

STANDARD UNANI TREATMENT GUIDELINES FOR COMMON DISEASES

Volume-I



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)

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Preface

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. Ghufraan 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.

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20 May 2014

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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 Tabarī (d. 985 AD), *Kāmil al-Sanā'a al-Tibbiyya* by 'Alī b. 'Abbās Majūsī (d. 994 AD), *Ghinā Munā* by Abū Mansūr al-Hasan Qamrī (d. 999 AD), *al-Qānūn fi'l-Tibb* by Ibn Sīnā (d. 1037 AD), *al-Mūjaz fi'l-Tibb* by Ibn Nafīs Qarshī (d. 1288 AD), *Tazkira al-Kahhālīn* by 'Alī b. 'Īsā Kahhāl (d. 1039 AD), *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* by Ibn Zuhīr (d. 1162 AD), *Kitāb al-Mukhtārāt fi'l-Tibb* by Ibn Hubāl (d. 1213 AD), *Sharah al-Asbāb wa-al-'Alāmāt* by Nafīs b. 'Iwaz (d. 1439 AD), *Bahr al-Jawāhir* by Muhammad b. Yūsuf Hirawī (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.

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In-charge

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Shaqīqa (Migraine)

Introduction:

- ❖ It is the type of headache in which only one half of head is afflicted with pain.¹ Sometimes it involves the whole head.
- ❖ It is caused by *Bukhārāt* (Vapours), arising towards the head from the body or by *Akhlāt Hārā* (Hot humours) or *Bārīda* (Cold humours). In this case a relatively less quantity of causative matter intervenes.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.¹ The headache is frequently accompanied with *Tanīn* (Tinnitus) and *Ghasayān* (Nausea).²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskīn-i Dard* (Analgesia)¹
- ❖ *Istifrāgh* (Evacuation) of causative *Khilt* (Humour)¹
- ❖ *Taqwiyat-i Dimāgh* (Toning up of brain)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Local application of following formulation on the affected side²:
Dam al-Akhwayn (*Pterocarpus marsupium*, Roxb.), *Za'farān* (*Crocus sativus*, Linn.), *Samagh 'Arbī* (*Acacia arabica*, Willd.), *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 side¹:
Ajwā'in Khurāsānī (*Hyoscyamus niger*, Linn.) Q.S. /*Tukhm-i Kāhū*

(*Lactuca sativa*, Linn.) Q.S./Post-i Bekh-i Luffāh (*Atropa belladonna*, Linn.) Q.S.

- ❖ *Natūl* (Irrigation) on the temporal region when *Shaqīqa* caused by *Khilt Hār*²:

Nīlofar (*Nymphaea lotus*, Linn.), *Banafsha* (*Viola odorata*, Linn.) *Barg-i Khatmī* (*Althaea officinalis*, Linn.), *Tukhm-i Kāhū* (*Lactuca sativa*, Linn.), *Gul Surkh* (*Rosa damascena*, Mill.)

- ❖ *Natūl* (Irrigation) on the temporal region when caused by *Khilt Bārid*²:

Bābūna (*Matricaria chamomilla*, Linn.), *Shīh* (*Artemisia maritima*, Linn.), *Sa'tar* (*Zataria multiflora*, Boiss.), *Shibit* (*Anethum sowa*, Roxb.)

Compound drugs:

<i>Qurs Musallas</i> ³	To be applied on the affected temporal region.
<i>Itrīfal Muqawwī-i Dimāgh</i> ⁴	5-10 gm.
<i>Itrīfal Zamānī</i> ⁴	5-10 gm.
<i>Itrīfal Kishnīzī</i> ⁵	9-20 gm.
<i>Itrīfal Sanā'ī</i> ⁴	7-12 gm.

'*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/Bārid*¹

Dietary recommendations:

- ❖ Half boiled egg ⁶
- ❖ *Zūd Hazm Aghziya*⁷
- ❖ *Mā' al-Sha'īr* ⁶

Dietary restrictions:

- ❖ *Aghziya Mubakhkhira*⁷
- ❖ *Saqīl o Naffākh Aghziya*⁷

Tahaffuz (Prevention/Precaution):

- ❖ Grief & Sorrow to be avoided.⁷

References

1. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 28-30.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 129-130.
3. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, p. 42.
4. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 9, 15, 16.
5. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 13.
6. Chaghmaynī, 1278 H., *Qānūncha*, Matba' Hāshimī, Meerut, pp. 81-83.
7. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb*, Vol. I, CCRUM, New Delhi, p. 83.

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 Shor*² 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 *shīrajāt*.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 belladonna*, Linn.).¹
- ❖ Application of paste of any of following drugs on temporal region¹:
Post-i Khashkhāsh (Rind of *Papaver somniferum*, Linn.)/*Bekh-i Yabrūj* (*Atropa belladonna*, Linn.) .
- ❖ Application of the following paste on forehead²:
Qurs Musallas mixed with juice of fresh green *Kishnīz* (*Coriandrum sativum*, Linn.).

Compound drugs:

<i>Roghan-i Khashkhāsh</i> ¹	Local application on scalp
<i>Roghan-i Khas</i> ¹	Local application on scalp
<i>Roghan-i Kadū</i> ²	Local application on scalp
<i>Roghan-i Labūb Sab'a</i> ³	Local application on scalp
<i>Qurs Musallas</i> ²	Local application after grinding with juice of green coriander.
<i>Khamīra-i Khashkhāsh</i> ^{2,4}	12 gm.
<i>Sharbat-i Khashkhāsh</i> ^{2,4}	12-24 ml.

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

- ❖ *Natūl* (Irrigation)¹
- ❖ *Hammām Mu'tadil*¹
- ❖ *Dalk-i Atrāf* (Massage on the extremities)²

Dietary recommendations:

- ❖ *Aghziya Murattiba*¹

Dietary restrictions:

- ❖ *Aghziya Mubakhkhira*²

Tahaffuz (Prevention/Precaution):

- ❖ Indigestion, *Fikr* (Mental stress), *Kasrat-i Jimā'* (Excessive coitus), *Ta'b* (Exertion), *Gham o Alam* (Grief & Sorrow), *Afkār Mushawwisha* (Apprehensions) and factors causing *Yubūsat* (Dryness) are to be avoided.^{1,2}

References

1. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 83-85.
2. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, pp.44-45.
3. Anonymous, 2008, *National Formulary of Unani Medicine*, Part V, CCRUM, New Delhi, p.126.
4. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 269, 613.

***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 Mizāj Bārid* (Cold morbid temperament).⁴
- ❖ It is characterized by short term and long term or both memory loss.¹

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

- ❖ *Istifrāgh* (Evacuation)¹
- ❖ *Taskhīn* (To produce warmth)⁵
- ❖ *Tajfīf* (To produce dryness) when caused by *Rutūbat* (Moistness)⁵
- ❖ *Tafrih-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 vinefera*, 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.⁵
- ❖ Oral administration of powder of *Maghz-i Funduq* (*Corylus avellana*, Linn.) mixed with sugar.⁵

Compound drugs:

<i>Zahbī</i> ⁶	3 gm. twice a day
<i>Khamīra-i Zaharmuhra</i> ⁶	6 gm. in the morning
<i>Itrīfal-i Ustūkhudūs</i> ⁵	up to 12 gm.
<i>Ma'jūn-i Nasyān</i> ⁷	5 gm. in the morning

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

- ❖ *Huqna Mushila* (Purgative enema)⁵
- ❖ *Gharghara* (Gargle)⁵
- ❖ *Qay'* (Emesis)⁵
- ❖ Thought provoking activities, partying with friends, indulgence in entertaining activities, listening of music and use of aroma⁵

Dietary recommendations:

- ❖ Egg yolk, Fish egg⁵

Dietary restrictions:

- ❖ *Aghziya Mubakkhira*⁵
- ❖ *Aghziya Mubarrida*⁵
- ❖ *Āb Sard* (Cold water)⁵

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.⁵

References

1. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 333-338.
2. Herawī Muhammad b. Yūsuf, 1325 H., *Bahr al-Jawāhir*, Matba' Nāmī, Lucknow, p. 263.
3. 'Abd al-Wahhāb, YNM, *Lughāt Qutbiyya*, Matba' Nāmī, Lucknow, p. 328.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 255.
5. Khān M A, 1906, *Iksīr-i A'zam*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 175-176.
6. Anonymous, 2011, *National Formulary of Unani Medicine*, Part VI, CCRUM, New Delhi, pp. 58-59.
7. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 198.

Sar' (Epilepsy)

Introduction:

- ❖ It is a condition of partial obstruction in the passage of *Rūh 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'da* (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 Fayqra*⁵
- ❖ Gargle with the mixture of *Sirka* 'Unsuli, and *Ayāraj-i Fayqra*⁵

Compound drugs:

<i>Ma'jūn-i Najāh</i> ⁵	18 gm.
<i>Khamīra-i Gāozabān</i> 'Ambarī <i>Jadwār</i> 'Ūd <i>Salīb Wāla</i> ⁶	7-9 gm.
<i>Tiryāq Arba'a</i> ⁵	3-5 gm.
<i>Tiryāq Samāniya</i> ⁵	4-13 gm.
<i>Sikanjabīn</i> 'Unsuli ⁵	18-36 ml.
<i>Ma'jūn-i Zabīb</i> ⁶	12 gm.
<i>Habb-i Sar' Khās</i> ⁷	One pill twice a day

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

- ❖ *Qay'* (Emesis) in case of gastric involvement⁵
- ❖ *Fasd* (Bloodletting)³
- ❖ *Ishāl* (Purgation)³
- ❖ *Huqna* (Enema)³
- ❖ *Hammām* (Bath)³
- ❖ *Hijāma* (Cupping)³

Dietary recommendations:

- ❖ *Aghziya Mulayyina*³

Dietary restrictions:

- ❖ *Aghziya Mubakhhira*³
- ❖ *Der Hazm Aghziya*³
- ❖ *Muwallid-i Balgham Aghziya*³

Tahaffuz (Prevention/Precaution):

- ❖ Loud sounds, strong aroma, excessive wakefulness, anger and grief to be avoided.³

References

1. Ibn Zuhr, 1986, *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, p. 55.
2. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 114-123.
3. Rāzī Muhammad b. Zakariyya, 1997, *Kitāb al-Hāwī* (Urdu Translation), Vol. I, CCRUM, New Delhi, pp. 106-130.
4. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 86-87.
5. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 25-32.
6. Kabiruddin M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 74, 183.
7. Anonymous, 2011, *National Formulary of Unani Medicine*, Part VI, CCRUM, New Delhi, pp. 21-22.

***Fālij* (Paralysis)**

Introduction:

- ❖ It is the condition of loss of motor power of muscle which can affect any part of the body. ¹
- ❖ 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 *A'sāb* (Nerves) being afflicted with weakness. It can also occur due to the predominance of *Burūdat* (Cold) and *Rutūbat* (Wetness) on the affected organ.²
- ❖ It is characterized mainly by loss of motor power of affected organs with some other symptoms varying with the causative factor.^{2,3}

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

- ❖ *Istifrāgh-i Fuzlāt Balghamiyya* (Evacuation of phlegmatic waste products) ¹
- ❖ *Ta'dīl-i Mizāj* (To maintain temperamental equilibrium)^{2,3}
- ❖ *Taqwiyat-i A'sāb* (Strengthening of nerves)^{2,3}
- ❖ *Taqlīl-i Ghizā* (Diet moderation/restriction)^{2,3}

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

- ❖ First step-*Mā' al-Usūl* for *Nuzj* (Concoction) for seven days.³
- ❖ Light diet comprising of *Mā' al-'Asl* and whole grain bread during administration of *Munzij* (Concoctive). ³
- ❖ Second step-Oral/parenteral administration of *Mushil-i Balgham* (Purgative of phlegm).³

- ❖ Third step-*Adhān Hārā* (Oils of hot temperament) for *Taqwiyat-i A'sāb* (Strengthening of nerves) as local application.²

Compound drugs:

<i>Anqardiyā Kabīr</i> ⁴	4 gm. with 'Arq-i Bādiyān 144 ml. at empty stomach in the morning
<i>Ayāraj-i Fayqra</i> ⁵	3-5 gm.
<i>Ayāraj Loghāziya</i> ⁵	5-10 gm.
<i>Habb-i Ayāraj</i> ^{4,5}	3-9 gm. with 'Arq-i Gāozabān 144 ml. at night
<i>Ma'jūn Lanā</i> ⁵	1-3 gm. with 'Arq-i Bādiyān
<i>Ma'jūn Sīr 'Alvī Khānī</i> ^{4,5}	5-10 gm.
<i>Ma'jūn Jograj Gugul</i> ⁴	3-5 gm.
<i>Ma'jūn-i Azārāqī</i> ⁴	1-5 gm. with 'Arq-i Gāozabān
<i>Habb-i Fālij</i> ⁵	125 to 250 mg.
<i>Habb-i Fālij Mulayyin</i> ⁵	5 to 10 gm.
<i>Habb-i Jund</i> ⁵	125-500mg.
<i>Roghan-i Qust</i> ⁴	Local application
<i>Roghan-i Shifā</i> ⁴	Local application

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

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

Dietary recommendations:

- ❖ *Mā' al-'Asl*³
- ❖ *Mā' al-Sha'īr*¹
- ❖ *Aghziya Yābisa* e.g. *Khushkāri Rotī* (whole grain bread)¹
- ❖ Meat of partridge, sparrow, pigeon³

Dietary restrictions:

- ❖ *Aghziya Mughalliza*⁶
- ❖ *Aghziya Murattiba*¹

Tahaffuz (Prevention/Precaution):

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

References

1. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 129-134.
2. Nafis b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 99-101.
3. Ibn Hubal, 2004, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. III, CCRUM, New Delhi, pp. 53-56.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol II, CCRUM, New Delhi, pp. 15, 18, 92, 176, 180.
5. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, pp. 13, 21, 38, 141, 230.
6. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 422-424.

***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'ī*) or *Tashannuj*/Spasm (*Laqwa Tashannujī*) 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 Tashannujī*.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'ī*.²
- ❖ *Takmīd Murkhī* (Fomentation to remove spasm).³

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

- ❖ *Mā' al-Usūl* (For Nuzj) in case of *Laqwa Istirkhā'ī* 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.).²
- ❖ *Mazūgh* (Mastication) with any of the following drugs, in case of *Laqwa Istirkhā'ī*²:
Jawzbuwā (*Myristica fragrans*, Houltt.)/*Qaranfal* (*Myrtus caryophyllus*, Linn.)/*Zanjabil* (*Zingiber officinale*, Roscoe.).
- ❖ *Mazūgh* (Mastication) with following drugs, in case of *Laqwa Istirkhā'ī*²:
'Āqarqarhā (*Anacyclus pyrethrum*, DC.) along with *Kundur* (*Boswellia serrata*, Roxb.)
- ❖ *Sa'ūt* (Snuff) with *Roghan-i Kalonjī*.²
- ❖ Fomentation with cotton cloth dipped in hot water (in case of *Laqwa Tashannujī*).³
- ❖ Hot fomentation with any membranous bag filled with suitable hot oil (in case of *Laqwa Tashannujī*).³
- ❖ Massage with oil of *Khardal* (*Brassica nigra*, Linn.)/castor oil.³

Compound drugs:

<i>Anqardiyā Kabīr</i> ⁴	4 gm. with ' <i>Arq-i Bādiyān</i> 144 ml. at empty stomach in the morning ⁵
<i>Ayāraj-i Fayqrā</i> ⁵	3-5 gm.
<i>Ayāraj Loghāziya</i> ⁵	5-10 gm.
<i>Habb-i Ayāraj</i> ^{4,5}	3-9 gm. with ' <i>Arq-i Gāozabān</i> 144 ml. at empty stomach in the morning
<i>Ma'jūn Lanā</i> ⁵	1-3 gm. with ' <i>Arq-i Bādiyān</i>
<i>Ma'jūn-i Sīr 'Alvī Khānī</i> ^{4,5}	5-10 gm.
<i>Ma'jūn-i Jogrāj Gugul</i> ⁴	3-5 gm.
<i>Ma'jūn-i Azārāqī</i> ⁴	1-5 gm. with ' <i>Arq-i Gāozabān</i>
<i>Habb-i Junā</i> ⁵	125-500 mg.
<i>Roghan-i Qust</i> ⁴	Local application
<i>Roghan-i Shifā</i> ⁴	Local application

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

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

Dietary recommendations:

- ❖ *Aghziya Latīfa*¹
- ❖ *Mā’ al-‘Asl*²
- ❖ Decoction of black gram²
- ❖ Meat of birds²

Dietary restrictions:

- ❖ *Aghziya Munaffikha o Mubakkhkira*²
- ❖ *Muwallid-i Balgham Aghziya*²

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

1. Ibn Sīnā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 147-150.
2. Khān M A, 1906, *Iksīr-i A’zam*, Vol. I, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 223-224.
3. Nafis b. ‘Iwaz, 1326 H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. I, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 114-117.
4. Kabiruddin M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 15, 92, 176, 180.
5. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, pp. 21, 38, 141, 230.

***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 nerves², *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 stoechas*, Linn.), 3.5-7 gm. along with *Habb-i Ayāraj* especially for the tremor of head.³

Compound drugs:

<i>Habb Mun'ish</i> ⁴	1 pill in morning with cow milk.
<i>Khamīra-i Gāozabān Jadwār 'Ūd Salīb Wālā</i> ⁴	3-7 gm. with 'Arq-i Gāozabān 144 ml.
<i>Ma'jūn Talkh</i> ⁴	1-3 gm. with 'Arq-i Bādiyān 144 ml./water.
<i>Ma'jūn-i Jogrāj Gogul</i> ⁴	3-5 gm.
<i>Ma'jūn Lanā</i> ⁴	1-3 gm. with 'Arq-i Bādiyān 144 ml.
<i>Roghan-i Qust</i> ¹	Local application
<i>Roghan Mujarrab</i> ⁴	Local application

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

- ❖ *Hammām Hār* (Hot bath) if caused by *Sū'-i Mizāj Bārid* (Cold morbid temperament) of nerves¹
- ❖ *Takmīd Hār* (Hot fomentation)⁵
- ❖ *Tamrīkh* (Pasting) with *Roghan-i Khardal* on back¹
- ❖ *Fasd* (Bloodletting)²
- ❖ *Taskīn Nafsānī* (Psychic rest)²
- ❖ *Tazahhā* (Sun bath)) if caused by *Sū'-i Mizāj Bārid* (Cold morbid temperament) of nerves.¹

Dietary recommendations:

- ❖ *Aghziya Musakhkhina*⁵
- ❖ Black gram water⁵
- ❖ Honey⁵
- ❖ *Bayza Nīm Brisht* (Half fried egg)¹
- ❖ Meat of lamb¹
- ❖ Meat of pigeon¹
- ❖ Fish¹

Dietary restrictions:

- ❖ *Aghziya Mubakhhira*¹

Tahaffuz (Prevention/Precaution):

- ❖ Too much of sex to be avoided.¹
- ❖ Cold water to be avoided.¹
- ❖ Alcohol to be avoided.¹

References

1. Khān M A, 1906, *Iksir-i A'zam*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 317-321.
2. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 110-112.
3. Ibn Sīnā, 1411 H., *al-Qānūn fī'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 150-152.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 64, 74, 95, 176, 179, 180, 193.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 277.

***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):**

- ❖ *Roghan-i Khayrī* (Local application)²
- ❖ *Roghan-i Yāsmīn* (Local application)²
- ❖ *Roghan-i Bān* (Local application)²
- ❖ *Mā' al-Usūl* (few days) for *Nuzj*, followed by *Ishāl* through *Habb Muntin*.²

Compound drugs:

<i>Ma'jūn-i Khadar</i> ³	7 gm. with water
<i>Ma'jūn-i Khadar Jadīd</i> ³	5 gm. with water in the morning

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

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

Dietary recommendations:

- ❖ *Aghziya Musakhkhina*²

Dietary restrictions:

- ❖ *Mowallid-i Balgham Aghziya*²

Tahaffuz (Prevention/Precaution):

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

References

1. Nafis b. ‘Iwaz, 1326H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. I, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 112-113.
2. Majūsī ‘Alī b. ‘Abbās, 2005, *Kāmil al-Sanā’a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 274-275.
3. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol II, CCRUM, New Delhi, pp. 182-183.

***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 head⁵:
Gul-i Bābūna (*Matricaria chamomilla*, Linn.), *Gul Surkh* (*Rosa damascena*, Mill.), *Marzanjosh* (*Origanum majorana*, Linn.).
- ❖ Administration of following eye drop containing mucilaginous decanted liquid prepared from *Tukhm-i Hulba* (*Trigonella foenum-graeceum*, 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:

<i>Ayāraj-i Fayqra</i> ³ for <i>Ramad Balghamī</i>	3-5 gm.
<i>Shiyāf Abyaz</i> ^{6,7}	Local application
<i>Shiyāf Dīnārjūn</i> ³ for <i>Ramad Sawdāwī</i>	Local application
<i>Zarūr Abyaz</i> ⁶	Local application

'*Ilāj bi'l-Tadbīr* (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 Latīfa*⁵

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

1. Majūsī 'Alī b. 'Abbās, 1889, *Kāmil al-Sanā'a* (Urdu Translation by Hakīm Ghulām Hasnayn Kintūrī), Vol. I, Matba' Munshī Naval Kishore, Lucknow, pp. 472-473.
2. Ibn Zuhr, 1986, *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, p. 47.
3. Nafīs b. 'Iwaz, 1326 H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 141.
4. Ibn Sīnā, 1992, *al-Qānūn fi'l-Tibb* (Urdu Translation by Hakīm Ghulām Hasnayn Kintūrī), Vol. III (Part I), Nigārishāt, Lahore, pp. 126-129.
5. Tabarī 'Alī b. Rabban, 2002, *Firdaws al-Hikma* (Urdu Translation), Faysal publications, Deoband, p. 163.
6. Rāzī, Muhammad b. Zakariyya, 1991, *Kitāb al-Mansūrī* (Urdu Translation), CCRUM, New Delhi, pp. 330-331.
7. Khān M A, 2006, *Rumūz-i A'zam*, Vol. I, CCRUM, New Delhi, pp. 129, 132-133.

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 drugs²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Mā' al-Fawākih*²
- ❖ Oral administration of decoction of *Halayla* (*Terminalia chebula*, Retz.) and *Ghāriqūn* (*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:
Khurfa (*Portulaca oleracea*, Linn.), *Barg-i Kāsnī* (*Cichorium intybus*, Linn.), *Roghan-i Gul*.
- ❖ Paste containing following ingredients to be applied on eye lids:
Shahm al-Rummān (Fruit pulp of *Punica granatum*, Linn.), *'Adas Muqashshar* (Dehusked seed of *Lens culinaris*, Medic.), with any suitable medium.

Compound drugs:

<i>Shiyāf Ahmar Layyin</i> ^{1, 2, 3}	Local application
<i>Barūd-i Hasram</i> ^{1, 4}	Local application
<i>Shiyāf Abyaz</i> ³	Local application after mixing with <i>Āb-i Bādiyān</i> .
<i>Kuhl al-Jawāhir</i> ⁴	Local application

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

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

Dietary recommendations:

- ❖ *Mā’ al-Fawākih*²
- ❖ *Mifakhtaj*²

Dietary restrictions:

- ❖ Diets that produce *Khilt Hādd* (Hot humours) to be avoided.⁵

References

1. Kahhāl ‘Alī b. ‘Isa, 2009, *Tazkira al-Kahhālīn* (Urdu Translation), CCRUM, New Delhi, pp. 90-91.
2. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb*, Vol. II, CCRUM, New Delhi, pp. 142-144.
3. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 123.
4. Ghani M N, 2010, *Qarābādīn-i Najmul Ghani*, CCRUM, New Delhi, pp. 87, 765.
5. Majūsi ‘Alī b. ‘Abbās, 2010, *Kāmil al-Sanā’a* (Urdu Translation), Vol. I (Part II), CCRUM, New Delhi, p. 300.

***Sha'ira* (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 drugs²:
Melted fat/Barley flour Q.S. and *Qinnab* (*Cannabis sativa*, Linn.)/decoction of barley seed.
- ❖ *Tilā-i Arībāsiyūs* containing following drugs to be used locally²:
Kundur (*Boswellia serrata*, Roxb.) 1 part, *Murr* (*Commiphora myrrha*, Nees.) 1 part, *Lāzan* (*Citrus ladanum*) 1/4 part, Wax ½ part, Alum ½ part, *Būra Armanī* ½ part mixed with sediments of *Roghan-i Sosan*.

Compound drugs:

<i>Ayāraj-i Fayqra</i> ²	3-5 gm.
<i>Itrīfal Zamānī</i> ⁴	7 gm. at bed time
<i>Kuhal Kāfūrī</i> ⁴	Local application
<i>Marham Dākhilyūn</i> ⁴	Local application
<i>Shiyāf-i Māmīsa</i> ⁵	Local application

‘Ilāj 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 Mubakhkhira*³
- ❖ *Aghziya Saqīla*³

References

1. Nafīs b. ‘Iwaz, 1326H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. I, Matba‘ Nāmī Munshī Naval Kishor, Lucknow, p. 191.
2. Ibn Sīnā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, p. 194.
3. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu‘ālajāt al-Buqrātiyya* (Urdu Translation), Part I, CCRUM, New Delhi, pp. 591-592.
4. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb*, Vol. II, CCRUM, New Delhi, pp. 220-222.
5. Kahhāl ‘Alī b. ‘Isā, 2009, *Tazkira al-Kahhālīn* (Urdu Translation), CCRUM, New Delhi, p. 76.

‘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 Fayqra*³
- ❖ Juice of fresh leaves of *Bādiyān* (*Foeniculum vulgare*, Gaertn.) is used as eye drop.³
- ❖ *Sa’ūt* (Snuff) with a formulation containing following drugs³:
Tabāshīr (*Bambusa bambus*, Druce.) and *Roghan-i Banafsha*

Compound drugs:

<i>Kuhl-i 'Ashā</i> ⁴	Local application
<i>Kuhl Dāfi'-i Shabkorī</i> ⁴	Local application
<i>Kuhl-i Filfil</i> ⁴	Local application
<i>Barūd-i Hasram</i> ⁵	Local application

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

- ❖ *Inkibāb* (Steam inhalation)²
- ❖ *Gharghara* (Gargle)²
- ❖ 'Atūs (Induced sneezing)²

Dietary recommendations:

- ❖ Roasted liver of sheep⁵
- ❖ Roasted liver of hare⁵

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

1. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, p. 205.
2. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb* (Urdu Translation), Vol. II, CCRUM, New Delhi, pp. 146-149.
3. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 59-60.
4. Anonymous, 2007, *National Formulary of Unani Medicine*, Vol. I, (Part-II), CCRUM, New Delhi, pp. 49-50.
5. Kahhāl 'Alī b. 'Īsā, 2009, *Tazkira al-Kahhālīn* (Urdu Translation), CCRUM, New Delhi, pp. 211-212.

***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 '*Āqarqarhā* (*Anacyclus pyrethrum*, DC.) in case of *Qulā' Balghamī*.²
- ❖ *Mazmaza* (Rinse) with *Nawshādar* (Sal ammoniac), *Shibb* (Alum), *Namak Khurdanī* (Sodium chloride) mixed in vinegar in case of *Qulā' Damawī o Safrāwī*.²
- ❖ *Zarūr* (Sprinkle) with powder of following drugs¹:
Shibb (Alum) and *Māzū* (*Quercus infectoria*, Oliv.)

Compound drugs:

<i>Habb-i Sibr</i> for <i>Tanqiya</i> in case of <i>Qulā' Balghamī</i> ²	3-7 gm.
<i>Zarūr-i Kath</i> ³	Local application
<i>Zarūr-i Qulā'</i> ³	Local application
<i>Qulā'ī</i>	Local application

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

- ❖ *Fasd-i Qifāl* (Bloodletting through cephalic vein)²
- ❖ *Fasd-i Chahār Rag* (Bloodletting through superior and inferior labial veins)²

Dietary recommendations:

- ❖ *Aghziya Bārīda* in case of *Qulā' Damawī o Safrāwī*⁴
- ❖ Pomegranate juice⁴
- ❖ *Aghziya Sāliha* (Diets that produce good humours) for lactating mother⁴

Dietary restrictions:

- ❖ Meat⁴
- ❖ *Muwallid-i Sawdā Aghziya* (Diets that produce black bile) for lactating mother⁴

Tahaffuz (Prevention/Precaution):

- ❖ *Roghaniyāt* (Oils) to be avoided except those having astringent property.⁴

References

1. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 268-269.
2. Nafīs b. 'Iwāz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 224.
3. Kabīruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 430.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 9-18.

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
- ❖ *Tanqīya-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 drugs²:
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 drugs²:
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 pain²:

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*).²

- ❖ *Mazmaza* (Rinse) with lukewarm mixture of *Kāfūr* (*Cinnamomum camphora*, Nees.), vinegar and rose water (When caused by *Sū'-i Mizāj Hār*).²

- ❖ *Tadkhīn* (Fumigation) of the tooth having dental carries with the following drugs²:

Tukhm-i Gandanā (*Allium ampeloprasum*, Linn.), *Tukhm-i Piyāz* (*Allium cepa*, Linn.), *Lehsan* (*Allium sativum*, Linn.), *Tukhm-i Mūlī* (*Raphanus sativus*, Linn.) mixed with wax, burnt and fumigated using a funnel shaped instrument.

Compound drugs:

<i>Sanūn-i Mughlān</i> ³	Local application on teeth
<i>Sanūn Kalān</i> ³	Local application on teeth
<i>Tiryāq-i Asnān</i> ⁴	Local application on teeth
<i>Sanūn Khās</i> ⁵	Local application on teeth

ʿIlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ *Fasd-i Qifāl* (Bloodletting through cephalic vein)¹
- ❖ *Ishāl* (Purgation)¹
- ❖ *Mazmaza* (Rinse)¹
- ❖ *Gharghara* (Gargle)¹
- ❖ *Tadkhīn* (Fumigation)¹

Dietary recommendations:

- ❖ *Aghziya Hārri* (If caused by *Sū'-i Mizāj Bārid*).⁶
- ❖ *Aghziya Bārīda* (If caused by *Sū'-i Mizāj Hār*).⁶

Dietary restrictions:

- ❖ Sweet diets⁶

- ❖ *Aghziya Ghalīza* ⁶
- ❖ *Aghziya Mubakkhira* ⁶

Tahaffuz (Prevention/Precaution):

- ❖ Use of *Muhāfiz-i Dandān Adwiya* (Tooth protecting drugs). ²

References

1. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 277-281.
2. Khān MA, 1884, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 40-49.
3. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb*, Vol. II, CCRUM, New Delhi, p. 368.
4. Anonymous, 2006, *National Formulary of Unani Medicine*, NISCAIR, Part-IV, CCRUM, p-71.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 123.
6. Kāzim M, 1906, *Aghziya al-Marzā*, Afzal al-Matābi', Delhi, pp. 20-21.

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-graeceum*, Linn.) and *Tukhm-i Katān* (*Linum usitatissimum*, Linn.).²
- ❖ *Mazmaza* (Rinse) with the mixture of *Sumāq* (*Rhus coriaria*, Linn.) with rose water in case of *Waram Hār*.²
- ❖ Paste containing common salt and honey to be used locally on gums in children.³
- ❖ Following *Sanūn* (Tooth powder) may be used³:
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:

<i>Sanūn-i Tambākū</i> ⁴	Local application
<i>Sanūn Zard</i> ⁴	Local application

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

- ❖ *Fasd-i Qīfal* (Bloodletting through cephalic vein) in case of *Waram Hār*.⁵
- ❖ *Fasd-i Chahār Rag* (Bloodletting through superior and inferior labial veins) in case of *Waram Hār*.⁵
- ❖ *Hijāma* (Cupping) with cup made of silver.^{2,5}
- ❖ *Kayy* (Cauterization)⁶
- ❖ *Mazmaza* (Rinse)²

Dietary recommendations:

- ❖ *Aghziya Latīfa*¹
- ❖ Juice of pomegranate⁵
- ❖ Use of pomegranate, apple and guava.⁵

Dietary restrictions:

- ❖ *Aghziya Ghalīza*¹

Tahaffuz (Prevention/Precaution):

- ❖ Flow of secretions from head to the gums to be prevented.¹

References

1. Ibn Sinā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 290-291.
2. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 237-238.
3. Ahmad K R, 2010, *Tarjama Sharah-i Asbāb*, Vol. II, CCRUM, New Delhi, p. 391.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 109.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 304.
6. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, p. 112.

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 'Ilāj (Principles of Treatment):

- ❖ *Tanqiya-i Badan* (Evacuation of whole body)²
- ❖ *Daf'-i Ta'affun* (Removal of suppuration)¹
- ❖ *Tajfif-i Qarha* (Healing of ulcer)²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Joshānda-i Halayla*²
- ❖ Local application of *Sanūn* (Tooth powder) containing following drugs¹:
'Āqarqarhā (*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:

<i>Sanūn Khās</i> ³	Local application
<i>Marham-i Asfīdāj</i> ²	Local application
<i>Marham-i Murdārsang</i> ²	Local application

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

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

Dietary recommendations:

- ❖ Juice of Pomegranate²
- ❖ *Aghziya Mubarrida o Mulattifa*²

Dietary restrictions:

- ❖ *Aghziya Hāmiza* (Sour diets)⁵
- ❖ *Aghziya Kasīfa*²

References

1. Ibn Sinā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 291-292.
2. Majūsī ‘Alī b. ‘Abbās, 2005, *Kāmil al-Sanā’a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 304-198.
3. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 221.
4. Nafīs b. ‘Iwaz, 1326H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. I, Matba’ Nāmī Munshī Naval Kishor, Lucknow, p. 238.
5. Rāzī Muhammad b. Zakariyya, 1998, *Kitāb al-Hāwī* (Urdu Translation), Vol. III, CCRUM, New Delhi, pp. 103, 125.

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 'Unnāb* ¹:

Masūr Muqashshar (Dehusked *Lenses esculenta*, Moench.) 24 gm., *Kishnīz Khushk* (Dried *Coriandrum sativum*, Linn.) 24 gm., *Tukhm-i Kāsnī* (*Cichorium intybus*, Linn.) 24 gm., *Tukhm-i Kāhū* (*Lactuca sativa*, Linn.)

- ❖ Local application of paste containing following drugs for the *Waram* afflicted with *Safrā*¹:

Roghan-i Sosan, *Mom Safed*, *Safūf-i Bābūna* (Powder of *Matricaria chamomilla*, Linn.).

- ❖ *Gharghara* (Gargle) with following drugs for the *Waram* afflicted with *Balgham*¹:

‘Āqarqarhā (*Anacyclus pyrethrum*, DC.), *Mawīzaj* (*Vitis vinifera*, Linn.), *Rubb-i Angūr* (Dry extract of fresh grapes).

Compound drugs:

<i>Sharbat-i ‘Unnāb</i> ¹	24-48 ml. mixed with <i>Mā’ al-Sha’ir</i>
<i>Sharbat-i Tūt Siyāh</i> ⁴	24 ml.
<i>Sharbat-i Sapistān</i> ⁵	24-48 ml.

‘*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 *Balghamī* 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’ir*¹

Dietary restrictions:

- ❖ *Aghziya Ghalīza*¹
- ❖ Chilled foods and drinks.

Tahaffuz (Prevention/Precaution):

- ❖ *Muwallidāt-i Sawdā* regimens to be avoided¹

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 92-93.
2. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 241-243.
3. Ibn Sīnā, 1411 H., *al-Qānūn fī'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 303-304.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 115, 116.
5. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 615-616.

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 used ²:
Nākhūna (Pods of *Trigonella uncata*, Boiss.), *Bābūna* (*Matricaria chamomilla*, Linn.), *Marzanjosh* (*Origanum majorana*, Linn.), *Soyā* (*Anethum sowa*, Roxb.)
- ❖ *Shamūm* for *Nazla Bārid*²:
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:

<i>Tiryāq-i Nazla</i> ³	13 gm.
<i>Shrabat-i Khashkhāsh Sāda</i> ³ (Nazla Hār)	12-24 ml.
<i>Sharbat-i Khashkhāsh</i> ³ (Nazla Hār)	12-24 ml.
<i>Sharbat Faryādras</i> ³	12-24 ml.
<i>Sharbat-i Nazla</i> ³	24-48 ml.
<i>Qurs-i Nazla Band</i> ³	12-24 ml.
<i>Qurs-i Khashkhāsh</i> ³ (Nazla Hār)	1-2
<i>La'ūq-i Sapistān</i> ³	2 gm. 3-5 times
<i>La'ūq-i Khashkhāsh</i> ³ (Nazla Hār)	6 gm. 3-4 times
<i>La'ūq-i Bazr al-Banj</i> ³ (Nazla Hār)	3-5 gm.

‘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 Murgh*²
- ❖ Fish²

Dietary restrictions:

- ❖ *Aghziya Mubakhkhira*²

Tahaffuz (Prevention/Precaution):

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

References

1. Ibn Sīnā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 243-248.
2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 121-127.
3. Kabiruddin M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 51-52, 613, 614, 617, 618, 619, 902, 907, 998.

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 *Sū'-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 *Sū'-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 *Harārat*). 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 Nīlofar/ Roghan-i Kadū
- ❖ In case of *Zukām Bārid*, *Takmīd Hār* with *Jawār* (*Pennisetum typhoideum*, Rich.) tied in cloth.²
- ❖ Oral administration of following infusion in case of *Zukām Bārid*²:

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:

<i>Shrabat-i Khashkhāsh Sāda</i> ³ (<i>Zukām Hār</i>)	24 ml. with water in morning.
<i>Sharbat-i Khashkhāsh</i> ³ (<i>Zukām Hār</i>)	24 ml. with water in morning.
<i>Qurs-i Nazla Band</i> ³	<i>Lazūq</i> on temporal region after mixing with egg white.
<i>Qurs-i Khashkhāsh</i> ³ (<i>Zukām Hār</i>)	01 with <i>Sharbat-i Khashkhāsh</i>
<i>La'ūq-i Sapistān</i> ³	2 gm. 3-5 times
<i>La'ūq-i Khashkhāsh</i> ³ (<i>Zukām Hār</i>)	6 gm. 3-4 times
<i>La'ūq-i Bazr al-Banj</i> ³ (<i>Zukām Hār</i>)	3-5 gm.

'*Tlāj 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*²

❖ Fish²

Dietary restrictions:

❖ *Aghziya Mubakhkhira*²

Tahaffuz (Prevention/Precaution):

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

References

1. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 121-127.
2. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 119.
3. Kabīruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 613, 614, 619, 902, 907, 999.

***Su'āl* (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 Hārri* (Hot factors) and *Asbāb Bārīda* (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 *Taltif* (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 factor¹

***'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 *Su'āl 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-graeceum*, 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:

<i>Sharbat-i Banafsha</i> for <i>Su'āl Hār</i> ¹	24 ml. with water.
<i>Sharbat-i Khashkhāsh</i> ²	24 ml.
<i>Habb-i Surfa</i> ⁴	To be kept in mouth.
<i>Khamīra-i Khashkhāsh</i> ⁴	7-12 gm. in morning.
<i>Sharbat I'jāz</i> ⁴	24 ml.
<i>Sharbat-i 'Unnāb</i> ⁴	24-48 ml.
<i>Sharbat-i Zūfā Sāda</i> ⁴	24 ml. in morning.
<i>Sharbat-i Zūfā Murakkab</i> ⁴	24 ml. in morning.
<i>Habb-i Adrak</i> ⁴	1-2 to be kept in mouth.
<i>La'ūq-i Behīdāna</i> ⁴	To be licked several times a day.
<i>La'ūq-i Khashkhāsh</i> ⁴	To be licked several times a day.
<i>La'ūq-i Sapistān</i> ⁴	6-12 gm. with 'Arq-i <i>Gāozabān</i> 144 ml.
<i>La'ūq-i Sapistān Khiyārshambari</i> ⁴	12 gm. with 'Arq-i <i>Gāozabān</i> 144 ml.
<i>La'ūq Nazlī</i> ⁴	7-12 gm.

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

- ❖ *Inkibāb* (Steam inhalation)²
- ❖ *Takmīd* (Fomentation) on chest.²
- ❖ *Tadhīn* (Oil massage) on chest.²

Dietary recommendations:

- ❖ *Aghziya Murattiba* for dry cough.¹
- ❖ Goat milk for dry cough.¹
- ❖ *Mā’ al-Sha’īr* prepared with crabs.¹
- ❖ *Mā’ al-‘Asl*²

Dietary restrictions:

- ❖ *Aghziya Munaffikha*²
- ❖ *Aghziya Qābiza*²

Tahaffuz (Prevention/Precaution):

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

References

1. Ibn Sīnā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 347-353.
2. Khān M A, 1906, *Iksīr-i A’zam*, Vol. II, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 147-151.
3. Arzānī M A, YNM, *Mizān al-Tibb*, Matba’ Qāsmī, Deoband, pp. 75-76.
4. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 49, 73, 112, 115, 117-118, 170-171.

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 Mizāj 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
- ❖ *Taqil-i Ghizā* (Dietary control) but plenty of nutritive food, when the cause is haemorrhage.⁴
- ❖ *Taltif-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 *Laghāziya*, *Fayqra*.²

- ❖ *Gul Surkh* (*Rosa damascena*, Mill.), *Sandal* (*Santalum album*, Linn.), *Nīlofar* (*Nymphaea lotus*, Linn.) in equal quantity used as infusion with *Sharbat-i Sandal* and '*Arq-i Gulāb*'.⁵

Compound drugs:

<i>Dwā' al-Misk</i> ⁴ (In case of <i>Imtilā'-i Sawdā</i>)	7 gm. in morning with ' <i>Arq-i Gāozabān</i> 72 ml.
<i>Murabba-i Āmīlā</i> ⁴ (In case of <i>Imtilā'-i Sawdā</i>)	As directed by physician.
<i>Murabba-i Halaylā</i> ⁴ (In case of <i>Imtilā'-i Sawdā</i>)	As directed by physician.
<i>Ma'jūn-i Aftīmūn</i> ⁴ (In case of <i>Imtilā'-i Sawdā</i>)	6-8 gm.
<i>Khamīra-i Yāqūt</i> ⁶ (In case of <i>Imtilā'-i Sawdā</i>)	4.5 gm.
<i>Khamīra-i Marwārīd</i> ⁶	5-7 gm.
<i>Khamīra-i Sandal</i> ⁶	12-24 gm.
<i>Khamīra-i Gāozabān 'Ambarī</i> ⁶	5-7 gm.
<i>Khamīra-i Ābresham</i> ⁶	7 gm.
<i>Mufarrih Bārid</i> ² (<i>Khafaqān Hār</i>)	9 gm.

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

- ❖ *Fasd-i Bāslīq* (Bloodletting through left basilic vein) in *Khafaqān Damawī*.³
- ❖ *Qay'* (Emesis) and *Ishāl* (Purgation) in case of *Khafaqān* due to gastric association.⁵

Dietary recommendations:

- ❖ *Mā' al-Rā'ib*³
- ❖ Curd³
- ❖ *Aghziya Mubarrida*⁴

Dietary restrictions:

- ❖ *Aghziya Mubakkhira*³

Tahaffuz (Prevention/Precaution):

- ❖ Indigestion to be avoided.⁴
- ❖ Alcoholism to be avoided.⁴

References

1. Chaghmaynī, 1278 H., *Qānūncha*, Matba' Hāshimī, Meerutt, p. 98.
2. Ibn Sīnā, 1411 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part I), Jamia Hamdard, New Delhi, pp. 409, 414.
3. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 275-276.
4. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1997, *al-Mu'ālaḡāt al-Buqrāṭiyya* (Urdu Translation), Part II, CCRUM, New Delhi, pp.493-494.
5. Ibn Zuhr, 1986, *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, pp. 111-112.
6. Khān MS, 1873, '*Aḡāla Nāfi'a*', Matba' Nāmī Munshī Naval Kishore, Lucknow, p. 92, 93, 95, 96, 99.

***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 *Tūdri 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.²

Compound drugs:

<i>Halwa-i Bayza-i Murgh</i> ²	6-12 gm. twice a day.
<i>Halwa-i Nakhūd</i> ²	As directed by the physician.
<i>Halwa-i Sa'lab</i> ³	12-24 gm. with milk in morning.

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

- ❖ *Hijāma* (Cupping) below the breast.²
- ❖ *Natūl* (Pouring) of lukewarm water on breast.²

Dietary recommendations:

- ❖ *Aghziya Musammina*²
- ❖ *Aghziya Ratba*²
- ❖ Breasts of animals²
- ❖ *Muwallid-i Shīr Aghziya* (Lactogenic diets)²

Tahaffuz (Prevention/Precaution):

- ❖ Psychological factors affecting the milk production adversely are to be avoided.²
- ❖ *Tobacco consumption to be avoided.*

References

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 87.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 329-332.
3. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 66.

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 Jigar* (Treatment of hepatitis)²
- ❖ *Islāh-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

Compound drugs:

<i>Jawārish Kamūnī</i> ²	10 -15 gm.
<i>Jawārish-i Pudīna</i> ²	5-10 gm.
<i>Jawārish-i Zanjabīl</i> ²	7-9 gm.
<i>Jawārish-i Mastagī</i> ²	5-9 gm.
<i>Ayāraj-i Fayqra</i> ³	3-5 gm.

‘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 Mubarrida*⁴

References

1. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 524-529.
2. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 312-315.
3. Qarshī Ibn Nafīs, 2004, *al-Mūjaz fi'l-Tibb*, Dar al-Kotob, Beirut, Lebanon, pp. 207-209.
4. Khān M A, 1884, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 543-555.

Waham o Fasād-i Shahwat (Pica)

Introduction:

- ❖ *Waham* is the desire for foods of strange qualities such as acrid food while, in *Fasād-i Shawwat* 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 Shawwat* 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'ichī Khurd (*Elettaria cardamomum*, Maton.), *Ilā'ichī Kalān* (*Amomum subulatum*, Roxb.), *Jāwitrī* (*Myristica fragrans*, Houtt.) each in equal quantity is powdered and mixed with equal quantity of sugar.

Compound drugs:

<i>Jawārish-i Anārayn</i> ⁵	7-10 gm. after meal.
<i>Jawārish Kamūnī</i> ⁶	7-10 gm. after meal.

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

- ❖ *Qay’* (Emesis)⁴

Dietary recommendations:

- ❖ *Aghziya Latīfa*²

Dietary restrictions:

- ❖ *Aghziya Muta’affina*²
- ❖ *Aghziya Radiyya*²
- ❖ *Aghziya Saqīla*²

Tahaffuz (Prevention/Precaution):

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

References

1. Nafis b. ‘Iwaz, 1326 H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. I, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 296-299.
2. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu’ālajāt al-Buqrātiyya* (Urdu Translation), Part III, CCRUM, New Delhi, pp.91-94.
3. Majūsī ‘Alī b. ‘Abbās, 2005, *Kāmil al-Sanā’a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 339-340.
4. Ibn Sīnā, 1411 H., *al-Qānūn fi’l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 481-482.
5. Khān M S, 1873, *‘Ajāla Nāfi’a*, Matba’ Nāmī Munshī Naval Kishor, Lucknow, p. 33.
6. Kabiruddin M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 81.

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, *Tabāshūr* (*Bambusa bambus*, Druce.) 3 part, *Kishnīz Khushk* (*Coriandrum sativum*, Linn.) 5 part in the dose of 7 gm.³
- ❖ Oral administration of powder of *Pudīna* (*Mentha piperita*, Linn.) with '*Arq-i Ilā'ichī*'.²

Compound drugs:

<i>Murabbā-i Zanjabīl</i> ²	12-24 gm. with 'Arq-i Bādiyān 144 ml.
<i>Jawārish Kamūnī</i> ²	7-12 gm. after meal.
<i>Jawārish-i Mastagī</i> ²	5-9 gm. with 'Arq-i Bādiyān 144 ml.
<i>Jawārish-i 'Ūd Shīrīn</i> ²	5-7 gm. after meal.
<i>Jawārish-i 'Ūd Tursh</i> ²	5-7 gm. after meal.
<i>Habb-i Pachlawna</i> ²	2 after meal with water.
<i>Habb Tursh</i> ²	1-4 after meal.
<i>Habb-i Hiltī</i> ²	1-4 one hour after meal with water.
<i>Safūf Hāzim</i> ²	3-5 gm. after meal.

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

- ❖ Long sleep to be advised.³
- ❖ *Qay'* (Emesis)³

Dietary recommendations:

- ❖ *Aghziya Latīfa*³

Dietary restrictions:

- ❖ Excessive food intake to be avoided.²
- ❖ *Aghziya Radiyya*²

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

1. Nafis b. 'Iwaz, 1904, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Yūsufi, Lucknow, p. 412.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 401-410.
3. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 494-495.

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):

- ❖ *Taqīl-i Ghizā* (Dietary restriction)³
- ❖ *Taskhīn-i Mi'da* (Warming the stomach)³
- ❖ *Taqwiyat-i Mi'da* (Toning up of stomach)⁴

'Ilāj 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:

<i>Jawārish Kamūnī</i> ³	4.5 gm. after meal along with lukewarm water
<i>Jawārish Falāfilī</i> ³	3 gm. after meal
<i>Jawārish-i Anjadān</i> ³	10.5 gm. after meal
<i>Jawārish-i Sa'tar</i> ³	3-4 gm. after meal
<i>Jawārish-i Pudīna</i> ³	7-10 gm. after meal
<i>Jawārish-i 'Ambar</i> ³	4.5 gm. after meal

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

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

Dietary recommendations:

- ❖ *Aghziya Latīfa*³

Dietary restrictions:

- ❖ *Aghziya Mubakhkhira*³

Tahaffuz (Prevention/Precaution):

- ❖ *Muwallid-i Riyāh Aghziya* to be avoided.³

References

1. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 172-173.
2. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 309.
3. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 360.
4. Ibn Hubal, 2004, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. III, CCRUM, New Delhi, pp. 211-213.

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):

- ❖ *Taqīl-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 *Mushil-i Sawdā* drugs in case of *Waram Sulb*.²

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ Oral administration of *Mā' al-Sha'ir* in case of *Waram Hār*.⁴

- ❖ Oral administration of *Mā' al-Usūl* in case of *Waram Rakhw*.²
- ❖ *Mā' al-Usūl* 50 ml. mixed with *Gulqand* 24 gm. to be used orally in case of *Waram Rakhw*.²
- ❖ *Mā' al-Usūl* mixed with *Dawā' al-Kurkum* to be used orally in case of *Waram Rakhw*.¹
- ❖ 'Arq-i Bādiyān 2.25 ml., 'Arq-i Karaḡs 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:

<i>Tiryāq Arba'a</i> (<i>Waram Rakhw</i>) ³	2-4.5 gm.
'Arq-i Mako+'Arq-i Kāsnī (<i>Waram Hār</i>) ¹	144 ml. + 144 ml.
<i>Sharbat-i Banafsha</i> (<i>Waram Hār</i>) ⁵	24 ml. with water in morning
<i>Sharbat-i Nīlofar</i> (<i>Waram Hār</i>) ⁵	24 ml. with water in morning

'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 Latīfa*⁴
- ❖ *Nashpātī* and *Safarjal* in case of *Waram Hār*.⁴
- ❖ *Āb-i Anār Tursh* in case of *Waram Hār*.¹

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

1. Ibn Hubal, 2004, *Kitāb al-Mukhtārāt fī'l-Tibb* (Urdu Translation), Vol. III, CCRUM, New Delhi, pp. 231-234.
2. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1995, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part III, CCRUM, New Delhi, pp.139-146.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 306-308.
4. Ibn Zuhr, 1986, *Kitāb al-Taysīr fī'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, pp. 125-126.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 337-338.

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, vomiting¹ 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:

<i>Sikanjabīn Bazūrī</i> ³	24 ml.
<i>Murabbā-i Āmla</i> ³	1 daily after washing with water.
<i>Murabbā-i Halayla</i> ³	1-2 after washing with water at bed time.
<i>Namak Sulaymānī</i> ¹	3 gm. after meal.
<i>Jawārish-i Mastagī</i> ¹	5-9 gm. with 'Arq-i Bādiyān 144 ml.
<i>Sikanjabīn 'Unsulī</i> ³	12-24 ml.

'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'ir*¹
- ❖ *Aghziya Nāshifa*³
- ❖ *Aghziya Latifa*³
- ❖ *Mā' al-Jubn*¹

Dietary restrictions:

- ❖ *Aghziya Ghalīza*³
- ❖ Diets, that may produce black bile.¹

Tahaffuz (Prevention/Precaution):

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

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 561-563.
2. Ibn Sīnā, 1417 H., *al-Qānūn fī'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, p. 469.
3. Nafis b. 'Iwaz, 1904, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. I, Matba' Yūsufī, Lucknow, pp. 448-449.

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 cramps² 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
- ❖ *Taqilī-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 throat³:

Narjīl Daryā'ī (*Lodoicea sechellarum*, Comm. & Labill.), 'Ūd Salīb (*Paeonia emodi*, Wall.), *Jadwār* (*Delphinium denudatum*, Wall.) powdered and mixed with 'Arq-i Gulāb.

- ❖ Oral administration of one of the following mixture³:

Papīta (*Carica papaya*, Linn.), *Filfil Siyāh* (*Piper nigrum*, Linn.)/*Narjīl Daryā'ī* (*Lodoicea sechellarum*, Comm. & Labill.), *Filfil Siyāh* (*Piper nigrum*, Linn.)/*Jadwār* (*Delphinium denudatum*, Wall.), *Filfil Siyāh* (*Piper nigrum*, Linn.)/*Papīta* (*Carica papaya*, Linn.) 2 gm., 'Arq-i Gulāb.

- ❖ Oral administration of the following decoction³:

Post-i Ilā'ichī 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:

<i>Jawārish-i Anārayn</i> ³	7 gm.
<i>Jawārish Safarjalī Qābiz</i> ³	7-12 gm.
<i>Sharbat-i Habb al-Ās</i> ³	12-24 ml.
<i>Sharbat-i Ābresham</i> ³	12 ml.
<i>Rubb-i Anār Tursh</i> ⁴	6-12 gm.
<i>Dawā' al-Misk</i> ³ for <i>In'āsh-i Quwā</i>	5-10 gm. along with 'Arq-i Bed-i Mushk.
<i>Jawāhar Mohra</i> ⁴	30-60 mg. along with <i>Dawā' al-Misk</i> <i>Mu'tadil Jawāhar Wālī</i> 5 gm.
<i>Yāqut</i> ³ for <i>In'āsh-i Quwā</i>	5-9 gm.
<i>Sharbat-i Anār Tursh</i> ³	24 ml. with water.
<i>Qurs-i Kāfūr</i> ³	3 gm.
<i>Qurs-i 'Ūd</i> ³	7 gm.

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

- ❖ *Hammām* (Bath)³

Dietary recommendations:

- ❖ *Aghziya Latīfa*³
- ❖ *Āb Sard* (Cold Water)³

Dietary restrictions:

- ❖ *Aghziya Kasīra* (Heavy Diet)³
- ❖ Cotaminated diet³

Tahaffuz (Prevention/Precaution):

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

References

1. Nafis b. 'Twaz, 1326 H., *Sharah al-Asbāb wa-al-'Alamāt*, Vol. I, Matba' Munshī Naval Kishor, Lucknow, pp. 292-294
2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 427-202.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 427-445.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 34, 35, 86.

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 *Rad'-i 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 bi'l-Dawā'* (Pharmacotherapy):**

- ❖ Oral administration of pomegranate juice with *Sikanjabīn* 24-48 ml.³
- ❖ Oral administration of *Lu'āb-i Behīdāna* (Mucilage of seed of *Cydonia oblonga*, Mill.).³
- ❖ Oral administration of *Lu'āb-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.).³
- ❖ 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.³
- ❖ Local application of following *Zimād* (Paste)⁴:
Ārd-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:

' <i>Arq-i Mako</i> ²	144 ml.
' <i>Arq-i Kāsinī</i> ²	144 ml.
<i>Qurs-i Zarishk</i> ³	4 pills of 1 gm.
<i>Sharbat-i Anārayn</i> ³	24 ml.
<i>Sikanjabīn Sāda</i> ³	24 ml.
<i>Sharbat Dīnār</i> ⁵	24-48 ml.
<i>Sharbat-i Nīlofar</i> ⁵	24-48 ml.

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

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein) of right hand.³

Dietary recommendations:

- ❖ Juices of fruits, especially that of pomegranate. ³
- ❖ *Sattū* (Flour of roasted seed of *Hordeum vulgare*, Linn.) mixed with sugar.⁵
- ❖ *Mā' al-Sha'īr*²

Dietary restrictions:

- ❖ *Fawākih-i Qābiza o Hābisa* (Fruits having constrictive and retentive properties)³

Tahaffuz (Prevention/Precaution):

- ❖ Strong purgatives and diuretics to be avoided.³

References

1. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 556-559.
2. Nafīs b. 'Iwāz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 09-12.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 41-49.
4. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 107.
5. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fi'l-Tibb*, Dar al-Kotob, Beirut, p. 213.

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

‘Tlāj bi’l-Dawā’ (Pharmacotherapy):

- ❖ *Joshānda-i Halayla*³
- ❖ *Joshānda-i Fawākīh*³
- ❖ 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:

<i>Sikanjabīn Sāda</i> ²	24 ml.
<i>Sikanjabīn Bazūri</i> ³	24 ml.
<i>Sharbat-i Nīlofar</i> ²	24-48 ml.
<i>Sharbat-i Ālūbukhāra</i> ²	24-48 ml.
<i>Sharbat-i ‘Unnāb</i> ²	24-48 ml. with infusion of 10 gm. of <i>Zarishk</i> (<i>Berberis vulgaris</i> , DC.).
<i>Sharbat Dīnār</i> ²	24-48 ml.
<i>Qurs-i Zarishk</i> ³	4 pills of 1 gm. each
<i>Qurs-i Tabāshīr Kāfūrī</i> ³	3 pills of 1 gm. each
<i>Sharbat-i Ward Mukarrar</i> ³	24-48 ml. in the morning with water

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

- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)³

Dietary recommendations:

- ❖ *Mā' al-'Asl*¹
- ❖ *Mā' al-Sha'ir*¹
- ❖ Goat milk³
- ❖ *Mā' al-Fawākih*³
- ❖ Grape juice³
- ❖ Sour pomegranate juice³

Dietary restrictions:

- ❖ *Aghziya Musakhkhina*³

Tahaffuz (Prevention/Precaution):

- ❖ Heat enhancing regimens to be avoided.³

References

1. Ibn Sinā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 556, 562.
2. Nafīs b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, p. 12.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 49-51.

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 Kāsini* (*Cichorium intybus*, Linn.).²
- ❖ Local application of the paste of *Khardal* (*Brassica nigra*, Linn.) with cow milk.²

Compound drugs:

<i>Qurs-i Afsantīn</i> ²	4-7 pills of 1 gm. each, with <i>Sikanjabīn Bazūrī</i>
<i>Qurs-i Rewand</i> ²	7 pills of 1 gm. each with <i>Mā' al-Uṣūl</i>
<i>Dawā' al-Kurkum</i> ²	9 gm. with <i>'Arq-i Afsantīn</i>
<i>Qurs-i Zarishk Rewandī</i> ²	3 pills of 1 gm. each
<i>Gulqand 'Aslī</i> ²	48 gm.
<i>Sikanjabīn 'Unsulī</i> ²	24 ml.
<i>Roghan-i Yāsmīn</i> ²	Local application

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

- ❖ *Riyāzat* (Exercise)²
- ❖ *Hammām* (Bath)²
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)²

Dietary recommendations:

- ❖ *Mā' al-'Asl*²

Dietary restrictions:

- ❖ Fruits³
- ❖ Dry fruits³
- ❖ Dairy products³

Tahaffuz (Prevention/Precaution):

- ❖ Regimens that increase the production of phlegm should be avoided.²

References

1. Nafis b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 12-13.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Nawal Kishor, Lucknow, pp. 51-54.
3. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 387.

Waram-i Kabid Sawdāwī **(Melancholic Hepatitis)**

Introduction:

- ❖ It is a *Waram Sulb* (Hard swelling) of liver¹ 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:

<i>Habb-i Lājward</i> ⁴	10.5 gm. with <i>Joshānda-i Aftīmūn</i>
<i>Safūf-i Lājward</i> ⁴	4.5 gm.
<i>Dawā' al-Kurkum</i> ¹	9 gm.
<i>Dawā' al-Luk</i> ⁴	3.5-4.5 gm.
<i>Qurs-i Zarishk</i> ²	5 gm.
<i>Sikanjabīn Bazūri</i> ¹	24 ml.
<i>Sikanjabīn 'Unsuli</i> ¹	2 4 ml.
<i>Tiryāq Arba'a</i> ⁴	1 gm. with lukewarm water

'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-Jubn*⁴
- ❖ Half fried egg²
- ❖ *Kashk al-Sha'ir*²
- ❖ 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:

1. Nafīs ibn ‘Iwaz, 1905, *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. II, Matba’ Yūsufī, Lucknow, pp. 12-13.
2. Ibn Sīnā, 1417 H., *al-Qānūn fī’l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 556,568-570.
3. Akbar Arzānī, YNM, *Mizān al-Tibb*, Matba’ Qāsmī, Deoband, p. 107.
4. Khān M A, 1906, *Iksīr-i A’zam*, Vol. III, Matba’ Nāmī Munshī Nawal Kishor, Lucknow, pp. 54-58.

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 liver¹ 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 paste⁴:

Sandalayn (*Santalum album*, Linn. & *Pterocarpus santalinus*, Linn.), *Gul Surkh* (*Rosa damascena*, Mill.), *Banfsha* (*Viola odorata*, Linn.) each 10 parts, *Bābūna* (*Matricaria chamomilla*, Linn.), *Shibit* (*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 *Raphanus sativus*, Linn.) along with *Sikanjabīn*.⁴

Compound drugs:

<i>Qurs-i Zarishk</i> ³	5-8 gm.
<i>Sharbat-i Dīnār</i> ⁵	24-48 ml. in morning.
<i>Zimad-i Qūtūn</i> ⁶	Local application

‘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

1. Ibn Hubal, 2004, *Kitāb al-Mukhtārāt fī'l-Tibb* (Urdu Translation), Vol. III, CCRUM, New Delhi, pp. 284-286.
2. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1997, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part III, CCRUM, New Delhi, pp. 291-294.
3. Ibn Sīnā, 1417 H., *al-Qānūn fī'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, p. 560.
4. Rāzī Muhammad b. Zakariyya, 2000, *Kitāb al-Hāwī* (Urdu Translation), Vol. VII, CCRUM, New Delhi, pp. 70, 71, 75, 76, 78.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 116.
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* (*Lens esculenta*, Moench.), prepared in vinegar.²
- ❖ *Joshānda-i Halayla*³
- ❖ Oral administration of '*Usāra-i Afsantīn* (Extract of *Artemisia absinthium*, Linn.).¹

Compound drugs:

<i>Qurs-i Zarishk</i> ⁴	4 pills of 1 gm. each with <i>Murawwaqayn/Sikanjabīn Bazūrī</i> .
<i>Qurs-i Kāfūr</i> ¹	7 pills of 1 gm. each.
<i>Qurs-i Ghāfis</i> ⁴	7 pills of 1 gm. each with 144 ml. of ' <i>Arq-i Gāozaban</i> .
<i>Sharbat-i Rewand</i> ⁴	24-48 ml.
<i>Sharbat-i Afsantīn</i> ⁴	24-48 ml.
<i>Sharbat-i Nīlofar</i> ⁴	24-48 ml.
<i>Sharbat Dīnar</i> ⁴	24-48 ml.
<i>Sikanjabīn Laymūnī</i> ⁴	12-24 ml.
' <i>Arq-i Kāsīnī</i> ⁴	60 ml.

Tlāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Complete physical and mental rest.¹
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)¹
- ❖ *Fasd-i Usaylim* (Bloodletting through *Usaylim* vein)¹
- ❖ *Hijāma* (Cupping) below right shoulder.¹
- ❖ *Hammām* (Bath)¹

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*¹
- ❖ *Mā' al-Jubn*¹
- ❖ Cucumber²
- ❖ Juice of vegetables of cold temperament.¹
- ❖ Juice of leaves of radish.¹

- ❖ Watermelon juice²
- ❖ Pomegranate juice at empty stomach.¹

Dietary restrictions:

- ❖ Oily diets²
- ❖ *Aghziya Qābiza*¹
- ❖ *Aghziya Ghalīza*¹

References

1. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 600-612.
2. Ibn Zuhri, 1986, *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, pp. 119-121.
3. Nafis b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, p. 32.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 115-141.

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 *Zu'f-i Harārat-i Mi'da o Am'ā'* (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

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Talyīn-i Tabā'* (Laxation of bowels)²
- ❖ *Raf'-i Qabz* (Removal of constipation)²
- ❖ *Taqwiyat-i Am'ā'* (Toning up of intestines)²

'Ilāj bi'l-Dawā (Pharmacotherapy):

- ❖ Oral administration of husk of *Aspghol* (*Plantago ovata*, Forsk.) 6 gm.²
- ❖ Oral administration of powder of *Banafsha* (*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:

<i>Roghan-i Bed-i Anjīr</i> ²	9 ml. with cow milk 500 ml.
<i>Sharbat-i Dīnār</i> ²	48 ml. with 1 bowl of <i>Mā' al-Jubn</i> .
<i>Sharbat-i Banafsha</i> ²	24 ml. with <i>Roghan-i Bādām</i> .
<i>Sharbat Mulayyin</i> ²	60-120 ml.
<i>Itrīfal Mulayyin</i> ³	5-10 gm. at bed time.
<i>Habb-i Ghārīqūn</i> ²	3.5 gm. at bed time.
<i>Habb-i Muqīl</i> ⁴	2-4 at bed time with lukewarm water.
<i>Habb Mulayyin</i> ⁴	1-2 at bed time.
<i>Sharbat-i Anjīr</i> ⁴	24-48 ml. with water.
<i>Sharbat Mulayyin</i> ⁴	24-48 ml. with water.
<i>Ma'jūn-i Anjīr</i> ²	5-10 gm.
<i>Qurs Mulayyin</i> ²	1-2 gm. at bed time.

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

- ❖ *Hammām* (Bath) at empty stomach.²

Dietary recommendation:

- ❖ *Mā' al-Jubn*²
- ❖ Fig²
- ❖ Almond²
- ❖ *Mawīz Munaqqā*²

Dietary restrictions:

- ❖ *Aghziya Munaffikha*⁵
- ❖ *Aghziya Qābiza*⁵
- ❖ *Aghziya Ghalīza*⁵

Tahaffuz (Prevention/Precaution):

- ❖ Regimens causing constipation to be avoided.²

References

1. Majūsi 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. I, CCRUM, New Delhi, pp. 348-349.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 345-347.
3. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, pp. 94-95.
4. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 61,113, 120-121, 215 .
5. Rāzī Muhammad b. Zakariyya, 1991, *Kitāb al-Mansūrī* (Urdu Translation), CCRUM, New Delhi, p. 370.

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 'Ilāj* (Principles of treatment):**

- ❖ *Izāla-i Sabab* (Removal of causative factor)²
- ❖ *Habs-i Ishāl* (Checking of diarrhoea) through *Mughharriyāt* (Mucilaginous substances) and substances making the matter thicker.²
- ❖ *Imāla-i Mawād* (Diversion of matter)²
- ❖ *Taqwiyat-i Mi'da o Am'ā* (Toning up of stomach & intestine)³
- ❖ Rehydration⁴

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

- ❖ Oral administration of the decoction of *Jaw Biryān* (Roasted seed of *Hordeum vulgare*, Linn.), *Khatmī* (*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 Biryān* (Roasted seed of *Hordeum vulgare*, Linn.).²
- ❖ Oral administration of mucilaginous decanted liquid, prepared from *Aspghol Musallam* (*Plantago ovata*, Forsk.), *Resha Khatmī* (Rootlet of *Althaea officinalis*, Linn.) and *Behīdāna* (*Cydonia oblonga*, Mill.) with *Sharbat-i Banafsha*.⁴
- ❖ Oral administration of powder of *Tukhm-i Khurfa* (*Portulaca oleracea*, Linn.), *Khashkhāsh* (Seed of *Papaver somniferum*, Linn.) and *Kishnīz Khushk* (*Coriandrum Sativum*, Linn.).⁴
- ❖ Oral administration of *Tukhm-i Rayhān* (*Ocimum sanctum*, Linn.) and *Tukhm-i Bārtang* (*Plantago major*, Linn.).⁴
- ❖ Sipping of *Āb Āhan Tāb* (Water in which hot iron rod is immersed).⁴

Compound drugs:

<i>Anūshdārū Qābiz</i> ³	5-13 gm.
<i>Jawārish-i Āmla</i> ³	7-9 gm.
<i>Jawārish-i Zarishk</i> ³	7-9 gm.
<i>Jawārish-i Zanjabīl</i> ³	7-9 gm.
<i>Safūf Miqliyāsa</i> ³	5 gm. in morning with water.
<i>Safūf-i Tīn</i> ³	7 gm. with water.
<i>Sharbat-i Habb al-Ās</i> ³	24 ml. with water.
<i>Ma'jūn-i Sangdāna Murgh</i> ³	7 gm.

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

- ❖ Physical rest³
- ❖ *Hammām* (Bath)³
- ❖ *Dalk* (Massage)³

Dietary recommendations:

- ❖ *Mā' al-Sha'īr*²
- ❖ Butter milk⁴
- ❖ Curd⁴

Dietary restrictions:

- ❖ Fruits³

- ❖ Large quantity of food.²
- ❖ Foods of bad taste.²
- ❖ *Aghziya Munaffikha*²

Tahaffuz (Prevention/Precaution):

- ❖ Intake of food without desire to be avoided.²

References

1. Herawī Muhammad b. Yusuf, 1325 H., *Bahr al-Jawāhir*, Matba' Nāmī, Lucknow, p. 17.
2. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fī'l-Tibb*, Dar al-Kotob, Beirut, pp. 216-222.
3. Khān M A, 2006, *Rumūz-i A'zam*, Vol. II, CCRUM, New Delhi, pp. 58-86.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 180-189.

***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 Lazzā'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):**

- ❖ *Taqīl-i Ghizā'* (Dietary control)²
- ❖ *Talyīn* (Laxation) through *Muzliqāt* (Mucilaginous drugs) and *Mughharriyāt* (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.³
- ❖ 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.).³

Compound drugs:

<i>Safūf-i Tīn</i> ⁴	7 gm. mixed with clarified butter and taken in morning with water
<i>Safūf Miqliyāsa</i> ⁴	5 gm. in morning with water.
<i>Jawārish Shahryārān</i> ⁴ for <i>Zahīr Kāzib</i>	7 gm. in morning with water.
<i>Tiryāq-i Pechish</i> ⁵	3 gm.
<i>Habb-i Pechish</i> ⁵	01 with water.

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

- ❖ Moderate *Takmīd Hār* (Hot fomentation)³
- ❖ *Huqna* (Enema) with *Mā’ al-‘Asl* mixed with lukewarm water.³
- ❖ *Ābzan* (Sitz bath)²

Dietary recommendations:

- ❖ Laxative diets⁴

Dietary restrictions:

- ❖ *Aghziya Ghalīza*³

Tahaffuz (Prevention/Precaution):

- ❖ *Qābiz* (Constrictive) and *Hābis* (Retentive) drugs to be avoided in the initial stage.³

References

1. Nafis b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 55-56.
2. Arzānī M A, YNM, *Mīzān al-Tibb*, Matba' Qāsmī, Deoband, p. 121.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 274-290.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmīl al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 361-362.
5. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 211.

***Dīdān-i Am'ā* (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.⁴
- ❖ *Roghan-i Barg-i Nīm/ Āb-i Barg-i Nīm* (*Azardiracta indica*, Linn) Q.S. may be instilled in the anal orifice.³
- ❖ *Roghan-i Mishmish Talkh* (Oil of *Prunus armeniaca*, Linn.) may be applied around the anus.³

Compound drugs:

<i>Itrīfāl Qimbīlī</i> ⁵	5-10 gm.
<i>Itrīfāl Habb al-Qara</i> ⁵	10-15 gm.
<i>Habb Qātil-i Dīdān</i> ⁵	5-10 gm.
<i>Ma'jūn-i Sarkhas</i> ⁶	7 gm. in morning
<i>Itrīfāl Dīdān</i> ⁶	9-15 gm. in morning for three days.

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

- ❖ *Huqna* (Enema)²

Dietary recommendations:

- ❖ Ripe fruits⁷

Dietary restrictions:

- ❖ *Aghziya Lazija o Rataba*³
- ❖ *Aghziya Ghalīza*⁷

Tahaffuz (Prevention/Precaution):

- ❖ Unripe fruits to be avoided.⁷

References

1. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fī'l-Tibb*, Dar al-Kotob, Beirut, Lebanon, pp.225-226.
2. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 50-53.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 347-362.
4. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1997, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part III, CCRUM, New Delhi, pp. 415-421.
5. Anonymous, 2007, *National Formulary of Unani Medicine*, Vol. I (Part II), CCRUM, Delhi, pp.20, 21,102,105.
6. Kabīruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, pp. 17, 1167.
7. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 250-251.

Rīh al-Bawāsīr

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 body¹, especially lower abdomen.²
- ❖ It is caused by *Riyāh Ghalīz* (Thick vapours), produced by *Sawdā'* (Black bile).³
- ❖ It is characterized by colicky pain³, gastric flatulence, gurgling and general weakness.²

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Tahlīl-i Riyāh* (Resolution of vapours)²
- ❖ *Talyīn* (Laxation)²
- ❖ *Tanqīya-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.) ½ part.¹
- ❖ Oral administration of powder of *Hiltīt Biryān* (Roasted asafoetida) 480 mg., *Bekh-i Kibr* (Root of *Capparis spinosa*, Linn.) 1 gm. mixed with *Gulqand*.²
- ❖ Oral administration of powder of *Aftīmūn* (*Cuscuta reflexa*, Roxb.) with *Mā' al-Jubn*.²
- ❖ Oral administration of *Muqīl* (*Balsamodendron mukul*, Hook.) 1 gm., mixed with *Itrīfāl Kishmīzī*, 12 gm. along with lukewarm water.²

- ❖ Oral administration of *Shīra* of *Khiyārāyn* (*Cucumis sativus*, Linn.) with *Sharbat Dīnār*.²
- ❖ Oral administration of the decoction of *Hulba* (*Trigonella foenum-graeceum*, Linn.).²

Compound drugs:

<i>Jawārish Kamūnī</i> ²	7-12 gm.
<i>Jawārish-i Jālīnūs</i> ²	7-12 gm.
<i>Ma'jūn-i Dabīd al-Ward</i> ²	7 gm. in morning.
<i>Habb-i Muqīl</i> ²	2-4 numbers at bedtime with lukewarm water.
<i>Itrīfal Saghīr</i> ²	12 gm. at bedtime.
<i>Itrīfal-i Muqīl</i> ²	7-12 gm. at bedtime.
<i>Sikanjabīn Aftīmūnī</i> ²	24 ml.

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

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

Dietary recommendations:

- ❖ *Mā' al-Jubn*²

Dietary restrictions:

- ❖ *Aghziya Muwallid-i Sawdā'*²
- ❖ *Aghziya Munaffikha*²

Tahaffuz (Prevention/Precaution):

- ❖ Regimens producing black bile to be avoided.²

References

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, pp. 125-126.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 393-397.
3. Nafīs b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, p. 76.

Bawāsīr ‘Amiyā (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 Aftīmūn*²
- ❖ *Joshānda-i Halayla*²
- ❖ Local application of bone marrow.²
- ❖ Local application of following formulation for analgesia²:
Nākhūna (Pod of *Trigonella uncata*, Boiss.), *Khatmī* (*Althaea officinalis*, Linn.), *Afyūn* (Dried latex of *Papaver somniferum*, Linn.), *Za’farān* (*Crocus sativus*, Linn.)

- ❖ *Ābzān* (Sitz bath)²:

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:

<i>Habb-i Rasawt</i> ¹	Two pills (each 180 mg.) B.D.
<i>Itrīfal Saghīr</i> ²	12 gm. with water at night
<i>Habb-i Muqīl</i> ²	2-4 tablets at night with lukewarm water
<i>Itrīfal-i Muqīl Mulayyin</i> ²	7-12 gm. in morning and night.
<i>Murabba-i Halayla</i> ²	1-2 pieces with water at night.
<i>Roghan Zard</i> ²	Local application

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

- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)³
- ❖ *Ābzān* (Sitz bath)³
- ❖ Rest²

Dietary recommendations:

- ❖ *Aghziya Latīfa Martūba*¹

Dietary restrictions:

- ❖ *Muwallid-i Sawdā Aghziya*²

Tahaffuz (Prevention/Precaution):

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

References

1. Nafis b. ‘Iwaz, 1326H., *Sharah al-Asbāb wa-al-‘Alāmāt*, Vol. II, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 53-54.
2. Khān M A, 1906, *Iksīr-i A’zam*, Vol. III, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 362-365.
3. Ibn Sīnā, 1989, *al-Qānūn fi’l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 713-720.

***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 regularly¹ at intervals.²
- ❖ It is caused by accumulation of *Dam Sawdāwī* (Melancholic sanguine) in the anal vessels resulting in their engorgement and subsequent ulceration.³
- ❖ It is characterized by heaviness, pain and burning sensation in the anus and bleeding through it during defecation.¹

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

- ❖ *Islāh-i Ghizā* (Dietary regulation)²
- ❖ *Talyīn* (Laxation)³
- ❖ *Tanqiya-i Dam Fāsid o Khilt Sawdāwī* (Evacuation of impure sanguine & black bile)³
- ❖ *Taskīn-i Dard* (Analgesia)²
- ❖ *Habs-i Dam* (Haemostasis) in case of excessive bleeding.¹
- ❖ *Indimāl* (Healing)⁴

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

- ❖ Local application of a paste containing egg yolk, barley flour and *Roghan-i Gul*.⁵
- ❖ Local application of a paste containing egg yolk and *Roghan-i Gul*.¹
- ❖ Local application of old olive oil.⁵

- ❖ *Ābzān* (Sitz bath) with the decoction of *Khatmī* (*Althaea officinalis*, Linn.), *Khubbāzī* (*Malva sylvestris*, Linn.) and *Banāfsha* (*Viola odorata*, Linn.).⁴
- ❖ *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.).⁴

Compound drugs:

<i>Qurs-i Kahruba</i> ³	3 pills of 01 gm. each with lukewarm water.
<i>Habb-i Muqil</i> ⁶	2-4 pills at bed time with lukewarm water.
<i>Habb-i Khubs al-Hadīd</i> ⁶	3 pills twice a day.
<i>Habb-i Rasawt</i> ⁶	2-4 pills in morning with water.
<i>Marham-i Murdār Sang</i> ⁴	Local application
<i>Marham-i Asfīdājī</i> ²	Local application
<i>Itrīfal Saghīr</i> ⁵	12 gm. at bed time
<i>Itrīfal-i Muqil</i> ⁶	7-12 gm. with 'Arq-i Gāozabān 144 ml. twice a day.
<i>Ma'jūn-i Muqil</i> ⁶	7 gm. in morning with water.

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

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

Dietary recommendations:

- ❖ *Aghziya Latīfa*⁴
- ❖ *Zūd Hazm Aghziya*⁴

Dietary restrictions:

- ❖ *Aghziya Ghalīza*⁴
- ❖ *Aghziya 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

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 125.
2. Nafīs b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 74-76.
3. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 713-717.
4. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fi'l-Tibb*, Dar al-Kotob, Beirut, pp. 228-230.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 367-370.
6. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 16, 47, 48, 61, 195.

***Hasāt-i Kuliya* (Renal Calculi)**

Introduction:

- ❖ It is a condition in which stones are formed within the kidneys.¹
- ❖ It is caused by *Khilt Ghalīz* (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 Khīyār 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 terrestris*, Linn.)⁵
- ❖ Oral administration of *Shīra-i Barg-i Shahdī'ī* (*Vernonia cinerea*, Less.) 12 gm. mixed with *Shora Qalamī* (Potassium nitrate) 2 gm. ⁵
- ❖ *Ābzān* (Sitz Bath) with lukewarm water.⁵

Compound drugs:

<i>Ma'jūn-i Hajr al-Yahūd</i> ⁵	7-9 gm.
<i>Barsha'sha</i> ⁵	500 mg.-2 gm.
<i>Sharbat-i Ālū Bālū</i> ⁵	48-72 ml. at night.
<i>Safūf-i Hajr al-Yahūd</i> ⁵	7 gm.
<i>Ma'jūn-i Sang-i Sar-i Māhī</i> ⁵	7-9 gm.
<i>Sikanjabīn 'Unsulī</i> ⁴	24-48 ml.
<i>Sikanjabīn Usūlī</i> ⁴	24-48 ml.
<i>Sikanjabīn Bazūrī</i> ⁴	24-48 ml.
<i>Ma'jūn-i 'Aqrab</i> ⁶	500 mg.
<i>Kushta-i Hajr al-Yahūd</i>	90 mg. mixed with 30 mg. of <i>Jawakhār</i> (Potassium carbonate) and water for 7 days.
<i>Roghan-i Bābūna</i> ⁵	Local application

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

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

Dietary recommendations:

- ❖ *Sarī ' al-Hazm Aghziya*³

- ❖ Excessive intake of cold water⁶

Dietary restrictions:

- ❖ Difficult to digest diets, producing thick humour / *Aghziya Ghalīza*³

Tahaffuz (Prevention/Precaution):

- ❖ Regimens that may produce thick humour should be avoided.³

References

1. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, p. 744.
2. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 403-407.
3. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fi'l-Tibb*, Dar al-Kotob, Beirut, pp. 235-236.
4. Nafīs b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 97-100.
5. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 454-474.
6. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 129.

***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 *Mughharriyāt* (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 formulation²:
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:

<i>Banādiq al-Buzūr</i> ¹	5-7 numbers, along with juice of watermelon and <i>Sharbat-i Khashkhāsh</i> (12-24 ml.)
<i>Sharbat-i Banafsha</i> ³	24 ml.
<i>Sharbat Bazūrī Bāriā</i> ³	24-48 ml.
<i>Qurs-i Kāknaj</i> ⁴	5 gm.
<i>Qurs-i Kāhrubā</i> ⁴	5-7 gm.
<i>Qurs-i Tabāshīr</i> ⁴	5 gm.

Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Rest¹
- ❖ *Muddirāt* (Diuretics)²
- ❖ *Mushilāt Latīfa* (Mild purgatives)²

Dietary recommendations:

- ❖ Use of milk¹
- ❖ *Kashk al-Sha'īr* (Barley soup)²
- ❖ *Bayza Nīm Brisht* (Half fried egg)²
- ❖ *Aghziya Mubarrida o Murattiba*²

Dietary restrictions:

- ❖ Sweets and salty and acrid dishes²

Tahaffuz (Prevention/Precaution):

- ❖ Fatigue to be avoided.²
- ❖ Excessive coitus to be avoided.²

References

1. Ibn Hubal, 2004, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. III, CCRUM, New Delhi, p. 332.
2. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 769-770.
3. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 75.
4. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 148-149, 150, 151.

***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):**

- ❖ *Taqīl-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.), *Khulanjān* (*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:

<i>Ma'jūn-i Falāsifa</i> ¹	As directed by the physician.
<i>Ma'jūn Māsik al-Bawl</i> ¹	As directed by the physician.
<i>Ma'jūn-i Kundur</i> ⁴	As directed by the physician.
<i>Ma'jūn-i Balūt</i> ⁵	As directed by the physician.
<i>Gulqand 'Aslī</i> ¹	As directed by the physician.
<i>Roghan-i Bān</i> ¹	Local application on pubic region.

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

- ❖ *Takmīd Hār* (Hot fomentation)¹

Dietary recommendations:

- ❖ *Aghziya Hārra*⁶
- ❖ Spices⁶

Dietary restrictions:

- ❖ *Aghziya Mubarrida*¹
- ❖ *Aghziya Murattiba*¹
- ❖ 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

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 519-521.
2. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fi'l-Tibb*, Dar al-Kotob, Beirut, pp. 240-241.
3. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 782-783.
4. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 192.
5. Kabīruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 1177.
6. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 413-414.
7. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 135.

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 spasm¹, excessive use of semen producing diets², 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 'Ilāj* (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

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

- ❖ Oral administration of *Shīra-i Tālmakhāna* (*Astracantha longifolia*, 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:

<i>Ma'jūn Jalālī</i> ⁴	7 gm. in morning with milk or water.
<i>Kushta-i Qal'ī</i> ³	125-250 mg.
<i>Safūf-i Bīj Band</i> ³	1-2 gm.
<i>Ma'jūn-i Sa'lab</i> ⁴	7-12 gm. in morning with milk.
<i>Ma'jūn -i Ārd-i Khurmā</i> ⁴	12 gm. in morning with milk or water.
<i>Ma'jūn -i Pethā Pāk</i> ⁴	12-24 gm. with milk.
<i>Ma'jūn -i Reg Māhī</i> ¹	Up to 3 gm. with milk.

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

- ❖ Moderate exercise¹
- ❖ Involvement in sexual relationship.²

Dietary recommendations:

- ❖ *Aghziya Latīfa*¹
- ❖ *Aghziya Hāmiza*¹

Dietary restrictions:

- ❖ Milk¹
- ❖ *Aghziya Munaffikha*¹

Tahaffuz (Prevention/Precaution):

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

References

1. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 24-25.
2. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 90-92.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 603-611.
4. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 178, 179, 180.

***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.¹
- ❖ It is caused by over production of seminal fluid or its thin consistency, weakness of seminal vesicle or its spasm², excessive use of semen producing diets³, avoiding sexual act for a longer duration of time and weakness of kidneys.⁴
- ❖ It is characterized by ejaculation of seminal fluid with or without sexual pleasure during sleep followed by lethargy and general weakness.¹

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

- ❖ *Taqlīl-i Ghizā* (Dietary control), when the cause is excessive production of seminal fluid.³
- ❖ *Taqlīl-i Manī* (To suppress the semen production) by using *Muqallilāt-i Manī* (Oligoseminics), when the cause is excessive production of seminal fluid.³
- ❖ *Taghlīz-i Manī* (To make the semen thick), when the cause is low consistency of seminal fluid.³
- ❖ *Taqwiyat-i Gurda* (Toning up of kidneys)³

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

- ❖ *Kishnīz Khushk* (*Coriandrum sativum*, Linn.) 1 part, Sugar 1 part to be taken orally in the form of powder.⁴

- ❖ *Tukhm-i Khurfa* (*Portulaca oleracea*, Linn.) in powdered form with *Sharbat-i Nīlofar* to be taken orally.⁴

Compound drugs:

<i>Ma'jūn Jalālī</i> ⁵	7 gm. in morning with milk or water.
<i>Kushṭa-i Qal'ī</i> ⁴	125-250 mg.
<i>Safūf-i Bīj Band</i> ⁴	12 gm.
<i>Ma'jūn-i Sa'lab</i> ⁵	7-12 gm. in morning with milk.
<i>Ma'jūn -i Ārd-i Khurmā</i> ⁵	12 gm. in morning with milk or water.
<i>Ma'jūn -i Pethā Pāk</i> ⁵	12-24 gm. with milk.
<i>Ma'jūn -i Reg Māhī</i> ²	Up to 3 gm. with milk.

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

- ❖ Moderate exercise²
- ❖ Involvement in sexual relationship³

Dietary recommendations:

- ❖ *Aghziya Latīfa*¹
- ❖ *Aghziya Hāmiza*¹

Dietary restrictions:

- ❖ Milk²
- ❖ *Aghziya Munaffikha*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

1. Firozuddīn M, 1960, *Silk-i Marwārīd*, Maktaba Mushīr al-Atibbā, Lahore, p. 93.
2. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 24-25.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 90-92.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 603-611.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 178, 179, 180.

***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 *Quwwat 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'isa* (Weakness of vital organs) and *Ittisā'-i Majāri-i Qazīb* (Dilatation 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 Manī*.⁵
- ❖ *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.).²
- ❖ 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.²

Compound drugs:

<i>Habb-i Jadwār</i> ²	1-2 <i>Habb</i> in morning or at bed time with milk.
<i>Ma'jūn Jalālī</i> ²	7 gm. in morning with milk or water.
<i>Ma'jūn -i Aspand</i> ²	9 gm. in morning with milk.
<i>Habb Mumsik</i> ²	1-2 <i>Habb</i> three hours before coitus with milk.
<i>Habb-i Nishāt</i> ²	1 <i>Habb</i> before coitus with milk.
<i>Ma'jūn Mumsik</i> ²	250 mg. two hours before coitus with milk.
<i>Safūf-i Maghz-i Kanwal Gatta</i> ⁶	12 gm. with milk in morning.
<i>Sharbat-i Khashkhāsh</i> ²	24 ml. in morning with water.
<i>Tilā Mumsik</i> ²	Local application

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

- ❖ *Ishāl* (Purgation) in case predominance of *Burūdat* (Cold) and *Rutūbat* (Wetness) serve as causative factors.⁵
- ❖ *Qay'* (Emesis) in case of causative factor being predominance of *Burūdat* (Cold) and *Rutūbat* (Wetness).⁵
- ❖ *Fasd* (Bloodletting) in case of causative factor being predominance of *Dam* (Sanguine).⁵

Dietary recommendations:

- ❖ *Aghziya Hāmiza*⁵
- ❖ *Aghziya Bārīda Rataba*²
- ❖ Pomegranate juice²
- ❖ Tangerine juice²

Dietary restrictions:

- ❖ *Muwallid-i Khūn Aghziya* (Haemopoetic diets)²
- ❖ Meat²

Tahaffuz (Prevention/Precaution):

- ❖ Alcohol to be avoided.²

References

1. Anonymous, 2012, *Standard Unani Medical Terminolgy*, CCRUM, New Delhi, p. 268.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 595-603.
3. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 25-26.
4. Firozuddīn M, 1960, *Silk-i Marwārīd*, Maktaba Mushīr al-Atibbā, Lahore, p. 93.
5. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, pp. 137-138.
6. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 104.

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'ājīn Hārā* (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 Mujaffifāt* (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:

<i>Labūb Kabīr</i> ¹	5 gm. in morning with milk or water.
<i>Murabbā-i Zanjabīl</i> ¹	12-24 gm.
<i>Murabbā-i Gazar</i> ¹	24-48 gm.
<i>Ma’jūn-i Khubs al-Hadīd</i> ¹	3-7 gm. in morning with water.
<i>Habb-i Jadwār</i> ¹	1-2 <i>Habb</i> in morning or at bed time with milk.
<i>Halwa-i Sa’lab</i> ¹	12-24 gm. with milk.
<i>Halwa-i Bayza-i Murgh</i> ¹	6-12 gm. in morning & evening.
<i>Ma’jūn-i Piyāz</i> ¹	12 gm. in morning with cow milk.
<i>Ma’jūn-i Sa’lab</i> ¹	7-12 gm. in morning with milk.

‘*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 Nīm Brisht* (Half fried egg)¹
- ❖ *Halwa Jāt*¹
- ❖ Milk, when caused by *Yubūsat-i Ālāt-i Manī*.¹

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

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 535-541, 611.
2. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 418.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 83-84.

Sayalān-i Rahim (Leucorrhoea)

Introduction:

- ❖ It is the condition of excessive vaginal discharge of varying colours¹ 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 *painfull 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
- ❖ *Tajfif* (Desiccation) through use of *Mujaffifāt* (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 drugs³:

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

Compound drugs:

<i>Ayāraj-i Fayqra</i> ¹	3-5 gm.
<i>Ma'jūn Muqawwī-i Rahim</i> ⁴	5 gm.
<i>Ma'jūn Suhāg Sonth</i> ⁴	5-10 gm.
<i>Safūf-i Sayalān</i> ⁴	3-6 gm.
<i>Ma'jūn-i Supārī Pāk</i> ⁵	12-24 gm. with milk in morning.

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

- ❖ *Fasd* (Bloodletting)²
- ❖ *Ishāl* (Purgation)²
- ❖ *Dalk-i Sāqayn* (Massage of calves) with *Roghan-i Izkhar* mixed with *Āqarqarhā* (*Anacyclus pyrethrum*, DC.) and *Filfil* (*Piper nigrum*, Linn.)²
- ❖ *Ābzan* (Sitz bath)³

Dietary recommendations:

- ❖ *Aghziya Sāliha* (Nutritious diets producing good humours).⁶

Dietary restrictions:

- ❖ Diets producing the causative humour.⁶

Tahaffuz (Prevention/Precaution):

- ❖ *Avoid coitus.*

References

1. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 115.
2. Ibn Sīnā, 1417 H., *al-Qānūn fī'l-Tibb*, Vol. III (Part II), Jamia Hamdard, New Delhi, pp. 877-878.
3. Rāzī Muhammad b. Zakariyya, 1997, *Kitāb al-Hāwī* (Urdu Translation), Vol. IX, CCRUM, New Delhi, p. 23.
4. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, pp.100, 142, 242.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 185.
6. Kāzīm M, 1906, *Aghziya al-Marzā*, Afzal al-Matābi', Delhi, p. 94.

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*
- ❖ *Taltif-i Khilt (Thinning of humour)¹*
- ❖ *Taftih-i Afwāh-i Urūq (Deobstruction of vascular openings)¹*
- ❖ *Tahzīl (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 *Mishkatrāmashī* ' (*Ziziphora tenuior*, Linn.) along with honey.⁴
- ❖ Oral administration of decoction of *Fodanj* (*Mentha piperita*, Linn.), along with *Mā' al-'Asl*.⁴
- ❖ Oral administration of decoction of the following drugs along with honey⁴:
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*.²
- ❖ *Bakhūr* (Fumigation) with *Hanzal* (*Citrullus colocynthis*, Schard.).²
- ❖ *Firzaja* (Pessary) containing following ingredients²:
Āb-i Sudāb (Juice of fresh *Ruta graveolens*, Linn.), *Āb-i Pudīna* (Juice of fresh *Mentha piperita*, Linn.).

Compound drugs:

<i>Habb Mudirr</i> ⁵	1 <i>Habb</i> twice a day.
<i>Safūf Mudirr-i Hayz</i> ⁶	5-10 gm.
<i>Roghan-i Bābūna</i> ²	To be used in the form of pessary.
<i>Sharbat-i Fawlād</i> ⁷ (Anaemia)	20 ml. twice a day.
<i>Safūf Muhazzil</i> ⁷ (Obesity)	5-10 gm.
<i>Sharbat-i Afsantīn</i> ⁸	20 ml. twice a day.

'Ilāj bi'l-Tadbīr (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*.²

Dietary restrictions:

- ❖ *Taqil-i Ghizā* (Dietary control) in case of obesity.²

References

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 150.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 693-704.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 115-117.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmīl al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 425-427.
5. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 205.
6. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, p. 239.
7. Anonymous, 2011, *National Formulary of Unani Medicine*, Vol. VI, CCRUM, New Delhi, pp. 105, 124.
8. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 31-35.

***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):**

- ❖ *Tawlid-i Dam* (Haemopoiesis) in case of *Qillat-i Dam*.²
- ❖ *Tanqiya-i Akhlāt Ghalīza* (Evacuation of viscous humours)²
- ❖ *Taltif-i Khilt* (Improving the liquidity of humour)²
- ❖ *Taftih-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

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

- ❖ *Ābzān* (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 honey⁴:

Karafs (*Apium graveolens*, Linn.), *Mishkatrāmashī* ‘ (*Ziziphora tenuior*, Linn.).

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

- ❖ Oral administration of decoction of following drugs along with honey⁴:

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 assafoetida*, Linn.) 3.5 gm. along with *Mā’ al-‘Asl*¹

- ❖ *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:

<i>Habb Mudirr</i> ⁵	1 <i>Habb</i> twice a day.
<i>Safūf Mudirr-i Hayz</i> ⁶	5-10 gm.
<i>Roghan-i Bābūna</i> ¹	To be used in the form of pessary.
<i>Sharbat-i Fawlād</i> ⁷	20 ml. twice a day.
<i>Safūf Muhazzil</i> ⁷	5-10 gm.
<i>Sharbat-i Afsantīn</i> ⁸	20 ml. twice a day.

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

- ❖ *Fasd-i Sāfīn* (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:

- ❖ *Taqḥīl-i Ghizā* (Dietary control) in case of obesity.¹

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 693-704.
2. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 150.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 115-117.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 425-427.
5. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 205.
6. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, p. 239.
7. Anonymous, 2011, *National Formulary of Unani Medicine*, Vol. VI, CCRUM, New Delhi, pp. 105, 124.
8. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 31-35.

‘Ushr-i Tams (Dysmenorrhoea)

Introduction:

- ❖ It is a condition of painful menstruation.¹
- ❖ The causes are same as that of *Qillat-i Tams* and *Iltibās-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
- ❖ *Taftih-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):

- ❖ *Ābzān* (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 *Mishkatrāmashī* (*Ziziphora tenuior*, Linn.) along with honey.⁵

- ❖ Oral administration of the decoction of *Fodanj* (*Mentha piperita*, Linn.) along with *Mā' al-'Asl*.⁵
- ❖ Oral administration of the decoction of following drugs along with honey⁵:
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 assafoetida*, Linn.) 3.5 gm. along with *Mā' al-'Asl*.³
- ❖ *Bakhūr* (Fumigation) with *Hanzal* (*Citrullus colocynthis*, Schard.)³
- ❖ *Firzaja* (Pessary) made up of following ingredients³:
Āb-i Sudāb (Juice of fresh *Ruta graveolens*, Linn.), *Āb-i Pudīna* (Juice of fresh *Mentha piperita*, Linn.).

Compound drugs:

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

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

- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)⁵
- ❖ *Hammām Murattib* (Moistness producing bath)⁴
- ❖ *Hijāma* (Cupping) on calf.⁵

Dietary recommendations:

- ❖ *Aghziya Muwallid-i Dam* in case of *Qillat-i Dam*.³

Dietary restrictions:

- ❖ *Taqlīl-i Ghizā* (Dietary control) in case of obesity.³

References

1. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fī'l-Tibb* (Urdu translation), Vol. IV, CCRUM, New Delhi, pp. 31-35.
2. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 150.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 693-704.
4. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 115-117.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 425-427.
6. Kabiruddīn M, 2006, *al-Qarābādīn*, CCRUM, New Delhi, p. 205.
7. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, p. 239.
8. Anonymous, 2011, *National Formulary of Unani Medicine*, Vol. VI, CCRUM, New Delhi, pp. 105, 124.

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), *Bawāsīr* (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):

- ❖ *Istifrāgh* (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
- ❖ *Tajfif* (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:

<i>Qurs-i Kahrubā</i> ¹	3-5 gm.
<i>Qurs-i Gulnār</i> ¹	5-7 gm.
<i>Qurs-i Tabāshīr Kāfūrī</i> ¹	7 gm. with <i>Sikanjabīn Sāda</i> .
<i>Qurs-i Khashkhāsh</i> ¹	1 tablet with <i>Sharbat-i Khashkhāsh</i> 20-40 ml.
<i>Sharbat-i Anjabār</i> ¹	25-50 ml.
<i>Sharbat-i Anār</i> ¹	24-48 ml.
<i>Kushta-i Marjān</i> ¹	30 mg.
<i>Kushta-i Sadaq</i> ¹	300-400 mg.
<i>Mufarrih Yaqutī</i> ¹	5-10 gm.
<i>Khamīra-i Sandal</i>	12-24 gm.

'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'rīq* (Diaphoresis) for *Imāla*.¹

Dietary recommendations:

- ❖ *Muqawwī Aghziya*¹
- ❖ *Aghziya Qābiza Bārīda*⁴
- ❖ *Bayza-i Nīm Brisht* (Half fried egg)²
- ❖ Meat²
- ❖ *Aghziya Mujaffifa*¹

Dietary restrictions:

- ❖ *Aghziya Hārī*¹

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 704-710.
2. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Ttranslation), Vol. IV, CCRUM, New Delhi, pp. 35-37.
3. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 148.
4. Nafīs ibn 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 151-153.

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 region²:
Roghan-i Gul, Khashkhāsh (Seed of Papaver somniferum, Linn.)
- ❖ Local use of following pessary²:
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 ingredients²:

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 ingredients²:

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 region³:

Bābūna (*Matricaria chamomilla*, Linn.), *Khatmī* (*Althaea officinalis*, Linn.).

- ❖ *Ābzān* (Sitz bath) with the decoction of following drugs³:

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.).

- ❖ *Ābzān* (Sitz bath) with the decoction of *Pudīna Nahri* (*Mentha aquatica*, Linn.).¹

- ❖ *Takmīd Hār* (Hot fomentation) with *Nākhūna* (Pod of *Trigonella uncata*, Boiss.), *Bābūna* (*Matricaria chamomilla*, Linn.) and *Banafsha* (*Viola odorata* Linn.).¹

- ❖ Oral administration of decoction of *Amaltās* (*Cassia fistula*, Linn.).⁴

- ❖ Oral administration of the mixture of following drugs¹:

'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).¹

- ❖ *Joshānda-i Fawākīh*, in case of *Waram Hār* (Acute inflammation).¹

Compound drugs:

<i>Ma'jūn-i Dabīd al-Ward</i> ⁵	7 gm. in morning.
<i>Marham Dākhilyūn</i> ^{2,4}	Q.S. over the pelvic region.

<i>Marham-i Bāslīqūn</i> ²	Q.S. over the pelvic region.
<i>Marham-i Rusul</i> ²	Q.S. over the pelvic region.
<i>Marham-i Ushaq</i> ¹	Q.S. over the pelvic region with juice of leaf of <i>Khatmī</i> (<i>Althaea officinalis</i> , Linn.).
<i>Safūf-i Lājward</i> ¹	5-10 gm. in case of <i>Waram Sulb</i> .
<i>Ma'jūn-i Najāh</i> ¹	5-10 gm. in case of <i>Waram Sulb</i> .
<i>Qurs-i Kāknaj</i> ¹	3-6 gm.

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

- ❖ *Fasd-i Bāslīq* (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 Latīfa*¹
- ❖ *Mā’ al-Jubn*¹

Dietary restrictions:

- ❖ *Muwallid-i Sawdā Aghziya*⁴
- ❖ Hot spices⁴

***Tahaffuz* (Prevention/Precaution) :**

- ❖ *Avoid intercourse until Waram subsides.*
- ❖ *Partner should adopt the principles of hygiene.*

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 660-670.
2. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fī'l-Tibb* (Urdu translation), Vol. IV, CCRUM, New Delhi, pp. 42-44.
3. Nafīs b. 'Twaz, 1326 H., *Sharah al-Asbāb wa-al-'Alamāt*, Vol. II, Matba' Munshī Naval Kishor, Lucknow, pp. 119-121.
4. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 414-415.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 183.

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 emmenagogue drugs.³
- ❖ *Taqwiyat-i Rahim* (Toning up of uterus)⁴
- ❖ *Tazwīj* (Getting married)³
- ❖ *Taltīf-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*¹
- ❖ Oral administration of the decoction having following ingredients¹:
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:

<i>Ma'jūn-i Najāh</i> ³	7 gm.
<i>Sikanjabīn 'Unsulī</i> ¹	24 ml.
<i>Jawārish Kamūnī</i> ³	10-15 gm.
<i>Ma'jūn-i Dabīd al-Ward</i> ³	5-10 gm.

Ilāj bi'l-Tadbīr (Regimenal therapy):

- ❖ Sprinkling of cold water on face during attack²
- ❖ *Fasd-i Sāfīn* (Bloodletting through saphenous vein)³
- ❖ *Fasd-i Bāsīlīq* (Bloodletting through basilic vein)³
- ❖ Rubbing on palm and feet during attack.³
- ❖ *Hijāma bilā Shart* (Dry cupping) on thighs and below umbilicus.⁵
- ❖ *Hammām* (Bathing)¹
- ❖ *Riyāzat* (Exercise)¹

Dietary recommendations:

- ❖ *Mā' al-'Asl*¹

Dietary restrictions:

- ❖ *Aghziya Bārīda*¹
- ❖ *Aghziya Ghalīza*¹
- ❖ Meat and its products¹

Tahaffuz (Prevention/Precaution):

- ❖ perfumes to be avoided during attack.³
- ❖ Alcohol to be avoided.¹

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. III, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 686-693.
2. Nafīs b. 'Iwaz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Yūsufī, Lucknow, pp. 167-171.
3. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 416-419.
4. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 152.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 427-429.

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.^{1,4}
- ❖ 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. ^{3,4,5} Other symptoms of predominant humour are also observed.^{1,6}

Usūl-i 'Ilāj (Principles of treatment):

- ❖ *Taskīn-i Dard* (Analgesia) ^{1,5}
- ❖ *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.^{2,3,5}

'Ilāj bi'l-Dawā' (Pharmacotherapy):

- ❖ *Joshānda-i Halayla* for *Waja'-i Mafāsil Safrāwī*.¹
- ❖ *Mā' al-'Asl* (Honey water) with *Tukhm-i Karaḥs* (*Apium graveolens*, Linn.)⁴

- ❖ Oral administration of *Qurs* (Tablet) containing following ingredients¹:

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 pain¹:

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

- ❖ Local application of *Zimād* (Paste) containing following ingredients for *Waram Hār*¹:

Asapghol (*Plantago ovata*, Forsk.) and *Sirka* (vinegar) in *Waja'-i Mafāsīl Safrāwī*.

- ❖ Local application of *Zimād* (Paste) containing following ingredients for *Waram Hār*⁶:

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:

<i>Habb-i Azārāqī</i> ⁷	1 tablet with ' <i>Arq-i Bādiyān</i> in morning.
<i>Habb-i Asgand</i> ⁷	2 tablet at bed time with lukewarm water.
<i>Habb-i Gul-i Ākh</i> ⁷	2 tablets twice a day.
<i>Ma'jūn-i Suranjān</i> ⁷	7 gm. twice a day.
<i>Safūf-i Suranjān</i> ⁷	7-14 gm. for <i>Waja'-i Mafāsīl Hār</i> .
<i>Ma'jūn-i Chobchīnī</i> ⁶	9 gm.
<i>Ma'jūn-i Jogrāj Gugal</i> ⁸	5-10 gm. daily
<i>Habb-i Muqīl</i> ⁸	500 mg.-1 gm.
<i>Habb-i Muntin Akbar</i> ⁸	5-10 gm.
<i>Roghan-i Bābūna</i> ⁷	Local application
<i>Roghan-i Mafāsīl</i> ⁶	Local application
<i>Roghan-i Chahārbarḡ</i> ⁷	Local application
<i>Roghan-i Haftbarḡ</i> ⁷	Local application
<i>Roghan Surkh</i> ⁷	Local application

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

- ❖ *Fasd* (Bloodletting) in case of *Waja'-i Mafāsīl Damawī* and *Sawdāwī*.^{1,6}

- ❖ *Qay'* (Emesis) in case of *Waja'-i Mafāsīl Balghamī*.^{1,3}
- ❖ *Idrār* (Diuresis)⁴
- ❖ *Hijāma* (Cupping)⁶
- ❖ *Huqna* (Enema) in case of chronic *Waja'-i Mafāsīl*.³
- ❖ *Natūl* (Irrigation) of chilled water on the joints to relieve the pain.⁴
- ❖ *Ābzan* (Sitz bath) in case of *Waja'-i Mafāsīl Sawdāwī*.⁶
- ❖ Hot fomentation is given by rubbing hand on affected joint.⁴
- ❖ Massage with oils on joints.¹

Dietary recommendations:

- ❖ *Aghziya Latīfa*¹

Dietary restrictions:

- ❖ *Aghziya Ghalīza*²
- ❖ *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

1. Ahmad R K, 2010, *Tarjama Sharah-i Asbāb*, Part III, Hikmat Book Depot, Hyderabad, pp. 397, 400-407.
2. Majūsī ‘Alī b. ‘Abbās, 1889, *Kāmil al-Sanā’a* (Urdu Translation by Hakīm Ghulām Hasnayn Kintūri), Vol. II, Matba’ Munshī Naval Kishore, Lucknow, pp. 503-504.
3. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi’l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 79, 81, 82, 83, 85.
4. Rāzī Muhammad b. Zakariyya, 2002, *Kitāb al-Hāwī* (Urdu Translation), Vol. XI, CCRUM, New Delhi, pp. 80, 81, 82, 103.
5. Ibn Sīnā, 1992, *al-Qānūn fi’l-Tibb* (Urdu Translation by Hakīm Ghulām Hasnayn Kintūri), Vol. III (Part I), Nigārishāt, Lahore, pp. 293-294.
6. Khān M A, 2006, *Rumūz-i A’zam*, Vol. II, CCRUM, New Delhi, pp.279,280, 287, 292
7. Kabiruddīn M, YNM, *Bayāz-i Kabīr*, Vol. II, Daftar al-Masīh, Nūr Al-Amrah Bāzār, Hyderabad, pp. 25,32,40,44,63,64,65,83,87.
8. Anonymous, 1998, *National Formulary of Unani Medicine*, Vol. I, CCRUM, New Delhi, pp. 68, 69, 210.

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 'Tlāj (Principles of treatment):

- ❖ *Taskīn-i Dard* (Analgesia)⁴
- ❖ *Tanqiya* (Evacuation) of morbid material.⁴
- ❖ *Imāla* (Diversion) of morbid material.⁴

'Tlāj bi'l-Dawā (Pharmacotherapy):

- ❖ *Joshānda-i Halayla*⁴
- ❖ Oral administartion of the decoction of following drugs⁴:

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.³
- ❖ Local application of *Barg-i Rāsan* (*Inula racemosa*, Hook.) boiled in alcohol.⁴

Compound drugs:

<i>Habb-i Suranjān</i> ⁴	3 gm. twice a day.
<i>Habb-i 'Irq al-Nasā'</i> ⁵	400 mg. with lukewarm water twice a day.
<i>Habb-i Shītraj</i> ⁶	3.5 gm.
<i>Habb-i Azārāqī</i> ⁷	1 in morning.
<i>Ma'jūn-i Suranjān</i> ⁷	7 gm. with water.
<i>Roghan-i Kunjad</i> ⁴	Massage with lukewarm oil.

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

- ❖ *Qay'* (Emesis), when pain radiates from medial side of thigh.³
- ❖ *Kayy* (Cauterization) on acetabulum of hip bone, knee joint and ankle joint.³
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)⁴
- ❖ *Fasd-i 'Irq al-Nasā'* (Bloodletting through sciatic vein)⁴
- ❖ *Fasd-i Qīfāl* (Bloodletting through cephalic vein)⁴
- ❖ *Fasd-i Sāfin* (Bloodletting through saphenous vein)⁴
- ❖ *Fasd-i Mābiz* (Bloodletting through popliteal vein)⁴
- ❖ *Hammām Mu'tadil*⁴
- ❖ *Huqna* (Enema)⁴
- ❖ *Ābzan* (Sitz bath)⁴

Dietary recommendations:

- ❖ *Aghziya Latīfa*⁴

Dietary restrictions:

- ❖ *Aghziya Ghalīza*⁴
- ❖ *Aghziya Hirrīfa*⁴
- ❖ Sweet dishes⁴

❖ *Fawākihāt* (Fruits)⁴

Tahaffuz (Prevention/Precaution):

- ❖ *Ashiyā' Mubarrida* (Things producing cold) to be avoided.⁴
- ❖ *Ashiyā' Qābiza* (Astringent things) to be avoided.⁴

References

1. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 136-137.
2. Chaghmaynī, 1278 H., *Qānūncha*, Matba' Hāshimī, Meerut, p. 114.
3. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb* (Urdu Translation), Vol. IV, CCRUM, New Delhi, pp. 92-95.
4. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 52-62.
5. Anonymous, 2011, *National Formulary of Unani Medicine*, Vol. VI, CCRUM, New Delhi, p. 17.
6. Kabiruddīn M, 2006, *al-Qarābadīn*, CCRUM, New Delhi, p. 185.
7. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 37, 187.

Niqris (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 life³ 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-graeceum*, 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:

<i>Ma'jūn-i Suranjān</i> ⁵	7gm. twice a day.
<i>Habb-i Suranjān</i> ³	3 pills of 1 gm. each twice a day.
<i>Habb-i Shūtraj</i> ³	3 pills of 1 gm. each twice a day.

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

- ❖ *Fasd-i Akhal o Bāslīq* (Bloodletting through *Akhal* and basilic veins)¹
- ❖ *Riyāzat Mu'tadila* (Moderate exercise)³

Dietary recommendations:

- ❖ *Aghziya Latifa*³

Dietary restrictions:

- ❖ *Aghziya Ghalīza*³
- ❖ 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

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, pp. 154-156.
2. Ibn Hubal, 2007, *Kitāb al-Mukhtārāt fi'l-Tibb*, Vol. IV (Urdu Translation), CCRUM, pp. 80-81.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Nawal Kishor, Lucknow, pp. 16-18, 48-52.
4. Nafīs b. 'Iwāz, 1905, *Sharah al-Asbāb wa-al-'Alāmāt bi Hall al-Mu'zalāt*, Vol. II, Matba' Yūsufī, Lucknow, p. 183.
5. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 187.

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 *Hummā 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 *Khāksī* (*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 the with following formulation⁴:

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

- ❖ *Ābzan* (Sitz bath) with decoction of the following drugs⁴:

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

Compound drugs:

<i>Sharbat-i 'Unnāb</i> ⁵	24-48 ml. mixed with <i>Mā' al-Sha'ir</i> (in case of respiratory involvement).
<i>Khamīra'-i Marwārīd</i> ⁶ (for <i>Taqwiyat</i>)	3.5 gm. in morning.
<i>Qurs-i Tabāshīr</i> ⁵	5 gm. along with juice of quince and guava.
<i>Sharbat-i Khashkhāsh</i> ⁵	20-40 ml. (in case of respiratory involvement)
<i>Qurs-i Kāfur</i> ²	3 gm.
<i>Sharbat-i Sandal</i> ¹	24-48 ml.
<i>Sharbat-i Banafsha</i> ¹	70 ml. along with lukewarm water.

Tlāj bi'l-Tadbīr (Regimenal Therapy):

- ❖ *Fasd-i Akhal* (Bloodletting through *Akhal*)⁵

Dietary recommendations:

- ❖ *Aghziya Latīfa*⁵
- ❖ *Mā' al-Sha'ir* boiled with *'Unnāb*, *Sapistān*, *Masūr*⁵
- ❖ Pomegranate juice⁵

Dietary restrictions:

- ❖ *Muwallid-i Safrā Aghziya* during epidemic¹

Tahaffuz (Prevention/Precaution):

- ❖ Purging to be avoided.⁵
- ❖ Cold foods and drinks to be avoided.²
- ❖ *Muwallid-i Safrā Tadābīr* during epidemic to be avoided.¹
- ❖ *'Arq-i Gulāb* to be instilled in eyes as a preventive measure.⁵

- ❖ *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

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 362-366.
2. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 99-104.
3. Nafīs b. 'Iwāz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 221-222.
4. Rāzī Muhammad b. Zakariyya, 1991, *Kitāb al-Mansūrī* (Urdu Translation), CCRUM, New Delhi, pp. 224-226.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 193-194.
6. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 75.

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 Behidāna* (*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:

<i>Itrīfal Shāhtra</i> ²	7-12 gm. in morning at empty stomach or at bed time along with 'Arq-i <i>Chobchīnī</i> 144 ml.
<i>Itrīfal Aftīmūn</i> ²	9 gm. at bed time along with 'Arq-i <i>Chobchīnī</i> 144 ml.
'Arq-i <i>Shāhtra</i> ²	60-144 ml.
<i>Qurs-i Kāfūr</i> ⁴	3 gm.

'*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 juice⁴

Dietary restrictions:

- ❖ Spicy and pungent diets⁵
- ❖ Sweet dishes⁵
- ❖ *Meat*

References

1. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fī'l-Tibb*, Dar al-Kotob, Beirut, p. 282.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 366-372.
3. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 167.
4. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 490-491.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, p. 201.

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 ingredients¹:
Āb-i Chuqandar (Juice of beetroot), Vinegar
- ❖ *Ghasūl* (Wash) for head containing following ingredients¹:
Gram flour, Vinegar
- ❖ *Ghasūl* (Wash) for head containing following ingredients²:

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:

Ārd-i Karsana (*Pisum sativum*, Linn.) Q.S., *Turmus* (*Lupinus albus*, Linn.) Q.S., mucilage of seed of *Plantago ovata*, Q.S.

Compound drugs:

<i>Ayāraj-i Fayqra</i> ²	3-5 gm.
<i>Roghan-i Banafsha</i> ³	Local application
<i>Roghan-i Kadū</i> ³	Local application

‘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 Aghziya*⁴

Tahaffuz (Prevention/Precaution):

- ❖ *Muwallid-i Balgham Asbāb*⁴

References

1. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 397-398.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 515-518.
3. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 231.
4. Ibn Zuhr, 1986, *Kitāb al-Taysīr fi'l-Mudāwa wa-al-Tadbīr* (Urdu Translation), CCRUM, New Delhi, p. 22.

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.).¹
- ❖ *Natūl* (Irrigation) on scalp with the decoction of *Halayla* (*Terminalia chebula*, Retz.).¹
- ❖ Local application of *Tukhm-i Chuqandar* (Seed of beet root) mixed with *Roghan-i Ās*.¹
- ❖ Local application of oil prepared with *Parshiyāoshān* (*Adiantum capillus-veneris*, Linn.), *Bābūna* (*Matricaria chamomilla*, Linn.), *Ās* (*Myrtus communis*, Linn.) with any suitable oil.¹

Compound drugs:

<i>Roghan-i Āmla</i> ²	Local application
<i>Roghan-i Ās</i> ²	Local application
<i>Roghan-i Banafsha</i> ² in case of dryness.	Local application
<i>Roghan-i Bādām</i> ¹	Local application
<i>Roghan-i Gul</i> ¹	Local application

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

- ❖ *Tadhīn* (Oiling)²
- ❖ *Hammām* (Bathing)¹
- ❖ *Halaq-i Sha’r* (Removal of hair) at frequent intervals.²
- ❖ *Dalk-i Rās* (Scalp rubbing)¹

Dietary recommendations:

- ❖ Spices¹
- ❖ *Aghziya Murattiba* in case of excessive skin dryness.¹
- ❖ *Muwallid-i Dam Aghziya*¹
- ❖ *Aghziya Mahmūda*¹
- ❖ Honey¹
- ❖ Radish¹

Dietary restrictions:

- ❖ *Aghziya Murattiba* in case of excessive skin moistness.¹

Tahaffuz (Prevention/Precaution):

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

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 527-530.
2. Arzānī M A, YNM, *Mīzān al-Tibb*, Matba' Qāsmī, Deoband, p. 176.

***Kalaf/Jhā'in* (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 Jild* through *Jālī Adwiya* (Detergent drugs).¹

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

- ❖ Oral administration of a *Safūf* having the following ingredients¹:
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 ingredients¹:
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 ingredients¹:
Kaf-i Dariyā (Cuttle fish bone), Lemon juice.

- ❖ Local application of paste having the following ingredients¹:
Tukhm-i Mūlī (*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:
Būra-i Armanī (Armenian bole) 1 part, *Maghz-i Bādām Talkh* (*Prunus amygdalus*, Batsch.) 2 part.

Compound drugs:

<i>Habb-i Aftīmūn</i> ¹	5-9 gm. along with <i>Joshānda-i Aftīmūn</i> .
<i>Habb-i Shabyār</i> ¹	3-7 gm.
<i>Sharbat-i Aftīmūn</i> ¹	30 ml.

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

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

Dietary recommendations:

- ❖ *Mā’ al-Jubn*³

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

1. Khān M A, 1906, *Iksīr-i A’zam*, Vol. IV, Matba’ Nāmī Munshī Naval Kishor, Lucknow, pp. 494-500.
2. Arzānī M A, YNM, *Mizān al-Tibb*, Matba’ Qāsmī, Deoband, p. 175.
3. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 453-454.

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 application²:
Qust (*Saussurea lappa*, Clarke.), *Shītraj Hindī* (*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:

<i>Habb-i Ayāraj</i> (For evacuation) ⁴	3-9 gm.
<i>Zimād-i Baras</i> ⁵	Local application
<i>Safūf-i Baras</i> ⁵	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.

'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.^{1,3}

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'arriq* (Bath for perspiration), excessive coitus and use of alcohol except *Sharāb Sarf* to be avoided by the patient.²

References

1. Nafis b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 223-224.
2. Ibn Sīnā, 1417 H., *al-Qānūn fi'l-Tibb*, Vol. IV, Jamia Hamdard, New Delhi, pp. 408-409.
3. Tabarī Abū al-Hasan Ahmad b. Muhammad, 1997, *al-Mu'ālajāt al-Buqrātiyya* (Urdu Translation), Part II, CCRUM, New Delhi, p. 200.
4. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 196-198.
5. Kabiruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, pp. 96, 97, 125.

Bahaq Abyaz/Chīp (Pitryasis 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 Fāsīd* (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):

- ❖ *Tanqīya-i Balgham* (Evacuation of phlegm), followed by *Tasfiya-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:
‘Āqarqarhā (*Anacyclus pyrethrum*, DC.), *Atrīlāl* (*Ammi majus*, Linn.), *Post-i Bekh-i Kibr* (Root bark of *Capparis spinosa*, Linn.), *Shūtraj Hindī* (*Satureja hortensis*, Linn.) each 7 gm., honey Q.S., vinegar Q.S.
- ❖ Local application of a paste having following ingredients¹:
Kaf-i Dariyā (Cuttle fish bone), vinegar.
- ❖ Local application of a paste having following ingredients¹:
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:

<i>Ma'jūn-i Balādur</i> ¹	5-10 gm.
<i>Habb-i Sibr</i> ¹ for evacuation of phlegm.	2 <i>Habb</i> twice a day.
<i>Habb-i Ayāraj</i> ¹ for evacuation of phlegm.	3-9 gm.

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

- ❖ *Hammām* (Bath) on alternate days.¹
- ❖ *Hammām Kibrītī*¹
- ❖ *Ta’rīq* (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

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 487-491.
2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 456-457.
3. Ghani M N, YNM, *Khazā'in al-Adwiyā*, Idāra Kitāb al-Shifā, New Delhi, pp. 474-475.

Bahaq Aswad (Pitryasis 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 skin² 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 ingredients¹:
Tukhm-i Mūlī (*Raphanus sativus*, Linn.), *Kundush* (*Centipeda minima*, Linn.).
- ❖ Local application of a paste having following ingredients¹:
Turmus (*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:
Tukhm-i Mūlī (*Raphanus sativus*, Linn.), *Turmus* (*Lupinus albus*, Linn.), vinegar.
- ❖ Local application of a paste having following ingredients³:
Suhāga Biryān (Roasted borax), *Tukhm-i Mūlī* (*Raphanus sativus*, Linn.), Lemon juice.

Compound drugs:

<i>Itrīfal-i Aftīmūn</i> ¹	9 gm.
<i>Ayāraj Loghāziya</i> ¹	14 gm.
<i>Ma'jūn-i Najāh</i> ¹	7-12 gm. in morning with water.
<i>Sharbat-i Nīlofar</i> ¹	24 ml. in morning along with <i>Sikanjabīn Sāda</i> 12-24 ml. and <i>Sharbat-i Banafsha</i> 24 ml.
<i>Safūf Mubārak</i> ⁵	14-28 gm.

'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 Murattiba*²
- ❖ *Mā' al-Jubn*²

Dietary restrictions:

- ❖ *Muwallid-i Sawdā Aghziya* (Black bile producing diets)¹
- ❖ *Aghziya Ghalīza*¹
- ❖ *Aghziya Hirrīfa*¹

Tahaffuz (Prevention/Precaution):

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

References

1. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 491-493.
2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 456-457.
3. Arzānī M A, YNM, *Mujarrabāt Akbarī*, Matba' Nāmī Munshī Naval Kishor, Lucknow, p. 137.
4. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, pp. 174-175.
5. Khān M A, YNM, *Rumūz-i A'zam*, Vol. II, Matba' Iftikhār, Delhi, p. 377.

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 Aftīmūn*⁴
- ❖ 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:

<i>Roghan-i Gandum</i> ²	Local application
<i>Marham-i Qūbā</i> ⁶	Local application

'Ilāj b'il-Tadbīr (Regimenal therapy):

- ❖ *Irsāl-i 'Alaq* (Leeching)¹

- ❖ *Fasd* (Bloodletting)⁵
- ❖ *Hijāma* (Cupping)²
- ❖ *Hammām* (Bath)⁵

Dietary recommendations:

- ❖ *Mā' al-Jubn*²

Dietary restrictions:

- ❖ *Aghziya Muwallid-i Sawdā*⁵

Tahaffuz (Prevention/Precaution):

- ❖ *Muwallid-i Sawdā Tadābīr* (Black bile producing regimens) to be avoided.⁵

References

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 172.
2. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, pp. 481-482.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 214-215.
4. Nafīs b. 'Iwaz, 1326H., *Sharah al-Asbāb wa-al-'Alāmāt*, Vol. II, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 214-215.
5. Majūsī 'Alī b. 'Abbās, 2005, *Kāmil al-Sanā 'a al-Tibbiyya*, Vol. II, CCRUM, New Delhi, pp. 202-203.
6. Anonymous, 2006, *National Formulary of Unani Medicine*, Part I, CCRUM, New Delhi, p. 165.

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 Hirrifa* (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 Fawākil*⁴
- ❖ Local application of a paste having following ingredients²:

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.³
- ❖ Local application of *Gandhak* (Sulphur) mixed with vinegar.⁵
- ❖ Local application of *Nawshādar* (Sal Ammoniac) and common salt mixed with vinegar.⁵

Compound drugs:

<i>'Arq-i Shāhtra</i> ⁴	60-144 ml. along with <i>Sikanjabīn</i> .
<i>Itrīfal Kishnīzī</i> ²	9-24 gm. at bed time.
<i>Habb-i Kibrit</i> ²	250-500 mg.
<i>Itrīfal-i Shāhtra</i> ²	7-12 gm. at bed time with <i>'Arq-i Gāozabān</i> 144 ml. /water.
<i>Sharbat-i Shāhtra</i> ²	24-48 ml.
<i>Sharbat-i 'Unnāb</i> ¹	24-48 ml. with water in morning.

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

- ❖ *Hammām* (Bath)⁴
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)²
- ❖ *Ishāl* (Purgation)³

Dietary recommendations:

- ❖ *Mā' al-Jubn*⁴
- ❖ *Mā' al-Sha'īr*⁴

Dietary restrictions:

- ❖ Meat⁴
- ❖ *Aghziya Hārri* (Diets of hot temperament)²
- ❖ *Aghziya Hirrīfa* (Spicy diets)⁵
- ❖ *Aghziya Ghalīza* (Slow to digest diets)⁵

Tahaffuz (Prevention/Precaution):

- ❖ *Adwiya Hārri* (Drugs of hot temperament) to be avoided.²
- ❖ Hygiene to be maintained.⁵

References

1. Khān M A, YNM, *Rumūz-i A'zam*, Vol. II, Matba' Iftikhār, Delhi, pp. 344-350.
2. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 397-416.
3. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 171.
4. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fī'l-Tibb*, Dar al-Kotob, Beirut, pp. 284-285.
5. Qamrī Abū al-Mansūr al-Hasan, 2008, *Ghinā Munā* (Urdu Translation), CCRUM, New Delhi, p. 483.

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 chyme² 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 externally³
- ❖ *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:

<i>Sharbat-i Banafsha</i> ³	24 ml. with water in morning.
<i>'Arq-i Shāhtra</i> ⁴	60-144 ml. along with <i>Sikanjabīn</i> .
<i>Habb-i Kibrit</i> ³	250-500 mg.
<i>Itrīfal-i Shāhtra</i> ³	7-12 gm. at bed time with <i>'Arq-i Gāozabān</i> 144 ml./water.
<i>Sharbat-i Shāhtra</i> ³	24-48 ml.
<i>Sharbat-i 'Unnāb</i> ²	24-48 ml. with water in morning.
<i>Roghan-i Bādām Shūrīn</i> ⁵ (for external moistening)	Local application on body

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

- ❖ *Hammām* (Bath)³
- ❖ Bathing with *Āb Ma'danī* (Water from springs)³
- ❖ *Fasd-i Bāslīq* (Bloodletting through basilic vein)³

Dietary recommendations:

- ❖ *Mā' al-Jubn*³
- ❖ *Mā' al-Sha'ir*³
- ❖ *Mā' al-Fawākih*³
- ❖ *Aghziya Murattiba*³

Dietary restrictions:

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

Tahaffuz (Prevention/Precaution):

- ❖ Hygiene to be maintained.³

References

1. Arzānī M A, YNM, *Mizān al-Tibb*, Matba' Qāsmī, Deoband, p. 171.
2. Khān M A, YNM, *Rumūz-i A'zam*, Vol. II, Matba' Iftikhār, Delhi, pp. 344-350.
3. Khān M A, 1906, *Iksīr-i A'zam*, Vol. IV, Matba' Nāmī Munshī Naval Kishor, Lucknow, pp. 416-420.
4. Qarshī Ibn al-Nafīs, 2004, *al-Mūjaz fī'l-Tibb*, Dar al-Kotob, Beirut, pp. 284-285.
5. Kabīruddīn M, 2008, *Bayāz-i Kabīr*, Vol. II, CCRUM, New Delhi, p. 89.

Glossary

Sl. No.	Term	Description/Equivalent
1.	<i>Adhān Hārra</i>	Oils of hot temperament that produce heat in the body <i>e.g. Roghan-i Qust, Roghan-i Bābūna</i> , etc.
2.	<i>Adhān Murattiba</i>	Oils of moist temperament that produce moistness in the body <i>e.g. Roghan-i Banafsha, Roghan-i Nīlofar</i> , etc.
3.	<i>Aghziya Lazija</i>	The foods which increase the viscosity of humours <i>e.g. Khurfa, Til</i> , etc.
4.	<i>Aghziya Bārīda/ Aghziya Mubarrida</i>	The food of cold temperament having ability to produce the humours which induce coldness in the body <i>e.g. Khas (Andropogan muricatus, Retz.), Kāsini (Cichorium intybus, Linn.)</i> , etc.
5.	<i>Aghziya Ghalīza/ Aghziya Mughalliza</i>	Dry and viscous foods such as dry date, 'Adas Musallam (<i>Lens esculenta</i> , Moench.), etc. These are of two types i.e. <i>Mahmūda</i> (that produces good humour) and <i>Ghayr Mahmūda</i> (that produces morbid humour).
6.	<i>Aghziya Hāmiza/ Tursh Aghziya</i>	Sour foods <i>e.g. lemon, sour pomegranate, sour apple, orange, vinegar, curd</i> , etc. They change the thick waste products of stomach into smaller particles.
7.	<i>Aghziya Hārra</i>	The foods of hot temperament having ability to produce the humours which induce heat in the body <i>e.g. onion, garlic</i> , etc.
8.	<i>Aghziya Hirrīfa</i>	Spicy (Pungent) foods that may produce heat in the body <i>e.g. pepper</i> .

Sl. No.	Term	Description/Equivalent
9.	<i>Aghziya Latifa</i>	Food stuffs which are easy to digest but have little nutritional value, and produce such a sanguine which is normal in viscosity. These are of two types i.e. <i>Mahmūda</i> (that produces good humour) e.g. meat of small birds, small fishes, etc. and <i>Ghayr Mahmūda</i> (that produces morbid humour) e.g. garlic, radish, spicy and salty foods, etc.
10.	<i>Aghziya Mahmūda</i>	Foods that produce good humours.
11.	<i>Aghziya Mubakhkhira/ Naffākh Aghziya</i>	The foods liable to produce flatus and vapours e.g. cabbage, pea, brinjal, cauliflower, beans, turnip, etc.
12.	<i>Aghziya Mujaffifa</i>	The foods causing desiccation of body fluid e.g. roasted gram.
13.	<i>Aghziya Murattiba/ Aghziya Ratba</i>	The foods of wet/moist temperament having ability to produce the humours which give rise to wetness in the body e.g. milk, <i>Kadū</i> (<i>Cucurbita maxima</i> , Duchesne.), cucumber, watermelon, clarified butter, almond oil, etc.
14.	<i>Aghziya Musammina</i>	The foods which help to put on body weight e.g. dry fruits, milk and dairy products, etc.
15.	<i>Aghziya Muta'affina</i>	Putrefied food stuffs.
16.	<i>Aghziya Radiyya</i>	The foods which produce bad quality of humours.
17.	<i>Aghziya Sāliha</i>	The foods which produce good quality of humours.
18.	<i>Aghziya Saqīla</i>	The foods which are difficult to digest.
19.	<i>Aghziya Yābisa</i>	The foods of dry temperament which produce dryness in the body e.g. meat, lentil, etc.
20.	<i>Akhal</i>	A vein of forearm.
21.	<i>Ayāraj</i>	It is a semisolid preparation made by adding the powdered ingredients into the base (<i>Qiwām</i>) of honey. Aloe which is the chief ingredient of <i>Ayāraj</i> is added in the end in a quantity which is double of the total sum.

Sl. No.	Term	Description/Equivalent
22.	<i>Barg</i>	Leaf
23.	<i>Batāsha</i>	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.
24.	<i>Bekh/Asl</i>	Root
25.	<i>Chahār Gul</i>	These are the flowers of following four plants: <i>Banafsha</i> (<i>Viola odorata</i> , Linn.), <i>Nīlofar</i> (<i>Nymphaea alba</i> , Linn.), <i>Gulāb</i> (<i>Rosa damascena</i> , Mill.), <i>Khatmī</i> (<i>Althaea officinalis</i> , Linn.).
26.	Decoction/ <i>Joshānda</i>	The crude plant drugs are soaked in water in a ratio of 1:3 for overnight. It is boiled in the morning till the quantity of water is reduced to one third of the amount of water taken initially. It is filtered through a sieve and the liquid extract is used.
27.	<i>Firzaja</i>	Drugs in powdered form are mixed with oil, honey or any other suitable base. A fine cloth is then impregnated with the mixture and suppository made from it to kept in the vagina.
28.	<i>Gul</i>	Flower
29.	<i>Habb/Tukhm</i>	Fruit/Seed
30.	<i>Haft Andām/Qifāl</i>	Cephalic vein
31.	<i>Halwājāt</i>	These are semisolid preparations, made by grinding and roasting the required drugs with or without oil. This powder is then added into a base of Sugar (<i>Qiwām</i>).
32.	<i>Hammām</i>	It is bathing, medically used for producing dryness, compactness, moistness and rarefaction in the skin/body.
33.	<i>Hammām Kibrītī</i>	Bathing with sulphur mixed water.
34.	<i>Hammām Mu'tadil</i>	A type of bath medically used for producing dryness, compactness, moistness

Sl. No.	Term	Description/Equivalent
		and rarefication of normal range in the skin/body.
35.	<i>Hamūl</i>	It is prepared by grinding the drugs and mixing the resultant powder into a suitable base. It is used for local effect.
36.	Infusion/ <i>Khīsānda</i>	The drugs are soaked in water for overnight. In the morning, it is filtered and the liquid thus separated is taken orally.
37.	<i>Inkibāb</i>	Drugs are boiled in water/suitable medium till steam is produced. The affected part of the body is exposed to vapourizing steam as part of the therapeutic regimen. Sometimes steam is produced by plain water.
38.	<i>Istifrāgh</i>	Evacuation of the humours that are involved in the causation of pathology in the body. It is used as a mode of treatment and is induced through various means e.g. <i>Ishāl</i> (Purgation), <i>Idrār-i Bawl o Hayz</i> , <i>Qay'</i> (Emesis), <i>Ta'riq</i> (Diaphoresis), <i>Fasd</i> (Bloodletting), etc.
39.	<i>Joshānda-i Aftīmūn</i>	<i>Halayla Siyāh</i> (<i>Terminalia chebula</i> , Retz.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> , Retz.), <i>Halayla Zard</i> (<i>Terminalia chebula</i> , Retz.), <i>Āmla</i> (<i>Phyllanthus emblica</i> , Linn.) 17 ½ gm. each, <i>Gāozabān</i> (<i>Borago officinalis</i> , Linn.), <i>Bisfā'ij</i> (<i>Polypodium vulgare</i> , Linn.), <i>Bādranjboya</i> (<i>Melissa parviflora</i> , Benth.), <i>Ustukhudūs</i> (<i>Lavandula stoechas</i> , Linn.) 14 gm. each, <i>Turbud</i> (<i>Ipomoea turpethum</i> , Br.) 7 gm., <i>Shāhtra</i> (<i>Fumaria parviflora</i> , Lamk.) 24 ½ gm., <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> , Linn.) 20 Numbers, <i>Mawiz Munaqqā</i> (<i>Vitis vinefera</i> , Linn.) are soaked and boiled in 1600 ml of water till 600 ml. of liquid is left. Thirty five grams of <i>Aftīmūn</i> (<i>Cuscuta reflexa</i> , Roxb.) is added to it and boiled again till it is reduced to 400 ml. The boiled material is filtered and 52 ½ gm. of <i>Maghz-i Falūs-i Khiyār Shambar</i> (Fruit pulp of <i>Cassia fistula</i> , Linn.), 3 gm. of <i>Ghāriqūn</i> (<i>Polyporus officinalis</i> , Fries.) and honey are added to the filtrate.

Sl. No.	Term	Description/Equivalent
40.	<i>Joshānda-i Halayla</i>	Decoction of <i>Post-i Halayla Kābulī</i> (<i>Terminalia chebula</i> , Retz.) 36 gm., <i>Shāhtra</i> (<i>Fumaria parviflora</i> , Lamk.) 24 gm., <i>Tukhm-i Kasūs</i> (<i>Cuscuta reflexa</i> , Roxb.) 10 gm., <i>Tukhm-i Kāsini</i> (<i>Cichorium intybus</i> , Linn.) 10 gm., <i>Post-i Bekh-i Bādiyān</i> (<i>Foeniculum vulgare</i> , Mill.) 7 gm., <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> , Linn.) 20 Numbers and <i>‘Unnāb</i> (<i>Zizyphus jujuba</i> , Mill & Lamk.) 20 Numbers mixed with <i>Maghz-i Amaltās</i> (Fruit pulp of <i>Cassia fistula</i> , Linn.) 54 gm. and <i>Ma’jūn-i Dabīd al-Ward</i> 54 gm.
41.	<i>Joshānda-i Fawākih</i>	<i>Imlī</i> (<i>Tamarindus indica</i> , Linn.), <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> , Linn.), <i>‘Unnāb</i> (<i>Zizyphus jujube</i> , Linn.) 70 gm. each, <i>Mawīz Munaqqā</i> (<i>Vitis vinefera</i> , Linn.) 35 gm., <i>Halayla Siyāh</i> (<i>Terminalia chebula</i> , Retz.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> , Retz.), <i>Halayla Zard</i> (<i>Terminalia chebula</i> , Retz.), <i>Banfsha</i> (<i>Viola odorata</i> , Linn.), <i>Sanā Makkī</i> (<i>Cassia lanceolata</i> , Linn.), <i>Gulāb</i> (<i>Rosa damascena</i> , Mill.), <i>Afsantīn</i> (<i>Artemisia absinthium</i> , Linn.), <i>Asl al-Sūs</i> (<i>Glycyrrhiza glabra</i> , Linn.) 14 gm. each, <i>Tukhm-i Kāsini</i> (<i>Cichorium intybus</i> , Linn.), <i>Tukhm-i Kasūs</i> (<i>Cuscuta reflexa</i> , Roxb.) 10 gm. each are soaked and boiled in 1400 ml. water till it the liquid is reduced to 350 ml. Seventy gm. of <i>Shūr-i Khisht</i> (<i>Fraxinus ornus</i> , Linn.) is added to the filtrate and taken orally.
42.	<i>Khall al-Khamr</i>	Vinegar, prepared from juice of grapes.
43.	<i>Latūkh</i>	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.
44.	<i>Lazūq/Lasūq</i>	Powdered drugs are mixed with mucilage, spread on a piece of paper or cloth and pasted on the affected part.
45.	<i>Lu’āb</i>	The drug is soaked in water/suitable liquid. The supernatant fluid containing mucilage is taken.

Sl. No.	Term	Description/Equivalent
46.	<i>Mā' al-'Asl</i>	A liquid preparation in which honey and water are mixed in ratio of 1:4 and boiled at low temperature, till 2/3 of it is left. It is filtered and filtrate is used.
47.	<i>Mā' al-Fawākih</i>	It is a liquid preparation of expressed fruit juice. A fresh juice is prepared when it is intended to be sued.
48.	<i>Mā' al-Jubn</i>	Goat milk is boiled and a sour substance is added to it, so that the suspended albumins are clotted and separated from the liquid component. It is then filtered and whey is obtained.
49.	<i>Mā' al-Uṣūl</i>	<i>Bekh-i Karafs</i> (<i>Apium graveolens</i> , Linn.), <i>Bekh-i Izkhar</i> (<i>Andropogan schaefferi</i> , Linn.), <i>Bekh-i Bādiyān</i> (<i>Foeniculum vulgare</i> , Gaertn.), <i>Mulethī</i> (<i>Glycyrrhiza glabra</i> , Linn.), <i>Bekh-i Kibr</i> (<i>Capparis spinosa</i> , Linn.) and <i>Qiradmānā</i> (<i>Centratherum anthelminticum</i> (Willd.) Kuntze.) 10 gm. each, to be boiled and filtered to get the decoction.
50.	<i>Mazmaza</i>	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.
51.	<i>Mīfakhtaj</i>	It is concentrated grape juice. The fresh grape juice is boiled till it is reduced to one fourth.
52.	<i>Mujaffifāt</i>	The regimens, foods or drugs (e.g. <i>Sang Jarāhat</i> (Soap stone), <i>Supārī Biryān</i> (Roasted <i>Areca catechu</i> , Linn.), <i>Sadaf Muharraḡ</i> (Burnt pearl shells), <i>Murdār Sang</i> (Litharge) that cause desiccation on local application. For general purposes <i>Hammām</i> (Bath), <i>Ta'rīḡ</i> (Diaphoresis), and other regimens are also used.
53.	<i>Munzij-i Balgham</i>	<i>Tukhm-i Khubbāzī</i> (<i>Malva sylvestris</i> , Linn.), <i>Tukhm-i Khatmī</i> (<i>Althaea officinalis</i> , Linn.), <i>Bekh-i Kāsīnī</i> (<i>Cichorium intybus</i> , Linn.), <i>Bādiyān</i> (<i>Foeniculum vulgare</i> , Gaertn.),

Sl. No.	Term	Description/Equivalent
		<i>Mulethī</i> (<i>Glycyrrhiza glabra</i> , Linn.), <i>Gāozabān</i> (<i>Borago officinalis</i> , Linn.), <i>Parsiāoshān</i> (<i>Adiantum capillus-veneris</i> , Linn.), <i>Anjīr</i> (<i>Ficus carica</i> , Linn.), <i>Gulqand</i> , etc.
54.	<i>Munzij-i Safrā'</i>	<i>Gul Surkh</i> (<i>Rosa damascena</i> , Mill.), <i>Banfsha</i> (<i>Viola odorata</i> , Linn.), <i>Gul-i Nīlofar</i> (<i>Nymphaea lotus</i> , Linn.), <i>Shāhtra</i> (<i>Fumaria parviflora</i> , Lamk.), <i>Tukhm-i Khubbāzī</i> (<i>Malva sylvestris</i> , Linn.), <i>Tukhm-i Kāsini</i> (<i>Cichorium intybus</i> , Linn.), <i>Bekh-i Kāsini</i> (<i>Cichorium intybus</i> , Linn.), <i>Mako</i> (<i>Solanum nigrum</i> , Linn.), <i>Ālū Bukhāra</i> (<i>Prunus domestica</i> , Linn.), <i>Sikanjabīn</i> , <i>Turanjabīn</i> (<i>Alhagi maurorum</i> , Desv.), etc.
55.	<i>Munzij-i Sawdā'</i>	<i>Gāozabān</i> (<i>Borago officinalis</i> , Linn.), <i>'Unnāb</i> (<i>Zizyphus jujuba</i> , Mill. & Lamk.), <i>Parsiāoshān</i> (<i>Adiantum capillus-veneris</i> , Linn.), <i>Shāhtra</i> (<i>Fumaria parviflora</i> , Lamk.), <i>Bādiyān</i> (<i>Foeniculum vulgare</i> , Gaertn.), <i>Halayla Siyāh</i> (<i>Terminalia chebula</i> , Retz.), <i>Sarphūka</i> (<i>Tephrosia purpurea</i> , Pers.), <i>Mundī</i> (<i>Sphaeranthus indicus</i> , Linn.), <i>Ustūkhūdūs</i> (<i>Lavandula stoechas</i> , Linn.), etc.
56.	<i>Muqawwī-i Sha'r</i>	Drugs that provide nutrition and thereby strengthen hairs e.g. <i>Āmla</i> (<i>Phyllanthus emblica</i> , Linn.), <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> , Retz.), <i>Parsiāoshān</i> (<i>Adiantum capillus-veneris</i> , Linn.), <i>Rīthā</i> (<i>Sapindus trifoliatus</i> , Linn.), <i>Bhangra</i> (<i>Eclipta alba</i> , Hassk.), <i>Majīth</i> (<i>Rubia cordifolia</i> , Linn.), <i>Post-i Akhrot</i> (<i>Jugulans regia</i> , Linn.), <i>Aloe</i> , etc.
57.	<i>Murawwaqayn</i>	Freshly extracted juice of <i>Mako</i> (<i>Solanum nigrum</i> , Linn.) and <i>Kāsini</i> (<i>Cichorium intybus</i> , Linn.) 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.
58.	<i>Musaffī-i Dam</i>	Blood purifier

Sl. No.	Term	Description/Equivalent
59.	<i>Musakkhkhināt</i>	Regimens, diets and drugs producing heat in the body <i>e.g.</i> <i>Hammām</i> , <i>Riyāzat</i> , spices, drugs of hot temperament, etc.
60.	<i>Musakkirāt</i>	Intoxicating substances
61.	<i>Mushil-i Balgham</i>	Powder of <i>Turbud</i> (<i>Ipomoea turpethum</i> , Br.), <i>Ghāriqūn</i> (<i>Polyporus officinalis</i> , Fries.), <i>Habb al-Nīl</i> (<i>Ipomoea hedracea</i> (Linn.) Jacq.) 3 ½ gm. each, <i>Katirā</i> (<i>Sterculia urens</i> , Roxb.), <i>Shahm-i Hanzal</i> (<i>Citrullus colocynthis</i> , Shrad.) 10 ½ gm. each and <i>Saqmūniya</i> (<i>Convolvulus scammonia</i> , Linn.) 250 mg. mixed with an equal quantity of sugar.
62.	<i>Mushil-i Safrā'</i>	Powder of <i>Ayāraj</i> 4 ½ gm., <i>Halayla Zard</i> (<i>Terminalia chebula</i> , Retz.) 6 ¾ gm., <i>Ghāriqūn</i> (<i>Polyporus officinalis</i> , Fries.) 3 ½ gm., <i>Saqmūniya</i> (<i>Convolvulus scammonia</i> , Linn.) 250 mg. and Common salt 500 mg. mixed with an equal quantity of sugar.
63.	<i>Mushil-i Sawdā'</i>	<i>Ayāraj</i> , powder of <i>Halayla Kābulī</i> (<i>Terminalia chebula</i> , Retz.), <i>Halayla Zard</i> (<i>Terminalia chebula</i> , Retz.) 3 ½ gm. each, <i>Aftimūn</i> (<i>Cuscuta reflexa</i> , Roxb.) 4 ½ gm., <i>Afsantīn</i> (<i>Artemisia absinthium</i> , Linn.) 1 ¾ gm. and <i>Lājward Maghsūl</i> (Washed Lapis lazuli) 1¼ gm. mixed with an equal quantity of sugar.
64.	<i>Muwallid-i Balgham</i> <i>Aghziya/ Aghziya</i> <i>Muwallid-i Balgham</i>	The foods which produce excessive quantity of phlegm in the body <i>e.g.</i> sheep milk, beet root, cucumber, etc.
65.	<i>Muwallid-i Balgham</i> <i>Asbāb</i>	Regimens or foods that are able to produce an excessive quantity of phlegm in the body <i>e.g.</i> sheep milk, beet root, cucumber, prolong sleep, lack of physical exercise, etc.
66.	<i>Muwallid-i Khūn</i> <i>Aghziya/ Aghziya</i> <i>Muwallid-i Dam</i>	The foods which produce an excessive quantity of sanguine in the body <i>e.g.</i> grapes, pomegranate, egg yolk, fried meat, boiled meat, milk, dairy products, gram, etc.

Sl. No.	Term	Description/Equivalent
67.	<i>Muwallid-i Safrā’ Aghziya/ Aghziya Muwallid-i Safrā’</i>	The foods which produce an excessive quantity of yellow bile in the body e.g. cheese.
68.	<i>Muwallid-i Sawdā’ Aghziya/ Aghziya Muwallid-i Sawdā’</i>	The foods which produce an excessive quantity of black bile in the body e.g. buffalo meat, cabbage, brinjal, etc.
69.	<i>Muwallid-i Shīr Aghziya/ Aghziya Muwallid-i Shīr</i>	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. <i>Bādiyān</i> (<i>Foeniculum vulgare</i> , Gaertn.), fresh <i>Shibit</i> (<i>Anethum sowa</i> , Roxb.), potato, <i>Til</i> (<i>Sesamum indicum</i> , Linn.), etc.
70.	<i>Natūl</i>	It is prepared by crushing or grinding the drugs and boiling them in the water or any suitable liquid. The filtrate obtained is poured on the affected part continuously from a small distance.
71.	<i>Nuzj</i>	It is the process, adopted to change the morbid and sticky humour in such a form, which can be smoothly eliminated from the body. It is accomplished by the administration of humour specific <i>Munzij</i> drugs followed by <i>Adwiya Mushila</i> (Purgatives).
72.	<i>Paste/ Zimād</i>	It is prepared for local application. Dry drugs are powdered and mixed with a liquid base whereas fresh drugs are ground into a paste for local application.
73.	<i>Post-i Bekh</i>	Root bark
74.	<i>Qatūr</i>	Finely powdered drug is mixed with an oil or liquid base. It is then filtered and used as eye, ear and nasal drops.
75.	<i>Rutūbāt Būraqiyya</i>	Alkaline secretions
76.	<i>Safūf</i>	Powder of drugs formed by grinding them in mortar and pestle or grinder depending upon the nature of the drug. These are then sieved and used.
77.	<i>Sarī’ al-Hazm Aghziya /Zūd Hazm Aghziya</i>	Easily digestible food materials which provide nutrition to the body very soon.

Sl. No.	Term	Description/Equivalent
78.	<i>Shamūm</i>	It is a preparation in which drugs are used for inhalation.
79.	<i>Shīra</i>	Semi liquid material obtained after grinding the seeds and other drugs.
80.	<i>Taghlīz-i Mādda</i>	To make the abnormally thin body fluids thicker. Generally, it is required to treat the disease but sometimes it is induced to help evacuate the morbid matter from the body.
81.	<i>Takmīd</i>	Fomentation. It may be hot or cold. Sometimes, powder of drugs is tied in a piece of cloth/bag and used for local application after heating.
82.	<i>Taltīf-i Ghizā'</i>	Use of foods that are digested very easily but provide little nutrition to the body.
83.	<i>Taskhīn</i>	To produce heat.
84.	<i>Tanqīya</i>	Elimination of morbid matter from the interior and exterior of the body.
85.	<i>Tukhm</i>	Seed
86.	<i>Usaylim</i>	Small vein, on the back of the hand, between the ring and little finger. It is related to axillary vein.
87.	<i>Wajūr</i>	It is the instillation of liquid in the throat.
88.	<i>Zarūq</i>	The drugs are mixed in any suitable medium and used for syringing.