeces resembling to seeds of pumpkin (in case of Habb al-Qara’), anal irritation (in case of Dūd al-Khall).²

Usūl-i ‘Ilāj (Principles of treatment):

- Qatl-i Dīdān (To kill the worms)²
- Ikhrāj-i Dīdān (To expel the worms)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of following formulation ³:
  Coarse powder of Bāobarang (Embelia ribes, Burm.) is taken and its rind is removed and mixed with sugar and clarified butter.
- Shonīz (Nigella sativa, Linn.) soaked in the juice of Hanzal (Citrullus colocynthis, Schard.) or decoction of its pulp is ground and pasted on abdomen especially around the umbilicus.³
Powder of *Post-i Bekh-i Tūt* (*Morus indica*, Linn.), *Shonīz* (*Nigella sativa*, Linn.), *Afsantīn* (*Artemisia absinthium*, Linn.) each in equal quantity along with *Akhrot* (Walnut) on day first, milk on day second and sugar on day third.  

*Roghan-i Barg-i Nīm/ Āb-i Barg-i Nīm* (*Azardiracta indica*, Linn) Q.S. may be instilled in the anal orifice.

*Roghan-i Mishmish Talkh* (Oil of *Prunus armeniaca*, Linn.) may be applied around the anus.

<table>
<thead>
<tr>
<th>Compound drugs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Itrīfal Qimbīli</em></td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Habb Qātil-i Dīdān</em></td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Ma’jīn-i Sarkhas</em></td>
<td>7 gm. in morning</td>
</tr>
<tr>
<td><em>Itrīfal Dīdān</em></td>
<td>9-15 gm. in morning for three days.</td>
</tr>
</tbody>
</table>

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

- *Huqna* (Enema)

Dietary recommendations:

- Ripe fruits

Dietary restrictions:

- *Aghziya Lazija o Rataba*
- *Aghziya Ghalīza*

Tahaffuz (Prevention/Precaution):

- Unripe fruits to be avoided.
References


Introduction:

- It is a condition in which *Ghalīz Sawdāwī Rīh* (Thick melancholic vapour) is produced within the intestines, reaching occasionally to the other parts of the body\(^1\), especially lower abdomen.\(^2\)
- It is caused by *Riyāh Ghalīz* (Thick vapours), produced by *Sawdā'* (Black bile).\(^3\)
- It is characterized by colicky pain\(^3\), gastric flatulence, gurgling and general weakness.\(^2\)

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

- *Tahlīl-i Riyāh* (Resolution of vapours)\(^2\)
- *Talyīn* (Laxation)\(^2\)
- *Tanqiya-i Sawdā’* (Evacuation of black bile) through purgatives.\(^2\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- *Joshānda-i Aftīmūn*\(^2\)
- Oral administration of powder of *Post-i Bekh-i Kibr* (*Capparis spinosa*, Linn.) 1 part and *Sa’tar Fārsī* (*Zataria multiflora*, Boiss.) \(\frac{1}{2}\) part.\(^1\)
- Oral administration of powder of *Hiltit Biryān* (Roasted asafoetida) 480 mg., *Bekh-i Kibr* (Root of *Capparis spinosa*, Linn.) 1 gm. mixed with *Gulqand*.\(^2\)
- Oral administration of powder of *Aftimūn* (*Cuscuta reflexa*, Roxb.) with *Mā’ al-Jubn*.\(^2\)
- Oral administration of *Muqil* (*Balsamodendron mukul*, Hook.) 1 gm., mixed with *Itrīfal Kishnīzī*, 12 gm. along with lukewarm water.\(^2\)
Oral administration of *Shīra* of *Khiyārayn* (*Cucumis sativus*, Linn.) with *Sharbat Dīnār.*

Oral administration of the decoction of *Hulba* (*Trigonella foenum-graecum*, Linn.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jawārish Kamūni²</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Jawārish-i Jālinūs²</td>
<td>7-12 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Dabīd al-Ward²</td>
<td>7 gm. in morning.</td>
</tr>
<tr>
<td>Habb-i Muqil²</td>
<td>2-4 numbers at bedtime with lukewarm water.</td>
</tr>
<tr>
<td>Itrifal Saghir²</td>
<td>12 gm. at bedtime.</td>
</tr>
<tr>
<td>Itrifal-i Muqil²</td>
<td>7-12 gm. at bedtime.</td>
</tr>
<tr>
<td>Sikanjabīn Aftīmūni²</td>
<td>24 ml.</td>
</tr>
</tbody>
</table>

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

- *Dalk* (Massage)¹
- *Hammām* (Bath)¹
- *Riyāzat* (Exercise)¹
- *Fasd-i Bāsīlīq* (Bloodletting through basilic vein)¹
- *Fasd-i Sāfin* (Bloodletting through saphenous vein)²
- *Hijāma* (Cupping) on anal region.²

**Dietary recommendations:**

- *Mā’ al-Jubn²*

**Dietary restrictions:**

- *Aghziya Muwallid-i Sawdā²*
- *Aghziya Munaffikha²*

**Tahaffuz (Prevention/Precaution):**

- Regimens producing black bile to be avoided.²
References


Bawāsīr ‘Amiya (Non-Bleeding Piles)

Introduction:
- It is a mass developed in vessels of anal canal.¹
- It is caused by Dam Ghalīz Sawdāwī (Thick melancholic sanguine).¹
- It is characterized by presence of yellowish green mass¹, pain and itching in the anus². The mass may be of different shapes such as wart, grape, and mulberry.¹

Usūl-i ‘Ilāj (Principles of treatment):
- Istifrāgh (Evacuation)³
- Taftīh-i Sudad (Removal of obstruction)³
- Talyīn (Laxation)³
- Taskīn-i Alam (Analgesia)³
- Tahlīl-i Waram (Resolution of swelling)³
- Ilāj bi’l-Yad (Surgery)³

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Joshānda-i Aftīmūn²
- Joshānda-i Halayla²
- Local application of bone marrow.²
- Local application of following formulation for analgesia²:
  Nākhūna (Pod of Trigonella uncata, Boiss.), Khatmī (Althaea officanalis, Linn.), Afyūn (Dried latex of Papaver somniferum, Linn.), Za’farān (Crocus sativus, Linn.)
Abzan (Sitz bath): Post-i Anār (Fruit rind of Punica granatum, Linn.), Māzū (Quercus infectoria, Oliv.), Zar-i Ward (Stamens of Rosa damascena, Mill.), Gulnār (Flower of Punica granatum Linn.)

Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Rasawt¹</td>
<td>Two pills (each 180 mg.) B.D.</td>
</tr>
<tr>
<td>Itrīfal Saghir²</td>
<td>12 gm. with water at night</td>
</tr>
<tr>
<td>Habb-i Muqil²</td>
<td>2-4 tablets at night with lukewarm water</td>
</tr>
<tr>
<td>Itrīfal-i Muqil Mulayyin²</td>
<td>7-12 gm. in morning and night.</td>
</tr>
<tr>
<td>Murabba-i Halayla²</td>
<td>1-2 pieces with water at night.</td>
</tr>
<tr>
<td>Roghan Zard²</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasad-i Sāfin (Bloodletting through saphenous vein)
- Abzan (Sitz bath)
- Rest

Dietary recommendations:

- Aghziya Latīfa Martūba

Dietary restrictions:

- Muwallid-i Sawdā Aghziya

Tahaffuz (Prevention/Precaution):

- Muwallid-i Sawdā Tadābir (Black bile procreative regimens) to be avoided.

References

Bawāsīr Dāmiya (Bleeding Piles)

Introduction:

- It is a condition in which one or more masses develop in and around the anus. Bleeding or pus discharge takes place regularly at intervals.
- It is caused by accumulation of Dam Sawdāwī (Melancholic sanguine) in the anal vessels resulting in their engorgement and subsequent ulceration.
- It is characterized by heaviness, pain and burning sensation in the anus and bleeding through it during defecation.

Usūl-i ‘Ilāj (Principles of treatment):

- Islāh-i Ghizā (Dietary regulation)
- Talyīn (Laxation)
- Tanqiya-i Dam Fāsid o Khilt Sawdāwī (Evacuation of impure sanguine & black bile)
- Taskīn-i Dard (Analgesia)
- Habs-i Dam (Haemostasis) in case of excessive bleeding.
- Indimāl (Healing)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Local application of a paste containing egg yolk, barley flour and Roghan-i Gul.
- Local application of a paste containing egg yolk and Roghan-i Gul.
- Local application of old olive oil.
Ābzān (Sitz bath) with the decoction of Khatmī (Althaea officinalis, Linn.), Khubbāzī (Malva sylvestris, Linn.) and Banafsha (Viola odorata, Linn.).

Ābzān (Sitz bath) with the decoction of Masūr (Lens esculenta, Moench.), Post-i Anār (Fruit rind of Punica granatum, Linn.), Māzū (Quercus infectoria, Oliv.) and Zar-i Ward (Stamen of Rosa damascena, Mill.).

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Kahruba³</td>
<td>3 pills of 01 gm. each with lukewarm water.</td>
</tr>
<tr>
<td>Habb-i Muqil⁶</td>
<td>2-4 pills at bed time with lukewarm water.</td>
</tr>
<tr>
<td>Habb-i Khubs al-Hadīd⁶</td>
<td>3 pills twice a day.</td>
</tr>
<tr>
<td>Habb-i Rasawt⁶</td>
<td>2-4 pills in morning with water.</td>
</tr>
<tr>
<td>Marham-i Murdār Sang⁴</td>
<td>Local application</td>
</tr>
<tr>
<td>Marham-i Asfdāj²</td>
<td>Local application</td>
</tr>
<tr>
<td>Itrīfal Saghīr ⁵</td>
<td>12 gm. at bed time</td>
</tr>
<tr>
<td>Itrīfal-i Muqil ⁶</td>
<td>7-12 gm. with ‘Arq-i Gāozabān 144 ml. twice a day.</td>
</tr>
<tr>
<td>Ma’jūn-i Muqil⁶</td>
<td>7 gm. in morning with water.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Sāfin (Bloodletting through saphenous vein)³
- Hijāma (Cupping) on hip³

Dietary recommendations:

- Āghziya Latīfa⁴
- Zūd Hazm Āghziya⁴

Dietary restrictions:

- Āghziya Ghalīza ⁴
- Āghziya Muwallid-i Sawdā (Black bile producing foods)⁴
- Spices⁴

Tahaffuz (Prevention/Precaution):

- Muwallid-i Sawdā Tadābīr (Black bile procreative regimens) to be avoided.²
References

Hasāt-i Kuliya (Renal Calculi)

Introduction:

- It is a condition in which stones are formed within the kidneys.\(^1\)
- It is caused by Khilt Ghalîz (Thick humour) that has got condensed by the effect of Harārat Nāriyya (Extreme heat).\(^2\)
- It is characterized by heaviness in lower back, excruciating pain (that radiates towards thigh) and excretion of crystals through urine.\(^3\)

Usūl-i ‘Ilāj (Principles of treatment):

- Idrār-i Bawl (Diuresis)\(^3\)
- Tanqiya-i Balgham (Evacuation of phlegm)\(^3\)
- Taftīt-i Hasāt (Lithotripsy)\(^3\)
- Talyīn (Laxation)\(^4\)
- Taskīn-i Dard (Analgesia)\(^5\)
- Taqlīl-i Ghizā (Decrease in food quantity)\(^3\)
- Tamrīkh (Rubbing the skin with oil)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of powder of Ajwā’in Khurāsānī (Hyoscyamus niger, Linn.) 250-500 mg. with sugar.\(^5\)
- Oral administration of decoction of Maghz-i Falūs Khiyār Shanbar (Fruit pulp of Cassia fistula, Linn.) 36 gm. mixed with old jaggery 36 gm.\(^5\)
- Oral administration of powder/infusion of Habb al-Qilt (Seed of Dolichos biflorus, Linn.) 6 gm. with sugar.\(^5\)
Oral administration of decoction of *Gul-i Dā’ūdī* (*Chrysanthemum coronarium*, Linn.) 42 gm.⁵

Oral administration of powder of *Jawakhār* (Potassium carbonate) with sugar.⁵

Oral administration of powder of *Jawakhār* (Potassium carbonate) 2 gm. and *Suhāga* (Borax) 2 gm. with *Shīra-i Khār Khasak* (*Tribulus terristris*, Linn.)⁵

Oral administration of *Shīra-i Barg-i Shahdī’i* (*Vernonia cinerea*, Less.) 12 gm. mixed with *Shora Qalamī* (Potassium nitrate) 2 gm.⁵

*Ābzan* (Sitz Bath) with lukewarm water.⁵

### Compound drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Hajr al-Yahūd⁵</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Barsha’sha⁵</td>
<td>500 mg.-2 gm.</td>
</tr>
<tr>
<td>Sharbat-i Ālū Bālū⁵</td>
<td>48-72 ml. at night.</td>
</tr>
<tr>
<td>Safūf-i Hajr al-Yahūd⁵</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Sang-i Sar-i Māhī⁵</td>
<td>7-9 gm.</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsulī³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Usūlī³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sikanjabīn Bazūrī³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Ma’jūn-i ‘Aqrab⁶</td>
<td>500 mg.</td>
</tr>
<tr>
<td>Kushta-i Hajr al-Yahūd</td>
<td>90 mg. mixed with 30 mg. of <em>Jawakhār</em> (Potassium carbonate) and water for 7 days.</td>
</tr>
<tr>
<td>Roghan-i Bābūna⁵</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Moderate exercise followed by *Hammām* (Bathing) before food intake.³
- *Ābzan* (Sitz Bath)³
- *Qay’* (Emesis)³
- *Fasd-i Bāšliq* (Bloodletting through basilic vein)³
- *Takmīd* (Fomentation)⁵

### Dietary recommendations:

- *Sarī ‘al-Hazm Aghziya*³
Excessive intake of cold water

Dietary restrictions:

- Difficult to digest diets, producing thick humour / Aghziya Ghalīza

Tahaffuz (Prevention/Precaution):

- Regimens that may produce thick humour should be avoided.

References

Hurqat-i Bawl  (Burning Micturation)

Introduction:

- It is the burning sensation during micturation.\(^1\)
- It is caused by increased acidity of urine, scarcity of Rutūbat-i Mazī (Prostatic secretion) and development of ulcers in urinary tract. It has been described to be with the history of excessive coitus.\(^2\)
- It is characterized by fever, chills and pain in lower abdomen. When it is due to the ulcers there will be discharge of pus during urination.\(^1,3\)

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh (Evacuation) with mild laxatives (when not associated with ulcers)\(^2\)
- Idrār (Diuresis)\(^2\)
- Qay’ (Emesis)\(^2\)
- Use of Mugharriyāt (Mucilaginous drugs) orally and locally (in the form of Zarūq)\(^2\)
- Aghziya Mubarrida o Murattiba\(^2\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of the following formulation\(^2\):
  \[\text{Lu’āb-i Behīdāna (Cydonia oblonga, Linn.), Lu’āb-i Aspghol (Plantago ovata, Linn.)}\] along with cold water.
- Pharmaceutical preparations of Khashkhāsh (Seeds of Papaver somniferum, Linn.).\(^2\)
Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banādiq al-Buzūr(^1)</td>
<td>5-7 numbers, along with juice of watermelon and Sharbat-i Khaskhāsh (12-24 ml.)</td>
</tr>
<tr>
<td>Sharbat-i Banafsha(^3)</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Sharbat Bazūrī Bārid(^3)</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Qurs-i Kāknaj(^4)</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Qurs-i Kāhrubā(^4)</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr(^4)</td>
<td>5 gm.</td>
</tr>
</tbody>
</table>

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

- Rest\(^1\)
- Muddirāt (Diuretics)\(^2\)
- Mushilāt Latīfa (Mild purgatives)\(^2\)

Dietary recommendations:

- Use of milk\(^1\)
- Kashk al-Sha’īr (Barley soup)\(^2\)
- Bayza Nīm Brīsht (Half fried egg)\(^2\)
- Aghziya Mubarrida o Murattiba\(^2\)

Dietary restrictions:

- Sweets and salty and acrid dishes\(^2\)

Tahaffuz (Prevention/Precaution):

- Fatigue to be avoided.\(^2\)
- Excessive coitus to be avoided.\(^2\)

References

Bawl fi'l-Firāsh (Nocturnal Enuresis)

Introduction:

- It is a condition in which a child involuntarily passes urine during sleep.¹
- It is caused by excessive fluid intake, use of diuretic fruits and vegetables, flaccidity of the muscles of bladder, Sū’-i Mizaj Bārid (Cold morbid temperament) of bladder, constipation, Hiddat-i Bawl (Urine, causing irritation), deep sleep, etc.²
- It is characterized by involuntary voiding of urine while asleep.¹

Usūl-i ‘Ilāj (Principles of treatment):

- Taqlīl-i Ghizā (Decrease in food quantity)³
- Taqwiyat-i Masāna (Toning up of bladder)²
- Ta’dīl-i Mizāj-i Masāna (Correction of bladder’s temperament)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of powder of Sa’d (Cyperus rotundus, Linn.), Kundur (Boswellia serrata, Roxb.), Khulanjan (Alpinia Khulanjan, M. Sheriff.), Habb al-Ās (Myrtus communis, Linn.), Juft Balūt (Quercus incana, Roxb.) and Gulnār (Punica granatum, Linn.).¹
- Oral administration of powder of Tukhm-i Rayhān (Ocimum sanctum, Linn.) and Māzū Khām (Unripe Quercus infectoria, Oliv.).¹
- Oral administration of powder of Sa’d (Cyperus rotundus, Linn.) 3.5 gm., Kundur (Boswellia serrata, Roxb.) 3.5 gm., Sugar 7 gm. in morning.¹
- Oral administration of fried testicles of goat.¹
Compound drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Falāsifa¹</td>
<td>As directed by the physician</td>
</tr>
<tr>
<td>Ma’jūn Māsik al-Bawl¹</td>
<td>As directed by the physician</td>
</tr>
<tr>
<td>Ma’jūn-i Kundur⁴</td>
<td>As directed by the physician</td>
</tr>
<tr>
<td>Ma’jūn-i Balūt⁵</td>
<td>As directed by the physician</td>
</tr>
<tr>
<td>Gulqand 'Aslī³</td>
<td>As directed by the physician</td>
</tr>
<tr>
<td>Roghan-i Bān¹</td>
<td>Local application on pubic region</td>
</tr>
</tbody>
</table>

‘Ilāj bi’l-Tadbīr (Regimenal therapy):
- Takmīd Hār (Hot fomentation)¹

Dietary recommendations:
- Aghziya Hārra⁶
- Spices⁶

Dietary restrictions:
- Aghziya Mubarrīda¹
- Aghziya Murattiba¹
- Cold drinks⁶
- Diuretic fruits and vegetables such as muskmelon, cucumber, etc.⁶

Tahaffuz (Prevention/Precaution):
- Intake of solids and liquids especially in the evening to be avoided.¹,⁷
- Instruction to patient to pass the urine before going to bed.¹
- Excessive intake of drinks to be avoided.⁷
References


Jarayān (Spermatorrhea)

Introduction:

- It is an involuntary discharge of seminal fluid without having any Shahwat (Desire) for sex.¹
- It is caused by inordinate production of seminal fluid of thin consistency, weakness of seminal vesicle or its spasm, excessive use of semen producing diets, avoiding sexual relationship and weakness of kidneys.³
- It is characterized by emission of seminal fluid even on mild sexual stimulation. Sometimes, semen appears before or after urination.³

Usūl-i ʿIlāj (Principles of treatment):

- Taqlīl-i Ghizā (Dietary control) when the cause is excessive production of seminal fluid.²
- Taqlīl-i Manī (To suppress the semen production) by using Muqallilāt-i Manī (Oligoseminics), when the cause is increased production of seminal fluid.²
- Taghlīz-i Manī (To make the semen thick), when the cause is thin consistency of seminal fluid.²
- Taqwiyat-i Gurda (Toning up of kidneys)²

ʿIlāj biʾl-Dawāʾ (Pharmacotherapy):

- Oral administration of Shīra-i Tālmakhāna (Astracantha longiforia, Nees.) 4 gm., Shīra-i Tukhm-i Kāhū (Lactuca sativa, Linn.) 4 gm., Shīra-i Maghz-i Tukhm-i Kadū (Cucurbita moschata, Duchesne.) 6 gm., Shīra-i Maghz-i Tukhm-i Hindū Dāna (Citrullus vulgaris, Linn.) 6 gm. along with Sharbat-i Banafsha 24 ml.³
Milk of banyan tree instilled in Batāsha and taken orally.³

Oral administration of Tukhm-i Bālangā (Lallemantia royleana, Benth.) 9 gm. along with cow milk.³

Oral administration of Tukhm-i Sarwālī (Tagetes erecta, Linn.) 3 gm. along with water.³

Oral administration of Tukhm-i Konch (Mucuna puriens, Bak.) 10.5 gm. along with cow milk.³

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn Jalālī³</td>
<td>7 gm. in morning with milk or water.</td>
</tr>
<tr>
<td>Kushta-i Qal’ī⁴</td>
<td>125-250 mg.</td>
</tr>
<tr>
<td>Safūf-i Bij Band⁵</td>
<td>1 2 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Sa’lab⁴</td>
<td>7-12 gm. in morning with milk.</td>
</tr>
<tr>
<td>Ma’jūn-i Ārd-i Khurmā⁴</td>
<td>12 gm. in morning with milk or water.</td>
</tr>
<tr>
<td>Ma’jūn-i Pethā Pāk⁴</td>
<td>12-24 gm. with milk.</td>
</tr>
<tr>
<td>Ma’jūn-i Reg Māhī⁵</td>
<td>Up to 3 gm. with milk.</td>
</tr>
</tbody>
</table>

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

- Moderate exercise¹
- Involvement in sexual relationship.²

**Dietary recommendations:**

- Aghziya Latīfa¹
- Aghziya Hāmiza¹

**Dietary restrictions:**

- Milk¹
- Aghziya Munaffikha³

**Tahaffuz (Prevention/Precaution):**

- Sexual stimulants to be avoided.³
- Constipation to be avoided.
References


Kasrat-i Ihtilām (Excessive Nocturnal Emission)

Introduction:

- It is a condition in which there is an abrupt discharge of semen during sleep more than twice a month with or without erotic dreams.

- It is caused by over production of seminal fluid or its thin consistency, weakness of seminal vesicle or its spasm, excessive use of semen producing diets, avoiding sexual act for a longer duration of time and weakness of kidneys.

- It is characterized by ejaculation of seminal fluid with or without sexual pleasure during sleep followed by lethargy and general weakness.

Usūl-i ‘Ilāj (Principles of treatment):

- Taqlīl-i Ghizā (Dietary control), when the cause is excessive production of seminal fluid.

- Taqlīl-i Manī (To suppress the semen production) by using Muqallilāt-i Manī (Oligoseminics), when the cause is excessive production of seminal fluid.

- Taghlīz-i Manī (To make the semen thick), when the cause is low consistency of seminal fluid.

- Taqwiyat-i Gurda (Toning up of kidneys)

‘Ilāj bi‘l-Dawā’ (Pharmacotherapy):

- Kishnīz Khushk (Coriandrum sativum, Linn.) 1 part, Sugar 1 part to be taken orally in the form of powder.
- **Tukhm-i Khurfa** (*Portulaca oleracea*, Linn.) in powdered form with **Sharbat-i Nilofar** to be taken orally.\(^4\)

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ma‘jun Jalālī</strong></td>
<td>7 gm. in morning with milk or water.</td>
</tr>
<tr>
<td><strong>Kushtâ-i Qal’î</strong></td>
<td>125-250 mg.</td>
</tr>
<tr>
<td><strong>Safūf-i Bīj Band</strong></td>
<td>12 gm.</td>
</tr>
<tr>
<td><strong>Ma‘jūn-i Sa‘lab</strong></td>
<td>7-12 gm. in morning with milk.</td>
</tr>
<tr>
<td><strong>Ma‘jūn -i Ārd-i Khurma</strong></td>
<td>12 gm. in morning with milk or water.</td>
</tr>
<tr>
<td><strong>Ma‘jūn -i Pethā Pāk</strong></td>
<td>12-24 gm. with milk.</td>
</tr>
<tr>
<td><strong>Ma‘jūn -i Reg Māhî</strong></td>
<td>Up to 3 gm. with milk.</td>
</tr>
</tbody>
</table>

**‘Ilāj bi‘l-Tadbîr** (Regimenal therapy):
- Moderate exercise\(^2\)
- Involvement in sexual relationship\(^3\)

**Dietary recommendations:**
- **Aghziya Latîfa**\(^1\)
- **Aghziya Hāmîza**\(^1\)

**Dietary restrictions:**
- Milk\(^2\)
- **Aghziya Munaffîka**\(^2\)

**Tahaffuz** (Prevention/Precaution):
- Sleeping in supine position to be avoided.\(^4\)
- Sexual stimulants to be avoided.\(^4\)
- Soft and silky bed roll to be avoided.\(^4\)
References


Sur‘at-i Inzāl (Premature Ejaculation)

Introduction:

- It is a condition in which ejaculation of semen takes place before reaching to the point of satisfaction. It occurs during foreplay or immediately after insertion of penis or rarely even on friction with clothes.¹
- It is caused by predominance of Burūdat (Cold) and Rutūbat (Wetness) leading to the weakening of Quwvat Māsika (Retentive power), Kasrat-i Manī (Excess of semen), predominance of Dam (Sanguine), Hurqat o Hiddat-i Manī (Increased motility and acuteness of semen), Zu’f-i A’zā Ra’īsa (Weakness of vital organs) and Ittisā’-i Majārī-i Qazīb (Dialatation of passages for semen).² Sometimes it is caused by Sū’-i Mizāj Hār (Hot morbid temperament) of kidneys and testicles and it may be congenital also.³
- It is characterized by ejaculation of semen during foreplay or shortly after the insertion of penis.⁴

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Balgham (Evacuation of phlegm) in case of causative factor being predominance of Burūdat (Cold) and Rutūbat (Wetness).⁵
- Taqlīl-i Ghizā (Dietary control)⁵
- Tabrīd (Cooling) in case of causative factor being Hurqat o Hiddat-i Manī⁵
- Taqwiyat-i ‘Azw (Toning up of related organ)⁵
‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Safūf (Powder) of Maghz-i Tamar Hindī (Seed kernel of Tamarindus indica, Linn.).
- Oral administration of Safūf (Powder) of Tukhm-i Sad Barg (Seed of Calendula officinalis, Linn.) mixed with equal quantity of sugar in the dose of 21 gm.

Compound drugs:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Jadwār</td>
<td>1-2 Habb in morning or at bed time with milk.</td>
</tr>
<tr>
<td>Ma’jūn Jalālī</td>
<td>7 gm. in morning with milk or water.</td>
</tr>
<tr>
<td>Ma’jūn -i Aspand</td>
<td>9 gm. in morning with milk.</td>
</tr>
<tr>
<td>Habb Mumsik</td>
<td>1-2 Habb three hours before coitus with milk.</td>
</tr>
<tr>
<td>Habb-i Nishāt</td>
<td>1 Habb before coitus with milk.</td>
</tr>
<tr>
<td>Ma’jūn Mumsik</td>
<td>250 mg. two hours before coitus with milk.</td>
</tr>
<tr>
<td>Safūf-i Maghz-i Kanwal Gatta</td>
<td>12 gm. with milk in morning.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh</td>
<td>24 ml. in morning with water.</td>
</tr>
<tr>
<td>Tilā Mumsik</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Ishāl (Purgation) in case predominance of Burūdat (Cold) and Rutūbat (Wetness) serve as causative factors.
- Qay’ (Emesis) in case of causative factor being predominance of Burūdat (Cold) and Rutūbat (Wetness).
- Fasd (Bloodletting) in case of causative factor being predominance of Dam (Sanguine).

Dietary recommendations:

- Aghziya Hāmiza
- Aghziya Bārida Rataba
- Pomegranate juice
- Tangerine juice
Dietary restrictions:
- Muwallid-i Khūn Aghziya (Haemopoetic diets)²
- Meat²

Tahaffuz (Prevention/Precaution):
- Alcohol to be avoided.²

References
Qillat-i Manī (Oligospermia)

Introduction:

- It is a type of Zu’f-i Bāh (Sexual debility) exhibited by scanty semen production. It represents features that are contrary to Sayalān-i Manī (Excessive production of semen).¹
- It is caused by Zu’f-i Badan (General debility), Qillat-i Ghizā (Malnourishment), Burūdat-i Ālāt-i Manī (Coldness of semen producing organs), Harārat-i Ālāt-i Manī (Increased temperature of semen producing organs), Rutūbat-i Ālāt-i Manī (Wetness of semen producing organs), Yubūsat-i Ālāt-i Manī (Dryness of semen producing organs)¹ and Kasrat-i Istifrāgh (Excessive evacuation).²
- It is characterized by low quantity of semen and suppressed libido along with specific features of causative factors.²

Usūl-i ‘Ilāj (Principles of treatment):

- Taghziya (To provide nutrition), when caused by Qillat-i Ghizā.¹
- Engagement in lively happy life.¹
- Taqwiyat-i Hazm (Improving digestion)¹
- Taskhīn (To produce warmth) through use of Ma’ājin Hārra (Formulations consisting ingredients of hot temperament) when caused by Burūdat-i Ālāt-i Manī.¹
- Tabrīd (To produce cold) through use of Mubarridāt (Coolants), when caused by Harārat-i Ālāt-i Manī.¹
- Use of Murattibāt (Drugs & regimens producing wetness), when caused by Yubūsat-i Ālāt-i Manī.¹
Use of *Musakhkhniāt o Mujaffīfāt* (Warmth & dryness producing agents), when caused by *Rutūbat-i Ālāt-i Manī*.¹

*Tawlīd-i Manī* (Semen procreation)¹

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

- Oral administration of *Maghz-i Chilghoza* (*Pinus gerardiana*, Wall. ex D. Don.) along with sugar.¹
- Oral administration of *Maghz-i Bādām Shīrīn* (*Prunus amygdalus*, Batsch.) along with sugar.¹

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Labūb Kabīr</em>¹</td>
<td>5 gm. in morning with milk or water.</td>
</tr>
<tr>
<td><em>Murabbā-i Zanjabil</em>¹</td>
<td>12-24 gm.</td>
</tr>
<tr>
<td><em>Murabbā-i Gazar</em>¹</td>
<td>24-48 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Khubs al-Hadīd</em>¹</td>
<td>3-7 gm. in morning with water.</td>
</tr>
<tr>
<td><em>Habb-i Jadwār</em>¹</td>
<td>1-2 <em>Habb</em> in morning or at bed time with milk.</td>
</tr>
<tr>
<td><em>Halwa-i Sa’lab</em>¹</td>
<td>12-24 gm. with milk.</td>
</tr>
<tr>
<td><em>Halwa-i Bayza-i Murgh</em>¹</td>
<td>6-12 gm. in morning &amp; evening.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Piyāz</em>¹</td>
<td>12 gm. in morning with cow milk.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Sa’lab</em>¹</td>
<td>7-12 gm. in morning with milk.</td>
</tr>
</tbody>
</table>

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

- *Hammām Murattib* (Wetness producing bath), when caused by *Yubūsat-i Ālāt-i Manī*³
- Fasting when caused by *Burūdat-i Ālāt-i Manī*.³
- Mild exercise when caused by *Burūdat-i Ālāt-i Manī*.³
- Enjoy lively happy life.¹

**Dietary recommendations:**

- *Bayza Nim Brisht* (Half fried egg)¹
- *Halwa Jāt*¹
- Milk, when caused by *Yubūsat-i Ālāt-i Manī*.³
Dietary restrictions:

- Aghziya Hārra, when caused by Burūdat-i Ālāt-i Manī.¹

Tahaffuz (Prevention/Precaution):

- Sexual relationship to be avoided.¹
- Smoking and tobacco consumption to be avoided.

References


Sayalān-i Rahim (Leucorrhoea)

Introduction:
- It is the condition of excessive vaginal discharge of varying colours\(^1\) often with foul smell.\(^2\)
- It is caused by weakness of Quwwat Ghāziya (Nutritive faculty) of uterus or accumulation of waste products of Balghamī (Phlegmatic), Safrāwī (Bilious), Sawdāwī (Melancholic) or Damawī (Sanguineous) type in the uterus.\(^1\)
- It is characterized by excessive discharge from the uterus, foul smelling in case of accumulation of waste products. The colour of discharge indicates the nature of predominant humour. Generalized symptoms include painful coitus, dysuria, lower abdominal pain, decreased appetite and change in complexion.\(^1\)

**Usūl-i ‘Ilāj (Principles of treatment):**
- First step- Istifrāgh (Evacuation) of the predominant humour from the body.\(^1\)
- Second step- Tanqiya (Evacuation) of waste products from uterus.\(^1\)
- Tajfīf (Desiccation) through use of Mujaffīfāt (Dessicant drugs).\(^2\)
- Inqibāz (Constriction) through use of Qābizāt (Astringent drugs).\(^2\)
- Taqwiyat-i Rahim (Toning up of uterus)\(^1\)

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- Douching of uterus with the decoction of any of the following drugs:\(^3\): 

Post-i Anār (Punica granatum, Linn.)/ Ās (Myrtus communis, Linn.) / Izkhar (Andropogan jwarancusa, Jones.)

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayāraj-i Fayqra</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Ma’jūn Muqawwī-i Rahim</td>
<td>5 gm.</td>
</tr>
<tr>
<td>Ma’jūn Suhāg Sonth</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Safūf-i Sayalān</td>
<td>3-6 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Supārī Pāk</td>
<td>12-24 gm. with milk in morning</td>
</tr>
</tbody>
</table>

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

- **Fasd** (Bloodletting)
- **Ishāl** (Purgation)
- **Dalk-i Sāqayn** (Massage of calves) with **Roghān-i Izkhar** mixed with Āqarqarhā (Anacyclus pyrethrum, DC.) and Filfil (Piper nigrum, Linn.)
- **Ābzan** (Sitz bath)

**Dietary recommendations:**

- **Aghziya Sāliha** (Nutritious diets producing good humours).

**Dietary restrictions:**

- Diets producing the causative humour.

**Tahaffuz (Prevention/Precaution):**

- Avoid coitus.
References


Ihtibās-i Tams (Amenorrhoea)

Introduction:

- It is the condition in which there is cessation of menstrual flow during reproductive life of a woman except before menarche, after menopause, during pregnancy and lactation.

- It is caused by Qillat-i Dam (Anaemia), Ghilzat-i Dam (Increased blood viscosity), uterine displacement, healed uterine ulcers resulting in vascular obstruction, obstruction at the openings of uterine vessels, imperforated hymen, obesity resulting in pressure on vessels, malnutrition, excess of Fasd (Bloodletting) and exercise.¹

- It is characterized by cessation of menses, along with specific features of causative factors.²

Usūl-i ‘Ilāj (Principles of treatment):

- Tawlīd-i Dam (Haemopoiesis) in case of Qillat-i Dam¹

- Tanqiya-i Akhlāt Ghalīza (Evacuation of viscous humours)¹

- Taltīf-i Khilt (Thinning of humour)¹

- Taftīh-i Afwāh-i Urūq (Deobstruction of vascular openings)¹

- Tahzil (Emaciation) in case of obesity.¹

- Surgical intervention in case of imperforated hymen.¹

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Ābzan (Sitz bath) with decoction of the following drugs³:

  Shibit (Anethum sowa, Kurz.), Marzanjosh (Oliganum vulgare, Linn.), Fodanj (Mentha piperita, Linn.), Sudāb (Ruta graveolens, Linn.), Bābūna (Matricaria chamomilla, Linn.), Iklīl al-Malik (Pod of Trigonella uncata, Linn.)
- Oral administration of decoction of Karafs (Apium graveolens, Linn.) and Mishkatramashi’ (Ziziphora tenuior, Linn.) along with honey.

- Oral administration of decoction of Fodanj (Mentha piperita, Linn.), along with Mā’ al-‘Asl.

- Oral administration of decoction of the following drugs along with honey:
  - Karafs (Apium graveolens, Linn.), Anīsūn (Pimpinella anisum, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.), Pudīna Kūhī (Mentha arvensis, Linn.), Pudīna Nahri (Mentha aquatica, Linn.).

- Oral administration of Hiltīt (Ferula assafoetida, Linn.) 3.5 gm., along with Mā’ al-‘Asl.

- Bakhūr (Fumigation) with Hanzal (Citrullus colocynthis, Schard.).

- Firzaja (Pessary) containing following ingredients:
  - Āb-i Sudāb (Juice of fresh Ruta graveolens, Linn.), Āb-i Pudīna (Juice of fresh Mentha piperita, Linn.).

### Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb Mudirr</td>
<td>1 Habb twice a day.</td>
</tr>
<tr>
<td>Safūf Mudirr-i Hayz</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Roghan-i Bābūna</td>
<td>To be used in the form of pessary.</td>
</tr>
<tr>
<td>Sharbat-i Fawlād (Anaemia)</td>
<td>20 ml. twice a day.</td>
</tr>
<tr>
<td>Safūf Muhazzil (Obesity)</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Sharbat-i Afsantīn</td>
<td>20 ml. twice a day.</td>
</tr>
</tbody>
</table>

### 'Ilāj bi’l-Tadbīr (Regimenal therapy):
- Fasd-i Sāfin (Bloodletting through saphenous vein)
- Hammām Murattīb (Moistness producing bath)
- Hijāma (Cupping) on calf.

### Dietary recommendations:
- Aghziya Muwallid-i Dam in case of Qillat-i Dam.

### Dietary restrictions:
- Taqlil-i Ghizā (Dietary control) in case of obesity.
References

Qillat-i Tams (Hypomenorrhoea)

Introduction:

- It is a condition of decreased blood flow during menstrual period and is considered a type of Ihtibās-i Hayz.¹
- It is caused by Qillat-i Dam (Anaemia), Ghilzat-i Dam (Increased blood viscosity), uterine displacement, healed uterine ulcers resulting in vascular obstruction, obstruction at the openings of uterine vessels, imperforated hymen, obesity resulting in pressure on vessels, malnutrition, excess of Fasd (Venesection) and exercise.²
- It is characterized by decreased quantity of menstrual blood along with specific features of causative factors.¹

Usūl-i ‘Ilāj (Principles of treatment):

- Tawlīd-i Dam (Haemopoiesis) in case of Qillat-i Dam.²
- Tanqiya-i Akhlāt Ghalīza (Evacuation of viscous humours)²
- Taltīf-i Khilt (Improving the liquidity of humour)²
- Taftīh-i Afwāh-i Urūq (Deobstruction of vascular openings)²
- Tahzīl (Inducing emaciation) in case of obesity.²
- Surgical intervention in case of imperforated hymen.²

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Åbzan (Sitz bath) with the decoction of following drugs³:
  Shibit (Anethum sowa, Kurz.), Marzanjosh (Oliganum vulgare, Linn.), Fodanj (Mentha piperita, Linn.), Sudāb (Ruta graveolens, Linn.), Bābūna (Matricaria chamomilla, Linn.), Iklīl al-Malik (Pod of Trigonella uncata, Linn.)
Oral administration of decoction of following drugs, along with honey:

Karafs (Apium graveolens, Linn.), Mishkatāmashī ‘ (Ziziphus tenuior, Linn.).

Oral administration of the decoction of Fodanj (Mentha piperita, Linn.), along with Mā’ al-ʿAsl.⁴

Oral administration of decoction of following drugs along with honey:

Karafs (Apium graveolens, Linn.), Anīsūn (Pimpinella anisum, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.), Pudīna Kūhī (Mentha arvensis, Linn.), Pudīna Nahrī (Mentha aquatica, Linn.)

Oral administration of Hiltīt (Ferula asafoetida, Linn.) 3.5 gm. along with Mā’ al-ʿAsl³

Bakhūr (Fumigation) with Hanzal (Citrullus colocynthis, Schard.).¹

Firzaja (Pessary) containing following ingredients¹:

Āb-i Sudāb (Juice of fresh Ruta graveolens, Linn.), Āb-i Pudīna (Juice of fresh Mentha piperita, Linn.)

### Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb Mudirr⁵</td>
<td>1 Habb twice a day.</td>
</tr>
<tr>
<td>Safūf Mudirr-i Hayz⁶</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Roghan-i Bābūna¹</td>
<td>To be used in the form of pessary.</td>
</tr>
<tr>
<td>Sharbat-i Fawlāḏ⁷</td>
<td>20 ml. twice a day.</td>
</tr>
<tr>
<td>Safūf Muhazzil⁷</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Sharbat-i Afsantin⁸</td>
<td>20 ml. twice a day.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Sāfin (Bloodletting through saphenous vein).⁴
- Hammām Murattib (Moistness producing bath).³
- Hijāma (Cupping) on calf.⁴

### Dietary recommendations:

- Aghziya Muwallid-i Dam in case of Qillat-i Dam.¹
Dietary restrictions:

- Taqil-i Ghizā (Dietary control) in case of obesity.¹

References

Introduction:

- It is a condition of painful menstruation.¹
- The causes are same as that of Qillat-i Tams and Ihtibās-i Tams.²
- It is characterized by painful menstruation along with specific features of causative factors.³

Usūl-i ‘Ilāj (Principles of treatment):

- Tawlīd-i Dam (Haemopoiesis) in case of Qillat-i Dam.²
- Tanqiya-i Akhlāt Ghalīza (Evacuation of viscous humours)²
- Taltīf-i Khilt (Dilution of humour)²
- Taftīh-i Afwāh-i Urūq (Deobstruction of vascular openings)²
- Tahzīl (Emaciation) in case of obesity.²
- Surgical intervention in case of imperforated hymen.²

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Ābzan (Sitz bath) with the decoction of following drugs⁴:
  Shibit (Anethum sowa, Kurz.), Marzanjosh (Oliganum vulgare, Linn.), Fodanj (Mentha piperita, Linn.), Sudāb (Ruta graveolens, Linn.), Bābūna (Matricaria chamomilla, Linn.), Iklīl al-Malik (Pod of Trigonella uncata, Linn.).
- Oral administration of the decoction of Karafs (Apium graveolens, Linn.) and Mishkatrāmashi ‘(Ziziphora tenuior, Linn.) along with honey.⁵
Oral administration of the decoction of *Fodanj* (*Mentha piperita*, Linn.) along with *Mā’ al-‘Asl.*  

Oral administration of the decoction of following drugs along with honey:


Oral administration of *Hiltit* (*Ferula assafoetida*, Linn.) 3.5 gm. along with *Mā’ al-‘Asl.*

*Bakhūr* (Fumigation) with *Hanzal* (*Citrullus colocynthis*, Sbard.)

*Firzaja* (Pessary) made up of following ingredients:

Āb-i Sudāb (Juice of fresh *Ruta graveolens*, Linn.), Āb-i Pudīna (Juice of fresh *Mentha piperita*, Linn.).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb Mudirr</em>⁶</td>
<td>1 <em>Habb</em> twice a day.</td>
</tr>
<tr>
<td><em>Safūf Mudirr-i Hayz</em>⁷</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Roghan-i Bābūna</em>³</td>
<td>To be used in the form of pessary.</td>
</tr>
<tr>
<td><em>Sharbat-i Fawlād</em>⁸ (Anaemia)</td>
<td>20 ml. twice a day.</td>
</tr>
<tr>
<td><em>Safūf Muhazzil</em>⁸ (Obesity)</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Sharbat-i Afsantīn</em>¹</td>
<td>20 ml. twice a day.</td>
</tr>
</tbody>
</table>

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

- *Fasd-i Sāfin* (Bloodletting through saphenous vein)
- *Hammām Murattīb* (Moistness producing bath)
- *Hijāma* (Cupping) on calf.

**Dietary recommendations:**

- *Aghziya Muwallid-i Dam* in case of *Qillat-i Dam.*

**Dietary restrictions:**

- *Taqlīl-i Ghizā* (Dietary control) in case of obesity.
References


Kasrat-i Tams (Menorrhagia)

Introduction:

- It is a menstrual disorder, in which there is an increase in the duration of menstrual period and the quantity of blood loss.¹
- It is caused by Sū’-i Mizāj (Morbid temperament), Qarha (Ulcer), Bawāsir (Polyp), Ākila (Erosion), Shiqāq (Rupture) of uterus and Imtilā’-i Dam (Predominance of sanguine) in the body along with its thin consistency.¹
- It is characterized by signs and symptoms, related to specific causative factors¹ and features such as pallor, general weakness, whitish discoloration of lips, palpitation, weakened digestion, loss of appetite, arising due to excessive blood loss.²

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāg (Evacuation) in case of Imtilā’-i Dam.³
- Imāla (Diversion of humour)³
- Tanqiya (Evacuation) in case of Hiddat-i Safrā (Acuteness of yellow bile) causing enhanced liquidity of sanguine.³
- Taghlīz-i Dam (To make sanguine thick)³
- Habs-i Dam (To check bleeding)³
- Tajfīf (Desiccation)³

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Oral administration of decoction of Halayla Zard (Terminalia chebula, Retz.) and Shāhtra (Fumaria parviflora, Lam.).³
Oral administration of Safūf of equal quantity of Sang-i Jarāhat (Soap stone) and Gerū (Red earth) in the dose of 6 gm. in morning with water.¹

Oral administration of Safūf of equal quantity of roasted Samagh ‘Arabī (Gum of Acacia Arabica, Willd.) and Gerū (Red earth) in the dose of 9 gm. in the morning with water.¹

Oral administration of Shīr Āhan Tāb (Milk treated with hot iron rod).¹

Local application of following paste on pelvic region³:
Sandal (Santalum album, Linn.), Aqāqiya (Acacia Arabica, Willd.), Gul Surkh (Rosa damascena, Mill.), Sumāq (Rhus coriara, Linn.), Post-i Anār (Fruit rind of Punica granatum, Linn.).

Use of pessary having the following ingredients⁴:
Māzū (Quercus infectoria, Oliv.), Kundur (Boswellia serrata, Roxb.), Aqāqiya (Acacia Arabica, Willd.), Juice of leaves of Ās (Myrtus communis, Linn.).

### Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qurs-i Kahrubā⁵</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td>Qurs-i Gulnār¹</td>
<td>5-7 gm.</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr Kāfūrī³</td>
<td>7 gm. with Sikanjabīn Sāda.</td>
</tr>
<tr>
<td>Qurs-i Khashkhāsh¹</td>
<td>1 tablet with Sharbat-i Khashkhāsh 20-40 ml.</td>
</tr>
<tr>
<td>Sharbat-i Anjabār¹</td>
<td>25-50 ml.</td>
</tr>
<tr>
<td>Sharbat-i Anār¹</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Kushta-i Marjān¹</td>
<td>30 mg.</td>
</tr>
<tr>
<td>Kushta-i Sadaf⁶</td>
<td>300-400 mg.</td>
</tr>
<tr>
<td>Mufarrih Yaquṭi³</td>
<td>5-10 gm.</td>
</tr>
<tr>
<td>Khamīra-i Sandal</td>
<td>12-24 gm.</td>
</tr>
</tbody>
</table>

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

- Hijāma (Cupping) below the breasts for Imāla.⁴
- Ishāl (Purging) for Imāla.¹
- Idrār (Diuresis) for Imāla.¹
- Ta‘riq (Diaphoresis) for Imāla.¹
Dietary recommendations:

- Muqawwi Aghziya¹
- Aghziya Qābiza Bārida⁴
- Bayza-i Nim Brisht (Half fried egg)²
- Meat²
- Aghziya Mujaffīfa¹

Dietary restrictions:

- Aghziya Ḥārra¹

References

Waram-i Rahim (Metritis)

Introduction:

- It is the inflammation of uterus, affecting its different parts.\(^1\)
- It is caused by predominance of any of the four humours (Mainly Dam), amenorrhoea, suppressed post partum haemorrhage, uterine injury, mishandling during labour, excessive coitus and perforation of hymen due to intercourse.\(^1\)
- It is characterized by foul smelling discharge, fever with chills, nausea, shooting pain in lower back and pubic region, dysuria, painful defecation and specific features of causative humour.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Taskīn-i Dard (Analgesia)\(^2\)
- Tanqiya-i Mawād (Evacuation of morbid material)\(^2\)
- Tahlīl-i Waram (Resolution of inflammation)\(^2\)
- Taqlīl-i Ghizā (Dietary control) in initial stage.\(^1\)

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Local application of the following paste, over pelvic region\(^2\):
  Roghan-i Gul, Khashkhāsh (Seed of Papaver somniferum, Linn.)
- Local use of following pessary\(^2\):
  Shiyāf Abyaz mixed with Afyūn (Dried latex of Papaver somniferum, Linn.).
- Local application of the following paste, over the pelvic region, prepared from the following ingredients\(^2\):
**Standard Unani Treatment Guidelines for Common Diseases**

- **Bābūna** (*Matricaria chamomilla*, Linn.), **Nākhūna** (Pod of *Trigonella uncata*, Boiss.), **Ārd-i Jaw** (Flour of *Hordeum vulgare*, Linn.), **Hulba** (*Trigonella foenum-graecum*, Linn.), **Alsī** (*Linum usitatissimum*, Linn.), **Anjīr** (*ficus carica*, Linn.).

- Local application of the following paste, over the pelvic region, prepared from the following ingredients:
  - **Bābūna** (*Matricaria chamomilla*, Linn.), **Nākhūna** (Pod of *Trigonella uncata*, Boiss.), **Alsī** (*Linum usitatissimum*, Linn.), **Zardī-i Bayza-i Murgh** (Egg yolk), **Za’farān** (*Crocus sativus*, Linn.).

- **Natūl** (Irrigation) with the decoction of following drugs, over the pelvic region:
  - **Bābūna** (*Matricaria chamomilla*, Linn.), **Khatmī** (*Althaea officinalis*, Linn.).

- **Ābzan** (Sitz bath) with the decoction of following drugs:
  - **Shibit** (*Anethum sowa*, Roxb.), **Karnab** (Cabbage), **Bābūna** (*Matricaria chamomilla*, Linn.), **Nākhūna** (Pod of *Trigonella uncata*, Boiss.), **Khatmī** (*Althaea officinalis*, Linn.), **Banafsha** (*Viola odorata* Linn.), **Marzanjosh** (*Oliganum vulgare*, Linn.).

- **Ābzan** (Sitz bath) with the decoction of **Pudīna Nahrī** (*Mentha aquatica*, Linn.).

- **Takmīd Hār** (Hot fomentation) with **Nākhūna** (Pod of *Trigonella uncata*, Boiss.), **Bābūna** (*Matricaria chamomilla*, Linn.) and **Banafsha** (*Viola odorata* Linn.).

- Oral administration of decoction of **Amaltās** (*Cassia fistula*, Linn.).

- Oral administration of the mixture of following drugs:
  - ‘Arq-i Mako, ‘Arq-i Kāsnī mixed with Maghz-i Falūs Khyārshambar (Pulp of pod of *Cassia fistula*, Linn.) and Roghan-i Bādām

- **Joshānda-i Aftīmūn**, when the cause is Sawdā (Black bile).

- **Joshānda-i Fawākih**, in case of **Waram Hār** (Acute inflammation).

**Compound drugs:**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ma’jūn-i Dabīd al-Ward</strong>⁵</td>
<td>7 gm. in morning.</td>
</tr>
<tr>
<td><strong>Marham Dākhilyūn</strong>²⁴</td>
<td>Q.S. over the pelvic region.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Marham-i Bāsliqūn²</td>
<td>Q.S. over the pelvic region.</td>
</tr>
<tr>
<td>Marham-i Rusul²</td>
<td>Q.S. over the pelvic region.</td>
</tr>
<tr>
<td>Marham-i Ushaq¹</td>
<td>Q.S. over the pelvic region with juice of leaf of Khatmī (Althaea officinalis, Linn.).</td>
</tr>
<tr>
<td>Safūf-i Lājward¹</td>
<td>5-10 gm. in case of Waram Sulb.</td>
</tr>
<tr>
<td>Ma’jūn-i Najāh¹</td>
<td>5-10 gm. in case of Waram Sulb.</td>
</tr>
<tr>
<td>Qurs-i Kāknaj³</td>
<td>3-6 gm.</td>
</tr>
</tbody>
</table>

‘Ilāj bi’l-Tadbīr (Regimenal therapy):
- Fasd-i Bāsliq (Bloodletting through basilic vein)²
- Fasd-i Sāfin (Bloodletting through saphenous vein)²
- Qay’ (Emesis)²
- Ishāl (Purgation)²
- Takmīd Hār (Hot fomentation)²
- Ābzan (Sitz bath)³

Dietary recommendations:
- Mā’ al-Sha’īr ⁴
- Aghziya Latīfa³
- Mā’ al-Jubn³

Dietary restrictions:
- Muwallid-i Sawdā Aghziya⁴
- Hot spices⁴

Tahaffuz (Prevention/Precaution) :
- Avoid intercourse until Waram subsides.
- Partner should adopt the principles of hygiene.
References


Ikhtināq-i Rahim (Hysteria)

Introduction:
- It is a uterine disease mistaken with epilepsy and syncope especially occurring during adolescent.¹
- It is caused by Ihtibās-i Hayz (Amenorrhoea) for a longer duration, abstinence from sexual intercourse especially in adolescence (predisposing factor).¹
- It is characterized by lethargy, heaviness and pain below umbilicus, feeling of upwards movement of something from abdomen followed by syncope without frothing from mouth unlike epilepsy.²

Usūl-i ‘Ilāj (Principles of treatment):
- Management during attack will be similar to that of epilepsy.³
- Tanqiya-i Rahim (Evacuation of uterus)⁴ through emmenogogue drugs.³
- Taqwiyat-i Rahim (Toning up of uterus)⁴
- Tazwīj (Getting married)³
- Taltif-i Ghizā (To give light diet)¹

‘Ilāj bi’l-Dawā (Pharmacotherapy):
- Inhalation of Gandhak (Sulphur) during attack.³
- Local use of pessary having powder of Kamūn (carum carvi, Linn.) and Bawraq (Armenian bole) mixed with honey.⁵
- Huqna (Enema) with the decoction of following ingredients¹:
  Shibit (Anethum sowa, Kurz.), Bābūna (Matricaria chamomilla, Linn.), Iklīl (Pod of Trigonella uncata, Linn.).
Joshānda-i Aftīmūn

Oral administration of the decoction having following ingredients:

Parshiyāoshān (Adiantum capillus-veneris, Linn.), Miskatrāmashī’ (Mentha pulegium, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.), Tukhm-i Sudāb (Ruta graveolens, Linn.) each 10.5 gm., Sugar 35 gm.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Najāh</td>
<td>7 gm.</td>
</tr>
<tr>
<td>Sikanjabīn ‘Unsuli</td>
<td>24 ml.</td>
</tr>
<tr>
<td>Jawārish Kamūnī</td>
<td>10-15 gm.</td>
</tr>
<tr>
<td>Ma’jūn-i Dabid al-Ward</td>
<td>5-10 gm.</td>
</tr>
</tbody>
</table>

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

- Sprinkling of cold water on face during attack
- Fasd-i Sāfin (Bloodletting through saphenous vein)
- Fasd-i Bāslīq (Bloodletting through basilic vein)
- Rubbing on palm and feet during attack.
- Hijāma bilā Shart (Dry cupping) on thighs and below umbilicus.
- Hammām (Bathing)
- Riyāzat (Exercise)

**Dietary recommendations:**

- Mā’ al-‘Asl

**Dietary restrictions:**

- Aghziya Bārida
- Aghziya Ghalīza
- Meat and its products

**Tahaffuz (Prevention/Precaution):**

- Perfumes to be avoided during attack.
- Alcohol to be avoided.
References


Waja‘-i Mafāsil (Arthritis)

Introduction:

- It is a condition in which joints become inflamed or painful. ¹
- It is caused by Sū‘-i Mizāj (Morbid temperament) of joints, predominance of one or more humours and vapours/gases, weakness of joints, excessive intake of food, lack of physical work, consumption of alcohol², hereditary, mental stress, intercourse just after meal³ and injury.¹⁴
- It is characterized by pain, swelling, stiffness and restricted movement of affected joint. Skin on and around the joint looks red and bright and reflects pain on touch. ³⁴⁵ Other symptoms of predominant humour are also observed.¹⁶

Usūl-i ‘Ilāj (Principles of treatment):

- Taskīn-i Dard (Analgesia) ¹⁵
- Tahlīl-i Waram (Resolution of swelling)¹
- Islāh-i Mizāj (Correction of morbid temperament)¹
- Istifrāgh (Evacuation) of morbid material.¹
- Idrār (Diuresis)⁴
- Taqwiyat-i Mafāsil (Strengthening of joints) by drugs and diet.²³⁵

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Joshānda-i Halayla for Waja‘-i Mafāsil Safrāwī.³
- Mā‘ al-‘Asl (Honey water) with Tukhm-i Karafs (Apium graveolens, Linn.)⁴
Oral administration of *Qurs* (Tablet) containing following ingredients:

- Shahm-i Hanzal (Fruit pulp of *Citrullus colocynthis*, Linn.), *Suranjān* (Colchicum luteum, Linn.), Būzīdān (Chrysanthemum indicum, Linn.).

Local application of *Zimād* (Paste) containing following ingredients to relieve pain:

- Afyūn (Dried latex of *Papaver somniferum*, Linn.), Yabrūj (Atropa acuminate, Royle.), Āb-i Kāhū (Juice of *Lactuca sativa*, Linn.).

Local application of *Zimād* (Paste) containing following ingredients for Waram Hār:

- Asapghol (Plantago ovata, Forsk.) and Sirka (vinegar) in Waja‘-i Mafāsil Safrāwī.

Local application of *Zimād* (Paste) containing following ingredients for Waram Hār:

- Kadū (Cucurbita moschata, Duchesne) Poir.), Kāhū (*Lactuca sativa*, Linn.), Kāfūr (*Cinnamomum camphora*, Linn.) with vinegar and Āb-i Kishnīz Sabz (Fresh coriander Juice).

### Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb-i Azārāqi</em></td>
<td>1 tablet with ‘Arq-i Bādiyān in morning.</td>
</tr>
<tr>
<td><em>Habb-i Asgand</em></td>
<td>2 tablet at bed time with lukewarm water.</td>
</tr>
<tr>
<td><em>Habb-i Gul-i Ākh</em></td>
<td>2 tablets twice a day.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Suranjān</em></td>
<td>7 gm. twice a day.</td>
</tr>
<tr>
<td><em>Safūf-i Suranjān</em></td>
<td>7-14 gm. for Waja‘-i Mafāsil Hār.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Chobchinī</em></td>
<td>9 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Jogrāj Gugal</em></td>
<td>5-10 gm. daily</td>
</tr>
<tr>
<td><em>Habb-i Muqil</em></td>
<td>500 mg.-1 gm.</td>
</tr>
<tr>
<td><em>Habb-i Muntin Akbar</em></td>
<td>5-10 gm.</td>
</tr>
<tr>
<td><em>Roghān-i Bābūna</em></td>
<td>Local application</td>
</tr>
<tr>
<td><em>Roghān-i Mafāsil</em></td>
<td>Local application</td>
</tr>
<tr>
<td><em>Roghān-i Chahārbarg</em></td>
<td>Local application</td>
</tr>
<tr>
<td><em>Roghān-i Haftbarg</em></td>
<td>Local application</td>
</tr>
<tr>
<td><em>Roghān Surkh</em></td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Fasd (Bloodletting) in case of Waja‘-i Mafāsil Damawī and Sawdāwī.  

---

*Standard Unani Treatment Guidelines for Common Diseases* 157
- Qay’ (Emesis) in case of Waja‘-i Mafāsil Balghamī.¹ ³
- Idrār (Diuresis)⁴
- Hijāma (Cupping)⁶
- Huqna (Enema) in case of chronic Waja‘-i Mafāsil. ³
- Natūl (Irrigation) of chilled water on the joints to relieve the pain.⁴
- Ābzan (Sitz bath) in case of Waja‘-i Mafāsil Sawdāwī. ⁶
- Hot fomentation is given by rubbing hand on affected joint.⁴
- Massage with oils on joints.¹

**Dietary recommendations:**
- Aghziya Latīfa¹

**Dietary restrictions:**
- Aghziya Ghaliza²
- Aghziya Hāmiza (Sour diet)⁶

**Tahaffuz (Prevention/Precaution):**
- Do moderate exercise before meal.² ⁴ ⁶
- Avoid excessive Hammām.² ⁴ ⁶
- Avoid Anger.² ⁴ ⁶
- Avoid Alcohol.² ⁴ ⁶
- Avoid Excessive food.² ⁴ ⁶
- Avoid excessive coitus.³
References


**Irq al-Nasā’ (Sciatica)**

**Introduction:**
- It is a nervine pain that occurs in the course of sciatic nerve.\(^1\)
- It is caused mostly by *Insibāb* (Pouring) of *Dam Ghalīz* (Thick sanguine) and *Balgham Ghalīz* (Thick phlegm), occasionally by *Safrā* (Yellow bile) and rarely by *Sawdā* (Black bile)\(^2\), on *Irq al-Nasā* (Sciatic nerve).\(^1\)
- It is characterized by moderate to severe pain, starting from acetabulum of hip bone, mainly travelling laterally to ankle joint and rarely radiating from the medial side of thigh.\(^3\) There may be bending of leg, when the pain persists for a longer duration or causative matter is in large quantity.\(^1\)

**Usūl-i ʻIlāj (Principles of treatment):**
- *Taskīn-i Dard* (Analgesia)\(^4\)
- *Tanqiya* (Evacuation) of morbid material.\(^4\)
- *Imāla* (Diversion) of morbid material.\(^4\)

**ʻIlāj bi‘l-Dawā (Pharmacotherapy):**
- *Joshānda-i Halayla*\(^4\)
- Oral administartion of the decoction of following drugs\(^4\):

  \[\text{Halayla Zard (Terminalia chebula, Retz.) 70 gm., Banafsha Khushk (Viola odorata, Linn.) 24.5 gm., Gul Surkh (Rosa damascena, Mill.) 24.5 gm., Tukhm-i Kāsnī (Cichorium intybus, Linn.) 10.5 gm., Tukhm-i Karafs (Apium graveolens, Linn.) 10.5 gm., Suranjān (Colchicum luteum, Baker.) 7 gm., Sugar 35 gm.}\]
Local application of powder of *Khardal* (*Brassica nigra*, Linn.), *Shītraj* (*Plumbago zeylanica*, Linn.) and *Turmus* (*Lupinus albus*, Linn.), mixed with juice of cabbage.

Local application of *Barg-i Rāsan* (*Inula racemosa*, Hook.) boiled in alcohol.

### Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb-i Suranjān</em></td>
<td>3 gm. twice a day.</td>
</tr>
<tr>
<td><em>Habb-i ‘Irq al-Nasā’</em></td>
<td>400 mg. with lukewarm water twice a day.</td>
</tr>
<tr>
<td><em>Habb-i Shītraj</em></td>
<td>3.5 gm.</td>
</tr>
<tr>
<td><em>Habb-i Azārāqi</em></td>
<td>1 in morning.</td>
</tr>
<tr>
<td><em>Ma’jiān-i Suranjān</em></td>
<td>7 gm. with water.</td>
</tr>
<tr>
<td><em>Roghān-i Kunjad</em></td>
<td>Massage with lukewarm oil.</td>
</tr>
</tbody>
</table>

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

- *Qay’* (Emesis), when pain radiates from medial side of thigh.
- *Kayy* (Cauterization) on acetabulum of hip bone, knee joint and ankle joint.
- *Fasd-i Bāslīq* (Bloodletting through basilic vein)
- *Fasd-i ‘Irq al-Nasā’* (Bloodletting through sciatic vein)
- *Fasd-i Qīfāl* (Bloodletting through cephalic vein)
- *Fasd-i Sāfīn* (Bloodletting through saphenous vein)
- *Fasd-i Mābiz* (Bloodletting through popliteal vein)
- *Hammām Mu’tadil*
- *Huqna* (Enema)
- *Ābzan* (Sitz bath)

### Dietary recommendations:

- *Aghziya Latīfa*

### Dietary restrictions:

- *Aghziya Ghalīza*
- *Aghziya Hirrīfa*
- Sweet dishes
Fawākhāt (Fruits)

Tahaffuz (Prevention/Precaution):

- Ashiyā’ Mubarrida (Things producing cold) to be avoided.
- Ashiyā’ Qābiza (Astringent things) to be avoided.

References

2. Chaghmaynī, 1278 H., Qānūncha, Matba’ Hāshimi, Meerut, p. 114.


**Niqrīs (Gout)**

**Introduction:**

- It is a type of joint pain which involves the ankle joint and fingers of foot, especially the great toe.\(^1\)
- It is caused by *Sū’-i Mizāj* (Morbid temperament) of joints and the collection of morbid matter therein; their weakness (Joints and their body)\(^2\), luxurious life\(^3\) and intake of *Aghziya Radiyya*.\(^2\)
- It is characterized by onset of disease with severe pain of great toe or ankle joint/sole (Occasionally) with specific features of predominant morbid matter produced and accumulated.\(^2\)

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

- *Taskīn-i Dard* (Analgesia)\(^3\)
- *Tanqiya-i Mawād* (Evacuation of causative matter) through *Ishāl* (Purgation), *Idrār* (Diuresis) and *Fasd* (Bloodletting).\(^3\)
- *Taqlīl-i Ghizā’* (Dietary control)\(^3\)
- *Tahlīl-i Waram* (Resolution of swelling)\(^1\)

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

- Oral administration of powder of *Suranjān Safed* (*Colchicum luteum*, Baker.) and sugar.\(^1\)
- Oral administration of powder of *Khashkhāsh Safed* (Seed of *Papaver somniferum*, Linn.) 7 gm. with equal quantity of sugar.\(^1\)
- Oral administration of the decoction of *Aftīmūn* (*Cuscuta reflexa*, Roxb.).\(^1\)
Local application of paste of *Hulba* (Seed of *Trigonella foenum-graecum*, Linn.) with vinegar.¹

Joshānda-i Aftīmūn in case of predominance of black bile as causative factor.³

Joshānda-i Halayla in case of predominance of yellow bile as causative factor.⁴

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma’jūn-i Suranjān⁵</td>
<td>7gm. twice a day.</td>
</tr>
<tr>
<td>Habb-i Suranjān³</td>
<td>3 pills of 1 gm. each twice a day.</td>
</tr>
<tr>
<td>Habb-i Shītraj³</td>
<td>3 pills of 1 gm. each twice a day.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Akhal o Bāsliq (Bloodletting through Akhal and basilic veins)¹
- Riyāzat Muʿtadila (Moderate exercise)³

**Dietary recommendations:**

- Aghziya Latīfa³

**Dietary restrictions:**

- Aghziya Ghalīza³
- Difficult to digest diets³

**Tahaffuz (Prevention/Precaution):**

- Alcohol to be avoided.³
- Regimens producing excessive waste products in the body to be avoided.³
- Coitus just after meal to be avoided.³
References

Hasba (Measles)

Introduction:

- It is a contagious disease that outbreaks as an epidemic.\(^1\)
- It is caused mainly by *Dam Radī Safrāwī* (Bilious putrefied sanguine).\(^1\)
- It is characterized by signs and symptoms of small pox such as backache, nasal irritation, bodyache, lethargy, redness of face and eyes, lacrimation, burning of eyes, dyspnoea, hoarsness of voice, dryness of mouth, headache, throat pain, trembling of legs on standing and *Humā Mutbiqa* (Continuous high grade fever). Scattered eruptions of the size of millet appear on the skin. In the beginning these eruptions remain red in colour and after sometime change into *Khuskresha* (Crust) and fall off the skin as husk bran.\(^2\) It mainly affects children.\(^3\)

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

- *Taskīn-i Khilt* (Placation of humour)\(^1\)
- *Taghlīz-i Khilt* (Thickening of humour)\(^1\)
- *Taqwiyat-i Qalb* (Toning up of heart)\(^1\)

*‘Ilāj bi’l-Dawā’* (Pharmacotherapy):

- Sprinkle *Khāksi* (*Sisymbrio irio*, Zinn.) on the body and bed of the patient.\(^1\)
- Spread *Gul Surkh* (*Rosa damascena*, Mill.) on the bed of the patient.\(^4\)
- *Bakhūr* (Fumigation) with leaf of *Jhāo* (*Tamarix gallica*, Linn.) in cold weather.\(^4\)
Shamūm (Inhalation) in hot weather with the following formulation:

* Sandal (Santalum album, Linn.), Gul Surkh (Rosa damascena, Mill.), Ās (Myrtus communis, Linn.)

Abzan (Sitz bath) with decoction of the following drugs:

* Gul Surkh (Rosa damascena, Mill.), Ās (Myrtus communis, Linn.)

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i ‘Unnāb</td>
<td>24-48 ml. mixed with Mā’ al-Sha’īr (in case of respiratory involvement).</td>
</tr>
<tr>
<td>Khamīra’-i Marwārid (for Taqwiyat)</td>
<td>3.5 gm. in morning.</td>
</tr>
<tr>
<td>Qurs-i Tabāshīr</td>
<td>5 gm. along with juice of quince and guava.</td>
</tr>
<tr>
<td>Sharbat-i Khashkhāsh</td>
<td>20-40 ml. (in case of respiratory involvement)</td>
</tr>
<tr>
<td>Qurs-i Kāfūr</td>
<td>3 gm.</td>
</tr>
<tr>
<td>Sharbat-i Sandal</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i Banafsha</td>
<td>70 ml. along with lukewarm water.</td>
</tr>
</tbody>
</table>

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

* Fasd-i Akhal (Bloodletting through Akhal)

**Dietary recommendations:**

* Aghziya Latīfa
* Mā’ al-Sha’īr boiled with ‘Unnāb, Sapistān, Masūr
* Pomegranate juice

**Dietary restrictions:**

* Muwallid-i Safrā Aghziya during epidemic

Tahaffuz (Prevention/Precaution):

* Purging to be avoided.
* Cold foods and drinks to be avoided.
* Muwallid-i Safrā Tadbīr during epidemic to be avoided.
* ‘Arq-i Gulāb to be instilled in eyes as a preventive measure.
- **Fasd** (Bloodletting) to be avoided when the skin eruptions appear before fever.\(^4\)
- **Gharghara** (Gargle) with vinegar and chilled water to be avoided.\(^4\)
- Contact with the patient to be avoided.\(^1\)

**References**

Sharā (Urticaria)

Introduction:
- It is a condition in which elevated lesions appear abruptly on the skin.¹
- It is caused by exaggeration in Hād Damawī, Balghamī and Sawdāwī Bukhārāt (Sanguineous, phlegmatic and melancholic vapours of strong nature).²
- It is characterized by abrupt development of itchy wheals during day time (if caused by sanguineous vapours) or whitish rashes during night (if caused by phlegmatic vapours) or blackish rashes with mild itching (if caused by melancholic vapours).²

Usūl-i ‘Ilāj (Principles of treatment):
- Istifrāgh (Evacuation)³
- Tanqiya-i Balgham (Evacuation of phlegm)³
- Tanqiya-i Sawdā (Evacuation of black bile)²
- Ta’dīl-i Dam (Correction of sanguine)²

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):
- Oral administration of Lu’āb-i Behīdāna (Cydonia oblonga, Mill.), Shīra-i ’Unnāb (Zizyphus vulgaris, Lamk.), Shīra-i Sandal (Santalum album, Linn.) along with Sharbat-i Nīlofar (if caused by sanguineous vapours).²
- Local application of mixture of Roghan-i Gul, vinegar and ‘Arq-i Gulāb on the body, (if caused by sanguineous vapours).²
Local application of paste of Gerū (Red earth) and Phitkarī (Alum), (if caused by sanguineous vapours).²

Oral administration of decoction of the following drugs for Tanqiya-i Balgham in the dose of 10.5 gm. (if caused by phlegmatic vapours):²

Halayla (Terminalia chebula, Retz.) 1 part, Turbud (Ipomoea turpethum, Br.) ½ part.

Oral administration of Gulqand and Sikanjabīn along with ‘Arq-i Gulāb and ‘Arq-i Mako (if caused by phlegmatic vapours).²

Local application of the paste of Ārd-i Jaw (Flour of Hordeum vulgare, Linn.), Tukhm-i Karafs (Apium graveolens, Linn.) and vinegar, (if caused by phlegmatic vapours).²

Joshānda-i Aftīmūn (if caused by melancholic vapours)²

Joshānda-i Halayla (if caused by melancholic vapours)²

Oral administration of powder of Ajwā’in (Trachyspermum ammi, Sprague.) 10.5 gm. and sugar 17.5 gm. to be taken in morning at empty stomach in the dose of 10.5 gm.⁴

Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itrīfal Shāhtra²</td>
<td>7-12 gm. in morning at empty stomach or at bed time along with ‘Arq-i Chobchīnī 144 ml.</td>
</tr>
<tr>
<td>Itrīfal Aftīmūn²</td>
<td>9 gm. at bed time along with ‘Arq-i Chobchīnī 144 ml.</td>
</tr>
<tr>
<td>‘Arq-i Shāhtra²</td>
<td>60-144 ml.</td>
</tr>
<tr>
<td>Qurs-i Kāfūr⁴</td>
<td>3 gm.</td>
</tr>
</tbody>
</table>

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

Fasd-i Haft Andām (Bloodletting through Haft Andām) (if caused by sanguineous vapours)³

Hammām (Bath)²

Dietary recommendations:

Mā’ al-Jubn (if caused by melancholic vapours)²

Vinegar⁴

Butter milk⁴
Pomegranate juice

Dietary restrictions:
- Spicy and pungent diets
- Sweet dishes
- Meat

References
Hazāz/Bafā/Ibriyya (Dandruff)

Introduction:

- It is a condition in which husk like flakes appear on the scalp as a result of mild scarring of its skin cells.\(^1\)
- It is caused by Sū’-i Mizāj (Morbid temperament) of the skin of scalp, Hād Būraqī Mādda (Strong alkaline matter)\(^1\) and predominance of Akhlāt Balghamiyya Māliha (Salty phlegmatic humours) and Sawdā Muhtaraqa (Burnt black bile).\(^2\) Sometimes it is caused only by simple Yubūsat (Dryness).\(^1\)
- It is characterized by appearance of different types of husk like bodies depending upon the varying causative factors.\(^2\) In chronic cases there may be itching and ulceration.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Badan (Evacuation of body)\(^3\)
- Tanqiya-i Jild-i Rās (Cleansing of skin of head)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of Mushil-i Balgham.\(^2\)
- Oral administration of Mushil-i Sawdā.\(^2\)
- Ghasūl (Wash) for head containing following ingredients\(^1\):
  - Āb-i Chuqandar (Juice of beetroot), Vinegar
- Ghasūl (Wash) for head containing following ingredients\(^1\):
  - Gram flour, Vinegar
- Ghasūl (Wash) for head containing following ingredients\(^2\):
Decoction of Khubbāzī (*Malva sylvestris*, Linn.), Āb-i Chuqandar (Juice of beetroot), Borax

- **Ghasūl** (Wash) for head containing following ingredient²:
  Decoction of Barg-i Nīm (*Azadirachta indica*, A. Juss.)

- Local application of a mixture of following ingredients²:

**Compound drugs:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ayāraj-i Fayqra</strong>²</td>
<td>3-5 gm.</td>
</tr>
<tr>
<td><strong>Roghan-i Banafsha</strong>³</td>
<td>Local application</td>
</tr>
<tr>
<td><strong>Roghan-i Kadi</strong>³</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Shaving of head³
- **Ishāl** (Purgation)³
- **Hammām** (Turkish bath)³
- **Ghasl-i Rās** (Bathing of head)³
- **Tadhīn** (Oil massage)³
- **Tartīb-i Jild-i Rās** (Moistening of skin of head)³

**Dietary recommendations:**

- Diets producing good humour²

**Dietary restrictions:**

- Muwallid-i Balgham Aghziya⁴

**Tahaffuz (Prevention/Precaution):**

- Muwallid-i Balgham Asbāb⁴
References


**Intisār-i Sha’r (Hair Fall)**

**Introduction:**

- It is a condition in which hairs of beard, eyebrows and scalp start to fall.¹
- It is caused by malnutrition, intake of Fāsid Aghziya (Putrified diets), subcutaneous accumulation of Mawād Khabīsa (Putrefied matter), dilatation of hair follicles, excessive skin dryness/moistness, Dā’ al-Sa’lab (Alopecia areata), Dā’ al-Hayya (Alopecia furfurcea), Juzām (Leprosy), Sa’fa (Favus), Qarha (Wound), cachexia, tuberculosis and ascitis.¹
- It is characterized by noticeable hair fall.¹

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

- Taghziya (To provide nutritious diet)¹
- Islāh-i Ghizā (Dietary regulation)¹
- Taqwiyat-i Sha’r (Toning up of hairs)¹
- Inbāt-i Sha’r (Hair germination)¹
- Taqwiyat-i Jild (Toning up of skin)¹
- Tartīb-i Jild (Moistening of skin)¹
- Izāla-i Mawād Fāsida (Removal of putrefied matter)¹

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

- Washing of hair with Būra-i Armanī (Armenian bole) and Kaf-i Dariyā (Cuttle fish bone).¹
- Natūl (Irrigation) on scalp with the decoction of Māzū (Quercus infectoria, Oliv.).
- Natūl (Irrigation) on scalp with the decoction of Halayla (Terminalia chebula, Retz.).
- Local application of Tukhm-i Chuqandar (Seed of beet root) mixed with Roghan-i Ās.
- Local application of oil prepared with Parshiyāoshān (Adiantum capillus-veneris, Linn.), Bābūna (Matricaria chamomilla, Linn.), Ās (Myrtus communis, Linn.) with any suitable oil.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roghan-i Āmla</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Ās</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Bādām</td>
<td>Local application</td>
</tr>
<tr>
<td>Roghan-i Banafsha</td>
<td>Local application</td>
</tr>
</tbody>
</table>

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

- Tadhīn (Oiling)
- Hammām (Bathing)
- Halaq-i Sha’r (Removal of hair) at frequent intervals.
- Dalk-i Rās (Scalp rubbing)

**Dietary recommendations:**

- Spices
- Aghziya Murattiba in case of excessive skin dryness.
- Muwallid-i Dam Aghziya
- Aghziya Mahmūda
- Honey
- Radish

**Dietary restrictions:**

- Aghziya Murattiba in case of excessive skin moistness.
Tahaffuz (Prevention/Precaution):

- Muqawwī-i Sha’r Tadābīr (Regimens toning up the hair) to be adopted.¹

References

Kalaf/Jhā’īn (Melasma/Chloasma)

Introduction:

- It is a condition in which blackish spots appear on the face.\(^1\)
- It is caused by Dam Sawdāwī Muhtaraq (Burnt melancholic sanguine), Sawdāwī Bukhārat (Melancholic vapours), excessive intake of Muwallid-i Sawdā Aghziya (Black bile producing diets), weakness of spleen, amenorrhea and sexual intercourse during menses and puerperium.\(^1\)
- It is characterized by appearance of blackish spots on facial skin,\(^1\) smooth on touch.\(^2\) Usually, it occurs during pregnancy and Hummā Rib’ (Quartan fever).\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh-i Sawdā (Evacuation of black bile), followed by Tasfiya-i Jīld through Jālī Adwiya (Detergent drugs).\(^1\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Oral administration of a Safūf having the following ingredients\(^1\):
  \[\text{Aftīmūn (Cuscuta reflexa, Linn.) 31.5 gm., Turbud (Ipomoea turpethum, Br.) 31.5 gm., Ghārīqūn (Agaricus alba, Linn.) 31.5 gm. along with Sikanjabīn.}\]
- Local application of face pack having the following ingredients\(^1\):
  \[\text{Anjīr Khām (Unripe fruit of Ficus carica, Linn.), Ārd-i Hulba (Flour of Trigonella foenum-graecum, Linn.), vinegar.}\]
- Local application of paste having the following ingredients\(^1\):
  \[\text{Kaf-i Dariyā (Cuttle fish bone), Lemon juice.}\]
Local application of paste having the following ingredients¹:
Tukhm-i Mūli (*Raphanus sativus*, Linn.), honey.

Local application of paste having the following ingredients¹:
*Turmus Talkh* (*Lupinus albus*, Linn.), *Qust Hindī* (*Saussurea lappa*, Clarke.), vinegar, honey

Local application of paste having the following ingredients¹:
Tukhm-i Jirjīr (*Brucea sativa*, Mill.), honey.

Local application of paste having the following ingredients¹:

## Compound drugs:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Aftīmūn¹</td>
<td>5-9 gm. along with <em>Joshānda-i Aftīmūn</em>.</td>
</tr>
<tr>
<td>Habb-i Shabyār¹</td>
<td>3-7 gm.</td>
</tr>
<tr>
<td>Sharbat-i Aftīmūn¹</td>
<td>30 ml.</td>
</tr>
</tbody>
</table>

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

- Fasd-i Qīfāl Bāslīq o Usaylim (Bloodletting through cephalic, basilic and Usaylim veins)¹

## Dietary recommendations:

- Mā’ al-Jubn³

## Dietary restrictions:

- Muwallid-i Sawdā Aghziya (Black bile producing diets)¹
- Prolong use of eggs to be avoided.¹

## Tahaffuz (Prevention/Precaution):

- Adwiya Hirrīfa (Spicy drugs) to be avoided.¹

---

**References**

Baras (Vitiligo)

Introduction:

- It is the whitish depigmentation of parts of the skin or whole of it.\(^1\)
- It is caused by the Sū’-i Mizāj Bārid (Cold morbid temperament) of the affected part of the skin and predominance of Balgham (Phlegm). These two cause weakness of Quwwat Mughayyira (Transformative faculty) of the part.\(^1\) Sometimes it appears as an after effect on the site of Hijāma (Cupping).\(^2\)
- It is characterized by the appearance of glossy white patches. The whiteness may reach deeper to the muscles and bones. The hairs growing on the affected part of skin also appear white. On pricking with the needle there will be oozing of white fluid.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Istifrāgh o Tanqiya-i Balgham (Evacuation of Phlegm).\(^1,3\)
- Ta’dīl-i Mizāj (Correction of morbid temperament) by using drugs of hot temperament.\(^1,3\)
- Islah-i Ghizā (Dietary modification)\(^1,3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Mā’ al-Usūl (For Nuzj)\(^2\)
- The following formulation may be used for local application:\(^2\):
  Qust (Saussurea lappa, Clarke.), Shiṭraj Hindi (Satureja hortensis, Linn.), Zarnīkh Surkh (Arsenic sulphide), Filfil Siyāh (Piper nigrum, Linn.), Zangār (Copper rust).
The drugs are ground along with vinegar in a copper vessel and used after placing the vessel in sun for a week.

- The following formulation may be used for local application⁴:
  *Zarnīkh Surkh* (Arsenic sulphide), *Zāj* (Alum), *Kibrīt* (Sulphur) each in equal part

  The drugs are ground, mixed with vinegar and used.

- The following formulation may be used for local application⁴:
  *Bujhāya Huwā Chūna* (Lime treated with water) Q.S. may be used after mixing it with water.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habb-i Ayāraj (For evacuation)⁴</td>
<td>3-9 gm.</td>
</tr>
<tr>
<td>Zimād-i Baras⁵</td>
<td>Local application</td>
</tr>
<tr>
<td>Safūf-i Baras⁵</td>
<td>10 gm. of powder is soaked in 50 ml. of water overnight. The infusion is decanted and orally administered in morning. The sediment is mixed with vinegar to prepare a paste and applied on the affected parts which are exposed to the sunrays.</td>
</tr>
</tbody>
</table>

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

- *Dalak Khashin* by frequent rubbing of the affected part with a rough cloth.²

**Dietary recommendations:**

- Meat of chicks¹
- Diets producing *Dam* (Sanguine) of hot temperament.¹³

**Dietary restrictions:**

- Milk and dairy products³
- *Aghziya Ghalīza*²
- *Muwallid-i Balgham Aghziya*⁴
- Fruits (Dry & wet)²
**Tahaffuz (Prevention/Precaution):**

- *Kayy* (Cautery) to be avoided.\(^2\)
- *Fasd* (Bloodletting), *Hammām* (Bath) except *Hammām Mu’arrij* (Bath for perspiration), excessive coitus and use of alcohol except *Sharāb Sarf* to be avoided by the patient.\(^2\)

**References**

**Bahaq Abyaz/Chīp (Pityriasis Alba)**

**Introduction:**
- It is a condition in which clay-colored circular patches of infectious nature appear on the skin of face, neck, chest, hands, etc.\(^1\)
- It is caused by accumulation of *Balgham Fāsid* (Morbid phlegm) under the skin.\(^2\)
- It is characterized by appearance of superficial, clay-colored bran like white scales on the face, neck, chest and hands, mostly occurring at the age of puberty.\(^1\)

**Usūl-i ‘Ilāj (Principles of treatment):**
- *Tanqiya-i Balgham* (Evacuation of phlegm), followed by *Taṣfiya-i Jild* through *Jālī Adwiya* (Detergent drugs).\(^1\)
- Personal hygiene

**‘Ilāj bi’l-Dawā’ (Pharmacotherapy):**
- Oral administration of 4.5 gm. of the following *Ma’jūn* followed by exposure to sun rays till perspiration occurs \(^1\):
- Local application of a paste having following ingredients\(^1\):
  - *Kaf-i Dariyā* (Cuttle fish bone), vinegar.
- Local application of a paste having following ingredients\(^1\):
  - *Khardal* (*Brassica nigra*, Linn.), honey, vinegar.
Local application of a paste having following ingredients¹:
*Tukhm-i Mūlī* (Seed of *Raphanus sativus*, Linn.), honey/vinegar.

Local application of a paste having following ingredients¹:
*Būra Armanī* (Armenian bole) 1 part, vinegar.

Local application of a paste having following ingredients¹:
*Gulnār* (Flower bud of *Punica granatum*, Linn.), *Bābchī* (*Psoralea corylifolia*, Linn.) mixed with water.

Local application of a paste having following ingredients¹:
*Suhāga* (Borax), Lemon juice.

Local application of paste having following ingredients¹:
*Tukhm-i Mūlī* (*Raphanus sativus*, Linn.), *Bābchī* (*Psoralea corylifolia*, Linn.) mixed with vinegar.

Local application of paste of *Tukhm-i Panwār* (*Cassia tora*, Linn.) mixed with lemon juice.³

**Compound drugs:**

<table>
<thead>
<tr>
<th>Ma’jūn-i Balādur¹</th>
<th>5-10 gm.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Habb-i Sibr</em>² for evacuation of phlegm.</td>
<td>2 <em>Habb</em> twice a day.</td>
</tr>
<tr>
<td><em>Habb-i Ayāraj</em>³ for evacuation of phlegm.</td>
<td>3-9 gm.</td>
</tr>
</tbody>
</table>

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

- *Hammām* (Bath) on alternate days.¹
- *Hammām Kibrīṭ*¹
- *Ta’riq* (Diaphoresis)¹
- *Qay’* (Emesis) twice a month.¹

**Dietary recommendations:**

- *Aghziya Jayyid al-Kaymūs* (Diets producing good sanguine humour).¹

**Dietary restrictions:**

- *Muwallid-i Balgham Aghziya* (Phlegm producing diets)¹
- *Aghziya Murattiba*¹
- *Aghziya Ghalīza*¹
Fish¹
Dairy products¹

**Tahaffuz (Prevention/Precaution):**
- Regimens producing phlegm to be avoided.¹
- *Hijāma* (Cupping) to be avoided.¹

**References**

Bahaq Aswad (Pityriasis Nigra)

Introduction:

- It is a condition in which blackish scaly patches appear on the skin.\(^1\)
- It is caused by accumulation of Sawdā (Black bile) under the skin\(^2\) following the admixture of Dam (Sanguine) with Sawdā Safrāwī (Biliary black bile), usage of Muwallid-i Sawdā Aghziya (Black bile producing diets) and pregnancy.\(^1\)
- It is characterized by appearance of blackish spots on the skin shedding scales on rubbing and leaving the area red.\(^1\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Sawdā (Evacuation of black bile)\(^1\)
- Tartīb-i Badan (Moistening of body)\(^1\)
- Ta’dīl-i Dam (Correction of sanguine)\(^1\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Joshānda-i Aftīmūn\(^1\)
- Naqū‘ (Infusion) of Barg-i Hinnā (Lawsonia inermis, Linn.) 48 gm. with water for oral administration.\(^1\)
- Local application of a paste having following ingredients\(^1\):
  Tukhm-i Mūlī (Raphanus sativus, Linn.), Kundush (Centipeda minima, Linn.).
- Local application of a paste having following ingredients\(^1\):
  Turnus (Lupinus albus, Linn.), honey.
Local application of a paste having following ingredients³:
*Tukhm-i Mūlī* (*Raphanus sativus*, Linn.), *Bābchī* (*Psoralea corylifolia*, Linn.) mixed with vinegar.

Local application of a paste having following ingredients⁴:

Local application of a paste having following ingredients³:
*Suhāga Biryān* (Roasted borax), *Tukhm-i Mūlī* (*Raphanus sativus*, Linn.), Lemon juice.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Itrīfāl-i Aftīmūn</em>¹</td>
<td>9 gm.</td>
</tr>
<tr>
<td><em>Ayāraj Loghāziya</em>¹</td>
<td>14 gm.</td>
</tr>
<tr>
<td><em>Ma’jūn-i Najāh</em>¹</td>
<td>7-12 gm. in morning with water.</td>
</tr>
<tr>
<td><em>Sharbat-i Nilofar</em>¹</td>
<td>24 ml. in morning along with <em>Sikanjabīn Sāda</em> 12-24 ml. and <em>Sharbat-i Banafsha</em> 24 ml.</td>
</tr>
<tr>
<td><em>Safūf Mubārak</em>⁵</td>
<td>14-28 gm.</td>
</tr>
</tbody>
</table>

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

- *Fasd-i Akhal, Bāslīq o Sāfin* (Bloodletting through *Akhal*, basilic and saphenous veins)¹
- *Hammām* (Bath) ¹

**Dietary recommendations:**

- *Aghziya Latīfa*²
- *Aghziya Murattība*²
- *Mā’ al-Jubn*²

**Dietary restrictions:**

- *Muwallid-i Sawdā Aghziya* (Black bile producing diets)¹
- *Aghziya Ghaliqa*¹
- *Aghziya Hirriqa*¹

**Tahaffuz (Prevention/Precaution):**

- *Muwallid-i Sawdā Tadābîr* (Black bile producing regimens) to be avoided.¹
References

Qūbā (Ring Worm)

Introduction:

- It is a disease manifested by periodical occurrence of roughness over any part of skin.¹
- It is caused by Sawdā Muhtaraq (Burnt black bile).²
- It is characterized by appearance of round elevated, itchy, scaly and blackish or reddish patches on the affected part of skin.³

Usūl-i ‘Ilāj (Principles of treatment):

- Tanqiya-i Sawdā (Evacuation of black bile)⁴

‘Ilāj bi’l-Dawā (Pharmacotherapy):

- Joshānda-i Aftīmūn⁴
- Local application of paste of Murdār Sang (Litharge), Roghan-i Gul and vinegar.⁵
- Local application of paste of Gandhak (Sulphur), Behroza (Pinus longifolia, Roxb.) and vinegar.²
- Local application of paste of Ushq (Dorema ammoniacum, Don.) and vinegar.¹

Compound drugs:

<table>
<thead>
<tr>
<th>Roghan-i Gandum²</th>
<th>Local application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marham-i Qūbā⁶</td>
<td>Local application</td>
</tr>
</tbody>
</table>

‘Ilāj b’il-Tadbīr (Regimenal therapy):

- Irsāl-i ‘Alaq (Leeching)¹
- *Fasd* (Bloodletting)<sup>5</sup>
- *Hijāna* (Cupping)<sup>2</sup>
- *Hammām* (Bath)<sup>5</sup>

**Dietary recommendations:**
- *Mā’ al-Jubn*<sup>2</sup>

**Dietary restrictions:**
- *Aghziya Muwallid-i Sawdā*<sup>5</sup>

**Tahaffuz (Prevention/Precaution):**
- *Muwallid-i Sawdā Tadābīr* (Black bile producing regimens) to be avoided.<sup>5</sup>

**References**

Jarab (Scabies)

Introduction:

- It is a contagious skin infection in which papules appear initially between the fingers and spread to other areas of body. Persistent itching and skin irritation are its distinctive attributes.\(^1\)
- It is caused by *Fasād-i Dam* (Derangement of sanguine), mixing of *Sawdā Safrāwī* (Biliary black bile) and *Balgham Shor* (Sour phlegm) with sanguine, excessive use of *Aghziya Hirrīfa* (Spicy diets), *Aghziya Ghaliza* (Slow to digest diets), *Adwiya Hārra* (Drugs of hot temperament) and salted diets.\(^2\)
- It is characterized by the appearance of rashes initially between the fingers, spreading to other areas especially wrist, elbow, groin, etc. The papules at a later stage are converted into pustules.\(^2\) Jarab is marked by the itching and irritation of affected area.

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

- *Tanqiya* (Evacuation)\(^2\)
- *Tasfiya-i Dam* (Sanguine purification)\(^2\)
- *Tartīb-i Badan* (Moistening of body) internally and externally.\(^3\)

*‘Ilāj bi’l-Dawā’* (Pharmacotherapy):

- *Joshānda-i Halayla*\(^2\)
- *Joshānda-i Aftīmūn*\(^4\)
- *Joshānda-i Fawākīh*\(^4\)
- Local application of a paste having following ingredients\(^2\):
Sandal (Santalum album, Linn.), Rasavt (Berberis aristata, DC.), Ārd-i Jaw (Flour of Hordeum vulgare, Linn.) mixed with fresh coriander juice and Roghan-i Gul.

- Local application of Roghan-i Gul mixed with vinegar.
- Local application of Gandhak (Sulphur) mixed with vinegar.
- Local application of Nawshādar (Sal Ammoniac) and common salt mixed with vinegar.

**Compound drugs:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Arq-i Shāhtra</td>
<td>60-144 ml. along with Sikanjabīn.</td>
</tr>
<tr>
<td>Itrīfal Kishnīzīi</td>
<td>9-24 gm. at bed time.</td>
</tr>
<tr>
<td>Habb-i Kībriti</td>
<td>250-500 mg.</td>
</tr>
<tr>
<td>Itrīfal-i Shāhtra</td>
<td>7-12 gm. at bed time with ‘Arq-i Gāozabān 144 ml. /water.</td>
</tr>
<tr>
<td>Sharbat-i Shāhtra</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i ‘Unnāb</td>
<td>24-48 ml. with water in morning.</td>
</tr>
</tbody>
</table>

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

- Hammām (Bath)
- Fasd-i Bāslīq (Bloodletting through basilic vein)
- Ishāl (Purgation)

**Dietary recommendations:**

- Mā’ al-Jubn
- Mā’ al-Sha’īr

**Dietary restrictions:**

- Meat
- Aghziya Hārra (Diets of hot temperament)
- Aghziya Hirrifa (Spicy diets)
- Aghziya Ghalīza (Slow to digest diets)

**Tahaffuz (Prevention/Precaution):**

- Adwiya Hārra (Drugs of hot temperament) to be avoided.
- Hygiene to be maintained.
References


Hikka (Pruritus)

Introduction:

- It is the itching of the body while no papules or rashes appear over it.\(^1\)
- It is caused due to retention of acrid and irritant Bukhārāt (Vapours) and a small quantity of irritant humours beneath the skin, excessive use of diets that produce bad chyme\(^2\) dryness and unhygienic living conditions.\(^3\)
- It is characterized by itching sensation on the specific areas of the body without the presence of rashes.\(^3\)

Usūl-i ‘Ilāj (Principles of treatment):

- Tartīb-i Badan (Moistening of body) internally and externally\(^3\)
- Tanqiya (Evacuation)\(^3\)
- Ta’dīl-i Khilt (Correction of humour)\(^3\)

‘Ilāj bi’l-Dawā’ (Pharmacotherapy):

- Local application of Tukhm-i Khashkhāsh (Seed of Papaver somniferum, Linn.) mixed with lemon juice.\(^3\)
- Local application of Shora Qalamī (Potassium nitrate) mixed with mustard oil.\(^3\)
- Local application of lukewarm water with Roghan-i Banafsha.\(^3\)
- Joshānda-i Aftīmūn\(^3\)
- Joshānda-i Halayla\(^3\)
- Joshānda-i Fawākih\(^3\)
Compound drugs:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharbat-i Banafsha³</td>
<td>24 ml. with water in morning.</td>
</tr>
<tr>
<td>‘Arq-i Shāhra⁴</td>
<td>60-144 ml. along with Sikanjabīn.</td>
</tr>
<tr>
<td>Habb-i Kibrit³</td>
<td>250-500 mg.</td>
</tr>
<tr>
<td>Itrifal-i Shāhra³</td>
<td>7-12 gm. at bed time with ‘Arq-i Gāozabān 144 ml./water.</td>
</tr>
<tr>
<td>Sharbat-i Shāhra³</td>
<td>24-48 ml.</td>
</tr>
<tr>
<td>Sharbat-i ‘Unnāb²</td>
<td>24-48 ml. with water in morning.</td>
</tr>
<tr>
<td>Roghan-i Bādām Shirīn⁵</td>
<td>Local application on body (for external moistening)</td>
</tr>
</tbody>
</table>

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

- Hammām (Bath)³
- Bathing with Āb Ma’danī (Water from springs)³
- Fasd-i Bāsliq (Bloodletting through basilic vein)³

Dietary recommendations:

- Mā’ al-Jubn³
- Mā’ al-Sha’ır³
- Mā’ al-Fawākih³
- Aghziya Murattiba³

Dietary restrictions:

- Diets that may produce chyme of bad quality.²
- Salty diets³
- Sweet dishes³

Tahaffuz (Prevention/Precaution):

- Hygiene to be maintained.³
References

## Glossary

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Term</th>
<th>Description/Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</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>2.</td>
<td>Adhān Murattiba</td>
<td>Oils of moist temperament that produce moistness in the body e.g. Roghan-i Banafsha, Roghan-i Nilofar, etc.</td>
</tr>
<tr>
<td>3.</td>
<td>Aghziya Lazija</td>
<td>The foods which increase the viscosity of humours e.g. Khurfa, Til, etc.</td>
</tr>
<tr>
<td>4.</td>
<td>Aghziya Bārida/Aghziya Mubarrida</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.), Kāsini (Cichorium intybus, Linn.), etc.</td>
</tr>
<tr>
<td>5.</td>
<td>Aghziya Ghaliza/Aghziya Mughalliza</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>6.</td>
<td>Aghziya Hāmiza/Tursh Aghziya</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>7.</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>8.</td>
<td>Aghziya Hirrīfa</td>
<td>Spicy (Pungent) foods that may produce heat in the body e.g. pepper.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>Aghziya Latīfa</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. Mahmūda (that produces good humour) e.g. meat of small birds, small fishes, etc. and Ghayr Mahmūda (that produces morbid humour) e.g. garlic, radish, spicy and salty foods, etc.</td>
</tr>
<tr>
<td>10.</td>
<td>Aghziya Mahmūda</td>
<td>Foods that produce good humours.</td>
</tr>
<tr>
<td>11.</td>
<td>Aghziya Mubakhkhira/ Naffākh Aghziya</td>
<td>The foods liable to produce flatus and vapours e.g. cabbage, pea, brinjal, cauliflower, beans, turnip, etc.</td>
</tr>
<tr>
<td>12.</td>
<td>Aghziya Mujaffifa</td>
<td>The foods causing desiccation of body fluid e.g. roasted gram.</td>
</tr>
<tr>
<td>13.</td>
<td>Aghziya Murattiba/ Aghziya Ratba</td>
<td>The foods of wet/moist temperament having ability to produce the humours which give rise to wetness in the body e.g. milk, Kadū (Cucurbita maxima, Duchesne.), cucumber, watermelon, clarified butter, almond oil, etc.</td>
</tr>
<tr>
<td>14.</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>15.</td>
<td>Aghziya Muta’affina</td>
<td>Putrefied food stuffs.</td>
</tr>
<tr>
<td>16.</td>
<td>Aghziya Radiyya</td>
<td>The foods which produce bad quality of humours.</td>
</tr>
<tr>
<td>17.</td>
<td>Aghziya Sāliha</td>
<td>The foods which produce good quality of humours.</td>
</tr>
<tr>
<td>18.</td>
<td>Aghziya Saqīla</td>
<td>The foods which are difficult to digest.</td>
</tr>
<tr>
<td>19.</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>21.</td>
<td>Ayāraj</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 Ayāraj is added in the end in a quantity which is double of the total sum.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>--------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>22.</td>
<td>Barg</td>
<td>Leaf</td>
</tr>
<tr>
<td>23.</td>
<td>Batāsha</td>
<td>White sugar is heated in a vessel and stirred with wooden spoon until it attains such a concentration that bubbles start to appear on further heating. It is now poured on a piece of white cloth in such a way that the drops take the shape of small hollow dome; this shape is retained after drying.</td>
</tr>
<tr>
<td>24.</td>
<td>Bekh/Asl</td>
<td>Root</td>
</tr>
<tr>
<td>25.</td>
<td>Chahār Gul</td>
<td>These are the flowers of following four plants: Banafsha (Viola odorata, Linn.), Nilofar (Nymphaea alba, Linn.), Gulāb (Rosa damascena, Mill.), Khatmī (Althaea officinalis, Linn.).</td>
</tr>
<tr>
<td>26.</td>
<td>Decoction/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>27.</td>
<td>Firzaja</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 kept in the vagina.</td>
</tr>
<tr>
<td>28.</td>
<td>Gul</td>
<td>Flower</td>
</tr>
<tr>
<td>29.</td>
<td>Habb/Tukhm</td>
<td>Fruit/Seed</td>
</tr>
<tr>
<td>30.</td>
<td>Haft Andām/Qīfāl</td>
<td>Cephalic vein</td>
</tr>
<tr>
<td>31.</td>
<td>Halwājāt</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>32.</td>
<td>Hammām</td>
<td>It is bathing, medically used for producing dryness, compactness, moistness and rarefaction in the skin/body.</td>
</tr>
<tr>
<td>33.</td>
<td>Hammām Kibrīṭī</td>
<td>Bathing with sulphur mixed water.</td>
</tr>
<tr>
<td>34.</td>
<td>Hammām Mu’tadil</td>
<td>A type of bath medically used for producing dryness, compactness, moistness</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and rarefaction of normal range in the skin/body.</td>
</tr>
<tr>
<td>35.</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>
</tr>
<tr>
<td>36.</td>
<td>Infusion/Khīsānda</td>
<td>The drugs are soaked in water for overnight. In the morning, it is filtered and the liquid thus separated is taken orally.</td>
</tr>
<tr>
<td>37.</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>38.</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>39.</td>
<td>Joshānda-i Aftīmūn</td>
<td>Halayla Siyāh (Terminalia chebula, Retz.), Halayla Kābuli (Terminalia chebula, Retz.), Halayla Zard (Terminalia chebula, Retz.), Āmla (Phyllanthus emblica, Linn.) 17 (\frac{1}{2}) gm. each, Gāozabān (Borago officinalis, Linn.), Bisfā’īj (Polypodium vulgare, Linn.), Bādranjboya (Melissa parviflora, Benth.), Ustukhudūs (Lavandula stoechas, Linn.) 14 gm. each, Turbud (Ipomoea turpethum, Br.) 7 gm., Shāhtra (Fumaria parviflora, Lamk.) 24 (\frac{1}{2}) gm., Ālū Bukhāra (Prunus domestica, Linn.) 20 Numbers, Mawīz Munaqqā (Vitis vinefera, 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 it and boiled again till it is reduced to 400 ml. The boiled material is filtered and 52 (\frac{1}{2}) gm. of Maghz-i Falūs-i Khīyār Shambār (Fruit pulp of Cassia fistula, Linn.), 3 gm. of Ghāriqūn (Polyporus officinalis, Fries.) and honey are added to the filtrate.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>40.</td>
<td>Joshānda-i Halayla</td>
<td>Decoction of Post-i Halayla Kābuli (Terminalia chebula, Retz.) 36 gm., Shāhtra (Fumaria parviflora, Lamk.) 24 gm., Tukhm-i Kasūs (Cuscuta reflexa, Roxb.) 10 gm., Tukhm-i Kāsinī (Cichorium intybus, Linn.) 10 gm., Post-i Bekh-i Bādiyān (Foeniculum vulgare, Mill.) 7 gm., Ālū Bukhāra (Prunus domestica, Linn.) 20 Numbers and ‘Unnāb (Zizyphus jujuba, Mill &amp; Lamk.) 20 Numbers mixed with Maghz-i Amaltās (Fruit pulp of Cassia fistula, Linn.) 54 gm. and Ma’jūn-i Dabīd al-Ward 54 gm.</td>
</tr>
<tr>
<td>41.</td>
<td>Joshānda-i Fawākih</td>
<td>Imlī (Tamarindus indica, Linn.), Ālū Bukhāra (Prunus domestica, Linn.), ‘Unnāb (Zizyphus jujube, Linn.) 70 gm. each, Mawīz Munaqqā (Vitis vinefera, Linn.) 35 gm., Halayla Siyāh (Terminalia chebula, Retz.), Halayla Kābuli (Terminalia chebula, Retz.), Halayla Zard (Terminalia chebula, Retz.), Banfsha (Viola odorata, Linn.), Sanā Makkī (Cassia lanceolata, Linn.), Gulāb (Rosa damascena, Mill.), Afsantīn (Artemisia absinthium, Linn.), Asl al-Sūs (Glycyrhiza glabra, Linn.) 14 gm. each, Tukhm-i Kāsinī (Cichorium intybus, Linn.), Tukhm-i Kasūs (Cuscuta reflexa, Roxb.) 10 gm. each are soaked and boiled in 1400 ml. water till it the liquid is reduced to 350 ml. Seventy gm. of Shīr-i Khisht (Fraxinus ornus, Linn.) is added to the filtrate and taken orally.</td>
</tr>
<tr>
<td>42.</td>
<td>Khall al-Khamr</td>
<td>Vinegar, prepared from juice of grapes.</td>
</tr>
<tr>
<td>43.</td>
<td>Latūkh</td>
<td>It is a semisolid preparation in which aqueous extract of drugs are boiled with suitable oil till water evaporates, thereafter it is mixed with egg albumin and used externally.</td>
</tr>
<tr>
<td>44.</td>
<td>Lazūq/Lasūq</td>
<td>Powdered drugs are mixed with mucilage, spread on a piece of paper or cloth and pasted on the affected part.</td>
</tr>
<tr>
<td>45.</td>
<td>Lu‘āb</td>
<td>The drug is soaked in water/suitable liquid. The supernatant fluid containing mucilage is taken.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>46.</td>
<td>Mā’ 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>47.</td>
<td>Mā’ al-Fawākih</td>
<td>It is a liquid preparation of expressed fruit juice. A fresh juice is prepared when it is intended to be sued.</td>
</tr>
<tr>
<td>48.</td>
<td>Mā’ 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>49.</td>
<td>Mā’ al-Usūl</td>
<td>Bekh-i Karafs (Apium graveolens, Linn.), Bekh-i Izkhar (Andropogon schaenar, Linn.), Bekh-i Bādiyān (Foeniculum vulgare, Gaertn.), Mulethī (Glycyrrhiza glabra, Linn.), Bekh-i Kibr (Capparis spinosa, Linn.) and Qiradmānā (Centratherum anthelminticum (Willd.) Kuntze.) 10 gm. each, to be boiled and filtered to get the decoction.</td>
</tr>
<tr>
<td>50.</td>
<td>Mazmaza</td>
<td>Gargle or 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>51.</td>
<td>Mīfakhtaj</td>
<td>It is concentrated grape juice. The fresh grape juice is boiled till it is reduced to one fourth.</td>
</tr>
<tr>
<td>52.</td>
<td>Mujaffifāt</td>
<td>The regimens, foods or drugs (e.g. 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>
</tr>
<tr>
<td>53.</td>
<td>Munzij-i Balgham</td>
<td>Tukhm-i Khubbāzi (Malva sylvestris, Linn.), Tukhm-i Khatmi (Althaea officinalis, Linn.), Bekh-i Kāsinī (Cichorium intybus, Linn.), Bādiyān (Foeniculum vulgare, Gaertn.),</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mulethī</strong> <em>(Glycyrhiza glabra, Linn.)</em>, <strong>Gāozabān</strong> <em>(Borago officinalis, Linn.)</em>, <strong>Parsiāoshān</strong> <em>(Adiantum capillus-veneris, Linn.)</em>, <strong>Anjīr</strong> <em>(Ficus carica, Linn.)</em>, <strong>Gulqand</strong>, etc.</td>
</tr>
<tr>
<td>54.</td>
<td><em>Munzij-i Safrā’</em></td>
<td><strong>Gul Surkh</strong> <em>(Rosa damascena, Mill.)</em>, <strong>Banfsha</strong> <em>(Viola odorata, Linn.)</em>, <strong>Gul-i Nilolar</strong> <em>(Nymphaea lotus, Linn.)</em>, <strong>Shaḥtra</strong> <em>(Fumaria parviflora, Lamk.)</em>, <strong>Tukhm-i Khubbāzī</strong> <em>(Malva sylvestris, Linn.)</em>, <strong>Tukhm-i Kāsinī</strong> <em>(Cichorium intybus, Linn.)</em>, <strong>Bekh-i Kāsinī</strong> <em>(Cichorium intybus, Linn.)</em>, <strong>Mako</strong> <em>(Solanum nigram, Linn.)</em>, <strong>Ālū Bukhāra</strong> <em>(Prunus domestica, Linn.)</em>, <strong>Sikanjabīn</strong>, <strong>Turanjabīn</strong> <em>(Allagi mauroorum, Desv.)</em>, etc.</td>
</tr>
<tr>
<td>55.</td>
<td><em>Munzij-i Sawdā’</em></td>
<td><strong>Gāozabān</strong> <em>(Borago officinalis, Linn.)</em>, <strong>‘Unnāb</strong> <em>(Zizyphus jujuba, Mill &amp; Lamk.)</em>, <strong>Parsiāoshān</strong> <em>(Adiantum capillus-veneris, Linn.)</em>, <strong>Shaḥtra</strong> <em>(Fumaria parviflora, Lamk.)</em>, <strong>Bādiyān</strong> <em>(Foeniculum vulgare, Gaertn.)</em>, <strong>Halayla Siyāh</strong> <em>(Terminalia chebula, Retz.)</em>, <strong>Sarphūka</strong> <em>(Tephrosia purpura, Pers.)</em>, <strong>Mundī</strong> <em>(Sphaeranthus indicus, Linn.)</em>, <strong>Ustūkhūdūs</strong> <em>(Lavandula stoechas, Linn.)</em>, etc.</td>
</tr>
<tr>
<td>56.</td>
<td><em>Muqawwī-i Sha’r</em></td>
<td>Drugs that provide nutrition and thereby strengthen hairs e.g. <strong>Āmla</strong> <em>(Phyllanthus emblica, Linn.)</em>, <strong>Halayla Kābulī</strong> <em>(Terminalia chebula, Retz.)</em>, <strong>Parsiāoshān</strong> <em>(Adiantum capillus-veneris, Linn.)</em>, <strong>Rīthā</strong> <em>(Sapindus trifoliatus, Linn.)</em>, <strong>Bhangra</strong> <em>(Eclipta alba, Hassk.)</em>, <strong>Majīth</strong> <em>(Rubia cordifolia, Linn.)</em>, <strong>Post-i Akhrot</strong> <em>(Jugulans regia, Linn.)</em>, <strong>Aloe</strong>, etc.</td>
</tr>
<tr>
<td>57.</td>
<td><em>Murawwaqayn</em></td>
<td>Freshly extracted juice of <strong>Mako</strong> <em>(Solanum nigram, Linn.)</em> and <strong>Kāsinī</strong> <em>(Cichorium intybus, Linn.)</em> is poured in a tin-coated vessel and heated over low fire till the green frothy clots appear on the surface. The juice is then slowly sieved through a piece of fine cloth leaving behind the clots on the surface of the cloth.</td>
</tr>
<tr>
<td>58.</td>
<td><em>Musaffi-i Dam</em></td>
<td>Blood purifier</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>59.</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>
</tr>
<tr>
<td>60.</td>
<td>Musakkirāt</td>
<td>Intoxicating substances</td>
</tr>
<tr>
<td>61.</td>
<td>Mushil-i Balgham</td>
<td>Powder of Turbud (Ipomoea turpethum, Br.), Ghārīqūn (Polyporus officinalis, Fries.), Habb al-Nil (Ipomoea hedracea (Linn.) Jacq.) 3 ½ gm. each, Katirā (Sterculia urens, Roxb.), Shahm-i Hanzal (Citrullus colocynthis, Shrad.) 10 ½ gm. each and Saqmūniya (Convolvulus sc Romero, Linn.) 250 mg. mixed with an equal quantity of sugar.</td>
</tr>
<tr>
<td>63.</td>
<td>Mushil-i Sawdā’</td>
<td>Ayāraj, powder of Halayla Kābuli (Terminalia chebula, Retz.), Halayla Zard (Terminalia chebula, Retz.) 3 ½ gm. each, Aftimūn (Cuscuta reflexa, Roxb.) 4 ½ gm., Afsantīn (Artemisia absinthium, Linn.) 1 ¾ gm. and Lājward Maghsūl (Washed Lapis lazuli) 1¼ gm. mixed with an equal quantity of sugar.</td>
</tr>
<tr>
<td>64.</td>
<td>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>65.</td>
<td>Muwallid-i Balgham</td>
<td>The foods which produce excessive quantity of sanguine in the body e.g. grapes, pomegranate, egg yolks, fried meat, boiled meat, milk, dairy products, gram, etc.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>67.</td>
<td><em>Muwallid-i Safrā’</em> &lt;br&gt; <em>Aghziya/ Aghziya Muwallid-i Safrā’</em></td>
<td>The foods which produce an excessive quantity of yellow bile in the body e.g. cheese.</td>
</tr>
<tr>
<td>68.</td>
<td><em>Muwallid-i Sawdā’</em> &lt;br&gt; <em>Aghziya/ Aghziya Muwallid-i Sawdā’</em></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>69.</td>
<td><em>Muwallid-i Shīr</em> &lt;br&gt; <em>Aghziya/ Aghziya Muwallid-i Shīr</em></td>
<td>The foods which produce good chyme and cause to induce normal degree of moistness and heat in the body which help the body to produce more milk e.g. <em>Bādiyān</em> (<em>Foeniculum vulgare</em>, Gaertn.), fresh <em>Shibit</em> (<em>Anethum sowa</em>, Roxb.), potato, <em>Til</em> (<em>Sesamum indicum</em>, Linn.), etc.</td>
</tr>
<tr>
<td>70.</td>
<td>Natūl</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>71.</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 <em>Munzij</em> drugs followed by Adwiya Mushila (Purgatives).</td>
</tr>
<tr>
<td>72.</td>
<td>Paste/ <em>Zimād</em></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>73.</td>
<td><em>Post-i Bekh</em></td>
<td>Root bark</td>
</tr>
<tr>
<td>74.</td>
<td>Qatūr</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>75.</td>
<td>Rutūbāt Būraqiyya</td>
<td>Alkaline secretions</td>
</tr>
<tr>
<td>76.</td>
<td>Safūf</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>77.</td>
<td><em>Sarī’ al-Hazm</em> &lt;br&gt; <em>Aghziya /Zūd Hazm Aghziya</em></td>
<td>Easily digestible food materials which provide nutrition to the body very soon.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Term</td>
<td>Description/Equivalent</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>78.</td>
<td>Shamūm</td>
<td>It is a preparation in which drugs are used for inhalation.</td>
</tr>
<tr>
<td>79.</td>
<td>Shīra</td>
<td>Semi liquid material obtained after grinding the seeds and other drugs.</td>
</tr>
<tr>
<td>80.</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 help evacuate the morbid matter from the body.</td>
</tr>
<tr>
<td>81.</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>82.</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>83.</td>
<td>Taskhīn</td>
<td>To produce heat.</td>
</tr>
<tr>
<td>84.</td>
<td>Tanqiya</td>
<td>Elimination of morbid matter from the interior and exterior of the body.</td>
</tr>
<tr>
<td>85.</td>
<td>Tukhm</td>
<td>Seed</td>
</tr>
<tr>
<td>86.</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>87.</td>
<td>Wajūr</td>
<td>It is the instillation of liquid in the throat.</td>
</tr>
<tr>
<td>88.</td>
<td>Zarūq</td>
<td>The drugs are mixed in any suitable medium and used for syringing.</td>
</tr>
</tbody>
</table>