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Hippocratic Journal of Unani Medicine

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Melancholic Humor (*Khilṭ-e-Sawdā*)

Abstract

In Unani medicine, melancholic humor, called *Sawdā* (black bile), is one of the four key humors that regulate both physical and mental health. Each humor corresponds to a particular temperament and physiological role, with imbalances potentially leading to illness. Sauda is associated with a cold and dry temperament and plays a vital role in maintaining metabolic processes and emotional stability within the body. The humoral theory is one of the basic concepts of the Unani system of medicine. *Akhlāt* (humors) is “Admixture” which refers to body fluids. The body contains four major humors, i.e. *dam*, *balgham*, *ṣafrā*, and *sawdā*. A right proportion according to quality and quantity constitutes health and irregular distribution of these constitutes diseases. As per the classical division, the fourth fluid of the body is *sawdā* which is attributed to black color and of cold and dry (*bārid yābis*) temperament. It has very important functions like nourishment of some specific organs and maintains the viscosity of blood.

Keywords: *Humor, Sauda (black bile), temperament, Unani medicine*

Introduction

In Unani medicine, melancholic humor (*Sauda*) is essential for maintaining both mental and physical equilibrium. When balanced, it promotes thoughtful, analytical, and stable behavior. However, an imbalance can result in issues such as depression, anxiety, joint pain, and digestive problems. Treatment aims to restore harmony through warming and moisturizing therapies, herbal remedies, dietary adjustments, and emotional support, helping to reestablish overall balance in the body. The concept of the Unani system of medicine ranges from the concept of humoral theory (*Akhlāt*) as well as from that of the temperament (*Mizāj*) and has been practiced for a long time through many generations with its time-tested period. The temperament (*Mizāj*) of an individual being a dynamic state varies under different physiological conditions such as age, sex, and environment. The temperament (*Mizāj*) of a person is most often described in terms of the *Khilṭ* (humor) in domination in the body, and therefore are named as *damviul Mizāj*, *balghamiul Mizāj*, *ṣafrāwiul Mizāj*, and *sawdawi Mizāj*.^[1] Nafis says; “Position of black bile (*sawdā*) is next to *ṣafrā*. *Sawdā* is inferior most amongst all *Akhlāt* (humors). It does not mean that it

has no merits. It has also a very important function to serve.”^[2]

Historical Background

Medicine is the science by which we learn the; (a) various states of the human body, in health or when not in health, (b) the means by which, (i) health is likely to be lost and (ii) when lost, is likely to be restored to health. In other words, it is the art whereby health is conserved and the art whereby it is restored, after being lost. According to Tibb (Islamic Medicine), the human body is considered to be composed of the following seven natural principles, i.e., (1) *Arkān* (Elements), (2) *Mizāj* (Temperament), (3) *Akhlāt* (Humors), (4) *A'ḍā* (Organs), (5) *Arwāḥ* (Pneuma), (6) *Quwā* (Powers), and (7) *Af'āl* (Functions). Temperament is that quality which results from the mutual interaction and interspersions of the four contrary primary qualities residing within the (imponderable) elements. Humors are termed in place of fluids of the body. The word “humor” does not now bear the sense that formerly made it an exact equivalent of humor. In German, “Saft” would still apply, but “juice” is unsuitable for the present translation. The concept of humor (*Akhlāt*) has a basic and central place in the Unani system of medicine. In the Unani system of medicine, the literal meaning of *Akhlāt* (humors) is “Admixture” which refers to body fluids.^[1] Hippocrates

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(460 B.C.) first postulated the humoral theory and defined it as “the body contains four major humors, i.e., *dam*, *balgham*, *ṣafrā*, and *sawdā*: a right proportion according to quality and quantity constitutes health and irregular distribution of these constitutes diseases.”^[3]

Humor (*Akhlāt*)

Khilṭ means the substance which is in mixture form.^[4] The concept of *Akhlāt* (humors) has a central place in Tibb. It is one of the seven basic physiological principles (Umur tabi'iyah). *Khilṭ* is a liquid substance made up of Istehal Awwal (first metabolism) of food in Kabid (liver).^[1,5,6] The human body is the buildup of *Akhlāt* Arba.^[7] *Khilṭ* is a liquid body which is enclosed in the vessels and cavity of the body.^[8] to provide *Badal Ma Tahallul* through conversion into *Jawhar A'dā*.^[9] They provide nutrition to the Aza which has the same *Mizāj* as of *Akhlāt*.^[10] *Dam* carries the *Harārat-i-Gharīziyah* (innate energy) from *Qalb* (heart) to *A'dā* (organs).^[11] Harmony of *Khilṭ* may be altered by specific *Mizāj*, in different phases ages and seasons, residences and different diets, etc., For instance, according to age, more production of *Ṣafrā* in young, *Dam* in children, *Sawdā* in elder people, and *Balgham* in elderly persons.^[8]

Hippocrates (460–370BC) gave the fundamental principles of the Greco-Arab system of medicine with a belief that the body of the individual is composed of four basic elements, which together, are termed as *Anāṣir-i-Arba'a* or *Arkān* (elements) comprising earth, water, air, and fire. These *An'āṣir-i-Arba'a* possess four different qualities, i.e., hot, cold, dry, and wet. When these different *Kaifiyāt-i-Arba'a* (qualities) of *Arkān* (elements) act and react by their powers, then previous qualities become diminished and a new moderate quality is developed which is known as *Mizāj*. The admixture of these four basic elements results in the formation of four biological fluids or humors, viz., blood (*Dam*), phlegm (*Balgham*), yellow bile (*Ṣafrā*), and black bile (*Sawdā*); a right proportion, according to quality and quantity constitutes health and upright proportion and irregular distribution, according to their quantity and quality constitutes disease.^[12] The humoral theory (*Nazriya-i-Akhlāt-i-Arba'a*) was postulated by the father of medicine Hippocrates (460 B. C.). In his book *Tabī'yat al-Insān* (Human Nature), he has set forth his famous doctrine that the body contains four humors. He also stated that “the functions of the body depend upon humors (*Akhlāt*)”, which means fluids or humors are not only involved in nutrition, but they perform many functions in the body. Hormones cannot be separated from this debate. The above statements of Hippocrates are applicable to hormones the same as to humors (*Akhlāt*).^[3]

Mechanism of Formation of *Akhlāt*

Ibn Sina says “Food is partially digested on account of mastication with the help of saliva. When food reaches the

stomach and intestine, the primary digestion (*haḍm mi'dī*) of certain food materials (especially proteins) takes place with the help of HCl. The food materials then transformed into liquid substances like barley water (hassu). When these liquid substances pass into the duodenum through the pylorus, further digestion of various materials (like proteins, fats, and carbohydrates) with the help of bile and pancreatic juices. Finally, the primary digestion (*haḍm mi'dī*) is completed in the small intestine with the help of intestinal juices and liquid material gets finer and thinner and transformed amino acid, fatty acid, glycerol and glucose in the form of chyle (*kaylūs* is a milky bodily fluid consisting of lymph and emulsified fats, or free fatty acids and is formed in the small intestine during digestion of fatty foods, and taken up by lymph vessels specifically known as lacteals). A lacteal is a lymphatic capillary that absorbs dietary fats in the villi of the small intestine. This chyle is able to absorb from the mesenteric vein then passes into the portal vein (*bāb-al-kabid*) and spread into branches of the portal vein and finally goes to the liver. This chyle spread into the finer vessels (liver sinusoids), hence the entire vessels come in contact with the chyle.” These thinner substances transformed into humors, which go to all organs. In many passages of the Canon it would seem that when “matter” is spoken of, in connection with disease, humor is often meant, and particularly a morbid humor. However, it is also clear that behind the humor there is what paracelsus would call an “essence,” or “radical humor” which itself governs the nature of the humor and whether or not it is going to become morbid. In such a view health depends on the maintenance of the essential humor in a state of purity.^[13] Ibn Sina adopted the Galenic view and restricted the term *Akhlāt* to the fluids of blood vessels and says that “from stomach, the chyle is reached to the liver where it is cooked and some substances are formed. One of these substances is a foam-like (*raghwah*) which is called yellow bile (*ṣafrā*), and the other one is black bile (*sawdā*). The incompletely digested matter is called phlegm (*balgham*) and the completely digested matter is called blood (*dam*). These are formed in the *Jigar* (liver) through long processes. The digestion starts from the mouth and passes to the stomach where *Harārat-i-Gharīziyah* acts upon food stuff and converts into *Kailūs* (liquid substance, Hazm Awwal) after that *Ajza' Laṭīfa* (diluted substances). In the liver complete *Nuḍj* occurs (*haḍm thānī*) and *Akhlāt* as blood is formed properly. After formation precipitated substance that is *Sawdā* and at the surface is *Ṣafrā* instead of *Dam* and *Balgham* are blended properly and reach to right atrium in the form of *Dam* and provide nutrition to the *A'dā* (organs).^[2,5,6,10]

Khilṭ Sawdā (Black Bile)

As per the classical division, the fourth fluid of the body is *sawdā* which is attributed to black colour and of cold and dry (*bārid yābis*) temperament. Primarily there are two kinds of *sawdā*; *sawdā-e-taba'i*, and *sawdā-e-ghyir taba'i*.

Sawdā-e taba'i is that kind of *sawdā* which is mixed with normal blood and said to nourish certain organs and tissues while *sawdā-i-ghyr taba'i* is that kind of *sawdā* which is produced when *Ihtirāq* (oxidation) occurs in any kind of *Khilt*, including *sawdā* itself. *Ihtirāq* of *Khilt* produces pathological conditions in the body. Signs and symptoms of *ghalba sawdā* include dry and dark skin, thick and dark blood, anxiety, burning in the epigastrium, false appetite, thick and turbid urine of blue, black, or red color, dark complexion, patches of pigmentation, chronic indolent ulcers, depression, and anxiety without apparent cause.^[14]

Utilities of *Khilt-e Sawdā*

The black-colored portion of *Akhlāt*, i.e. *Sawdā* has various utilities. After complete formation, it goes to the bloodstream and spleen.^[9] It provides strength to the bone.^[2,15] It makes the blood viscous. Provides nutrition to *Tihāl* (spleen).^[8,11]

Disharmony and correction

Health and disease depend upon the harmony of these *Akhlāt Arba'a*. Unani philosophers describe the meaning of disharmony that, it is any change in the quality and quantity of *Akhlāt*. Disharmony in quantity is called *Imtala Ba Hasbul Aw'iyah* while disharmony of quality is known as *Imtala Ba Hasbul Quwā*.

Imtala Ba Hasbul Aw'iyah

It is due to an increase in *Kammiyat* (quantity) of *Akhlāt*.^[5] Presentation is reddish skin, laziness, hyperemic vessels, sleepiness, yawning, fatigue, headache, hyper pulsation, etc.^[16] Ibn Sina says that if there is an excess accumulation of *Akhlāt* Ghair Saleha in '*Urūq Damwiyah wa Tajāwif*' (blood vessels and cavity) it may result in obstruction. This condition in general is managed by *Faşd* (Venesection) and *Taqīl Ghidhā* (diet restriction).^[17]

Imtala Ba Hasbul Quwā

The disharmony in *Kaifiyat* (quality) of *Akhlāt* is called *Imtala Ba Hasbul Quwā*. This presentation is susceptible to infectious diseases, decreased appetite, there are changes in pulse and urine.^[16]

Disharmony of *Khilt-e-Sawdā*

Diseases such as Melancholia, *Juzām* (leprosy), *Sarṭān* (cancer), *Dawālī* (varicose vein), *Dā al-Fīl* (elephantiasis), and *Hummiyāt-e-Ruba'* (Type of fevers) are common disease condition related to *Khilt Sawdā* despite of above said disease *Sū'-i-Haḍm* (indigestion)^[18] and *Sahr* (insomnia) are also noticed in disharmony of *Sawdā*.^[19,20]

Management

In the management of disease related to *Khilt-e-Sawdā*, ancient Unani scholars had advised *Istifrāgh* (elimination) *Sawdā* as key to managing its disharmony, vomiting before meal,^[21] along with avoidance of Ghiza-e-Bārid is

recommended, the patients of this disease condition also advised to take Hammam before Ghiza and to observe an abstinence from *Jimā'* (coitus). The management of disharmony in the quality of humor through a reduction in the use of Makul wa Mashrub (food and drinks), and observing bloodletting at regular intervals.^[22] It is written in classical text that a person with *Imtala Ba Hasbul Quwā* should eliminate *Akhlāt Fuḍliyah* (morbid humor) before starting *Faşl-i-Rabī'* (spring season).^[23] Ancient Unani scholars had also recommended *Muqawwī-i-Qalb wa Dimāgh Adwiya* (Cardiac and brain tonic) to be used along with other drugs for better results.

Conclusion

The concept of *Akhlāt* (Humors) has a central place in Tibb. It is one of the seven basic physiological principles (*Umūr-i-Ṭabī'yah*). As per the classical division, the fourth fluid of the body is *sawdā* which is attributed to black color and of cold and dry (*bārid yābis*) temperament. The important functions of *sawdā* are nutrition to bone and spleen, protection of skin from UV rays, as an appetizer, etc., Symptoms due to *ghalba-e sawdā* include dry and dark skin, thick and dark blood, anxiety, burning in the epigastrium, false appetite, thick and turbid urine of blue, black, or red color, dark complexion, patches of pigmentation, chronic indolent ulcers, depression and anxiety without apparent cause. In the management of disease related to *Khilt-e-Sawdā* ancient Unani scholars had advised *Istifrāgh* (elimination).

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References

1. Zaidi IH. Kulliyat-e-Umoor-e-Tabi'yah. Aligarh: Litho Offset Printers; 2011.
2. Kabiruddin M. Kulliyat-e-Nafisi. New Delhi: Idara Kitabul Shifa; 1954.
3. Ahmad SI. Introduction to Al-Umoor-Al-Tabi'yah Principles of Human Physiology in Tibb. New Delhi: Saini Printers Pahari Dhiraj; 1980.
4. Chandpuri K. Qanoon M. Qaumi Council Barai Farogh Urdu Zuban. New Delhi: National Council for Promotion of Urdu Language; 1998.
5. Sina I. Al Qanoon Fil Tib. Vol. I. New Delhi: Idara Kitab-u-Shifa; 2010.
6. Majoosi A. Kamil us-Sana'ah. Vol. I. New Delhi: Central Council for Research in Unani Medicine; 2010.
7. Jalinoos. Kitab Fil Anasir. Aligarh: International Printing Press; 2008.
8. Masihi AS. Kitab-ul-Miah. Vol. I. New Delhi: Central Council for Research in Unani Medicine; 2008.
9. Sina I. Kulliyat Qanoon. New Delhi: Ejaz Publishing House; 2006.

10. Baghdadi IH. Kitab Al Mukhtarat fil Tib. Vol. I, New Delhi: Central Council for Research in Unani Medicine; 2005.
11. Rushd I. Kitab-ul-Kulliyat. New Delhi: Central Council for Research in Unani Medicine; 1987.
12. Ahmer SM. Assessment of total body water in Damvi and Şafrāvi Mizāj of healthy male by non-invasive anthropometric based equation. Int J Dev Res 2014;4:1434-8.
13. Gruner I. A Treatise on the Canon of Medicine of Avicenna. New York: AMS Press; 1973.
14. Shah MH. The General Principles of Avicenna's Canon of Medicine. New Delhi: Idara Kitab-ul-Shifa; 2007.
15. Qarshi MH. Jame ul Hikmat. Vol. 1. New Delhi: Idara Kitab us Shifa; 2011.
16. Razi AB. Kitab ul Mansuri. New Delhi: Central Council for Research in Unani Medicine; 1991.
17. Anonymous. Zakhira Sabit Bin Qarrah. Aligarh: Litho Color Printers; 1987.
18. Anonymous. Zakhira Sabit Bin Qarrah. Aligarh: Litho Color Printers; 1987.
19. Tabri MA. Moalajat Buqratiah. New Delhi: Central Council for Research in Unani Medicine; 1997.
20. Jurjani I. Zakhira Khawarazm Shahi. New Delhi: Idara Kitabus Shifa; 2010.
21. Faiz A, Ali F. Hepatic role in formation of humors and implication of humors on human body. Int J Physiol Nutr Phys Educ 2018;3:901-3.
22. Razi AB. Kitab-ul-Hawi Al Kabir. Vol. 1. New Delhi: Central Council for Research in Unani Medicine; 1997.
23. Osaibah IA. Uyun-ul-Anba Fi Tabqat-ul-Atibba. Vol. I. New Delhi: Central Council for Research in Unani Medicine; 1990.

Understanding of *Awram* (Swellings) in the Perspective of Greco-Arab Medicine

Abstract

In modern times, the public is very aware of health-related issues due to the availability of frequent offline and online media. These days diagnosis of several life-threatening disorders including cancers become easy due to the use of technology as compared to ancient and medieval periods. Although in earlier times, the parameters of diagnosis of diseases were different; the description of tumors and cancers, etc., in the writings of Hippocrates, Galen, Avicenna, and other Greco-Arab physicians show that they were also aware of these diseases. In Greco-Arab medicine edema, tumors cancers, etc., are considered to be swellings that result from a variety of morbid matters. According to Greco-Arab physicians, whenever excess influx or production of morbid matter in an organ occurs if *Tabi'yat* (physis/nature) is unable to deal with the matter due to its weakness or excess amount of matter, the morbid matter may accumulate in the affected organ. The accumulation of morbid matter in the organ causes structural damage as well as enlargement of the organ resulting in the formation of swelling. Swellings may be hot or cold according to the quality of causative matter. Relevant information on swelling for this paper is collected from the classical literature of Greco-Arab medicine such as *Al-Qanoon fit tib*, *Kamilus-sana*, and *Zakhira Khwarizam Shahi*. Then, the collected information was analyzed and systematized comprehensively.

Keywords: *Falghamūnī*, *hamra*, *ozīmā*, *saqīrūs*, swelling, *Waram*

Introduction

The concept of disease is as old as life itself. Since antiquity, there has been a desire as well as the need to know more about the causes and mechanisms of diseases. Therefore, scholars from the beginning tried their best to understand and explain several diseases. Similarly, Greco-Arab physicians have described a lot of diseases in their literature in a detailed manner. They have discussed diseases such as tumors, cancers, and cysts under the heading of swellings.

Waram (Swelling)

Waram (swelling) is a partial or complete excess due to the accumulation of morbid matter in an organ or surface. *Waram* is a compound disease as all the three genera of the simple disease, i.e. *sue mizaj* (disturbances of temperament), *sue tarkib* (structural disturbances), and *tafaruq ittesal* (loss of continuity) are found in it. No swelling can occur without *sue mizaj maddi* (disturbances of temperament associated with matter).^[1-3]

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Causes of *Awram* (Swellings)

There are six types of matters which can cause swelling. These are four humors, i.e. *dam* (sanguine), *balgham* (phlegm), *safra* (bile) *sawda* (black bile), and *ma'* (water) as well as *rīḥ* (air).^[1,4]

The morbid matter may originate in the affected organ itself or may influx into the affected organ from some other organ of the body.^[5]

- (I) Because of strong expulsive faculty, the organ disposed of its morbid matter toward the weak organ
- (II) Because of weakness, the recipient organ accepts the disposed of matter
- (III) Sometimes, the organ is susceptible to swelling structurally or by its nature or is situated in the way or below
- (IV) Injury, heat, and lack of dissolution are responsible for the accumulation or absorption of morbid matter at the site.^[1,5]

Types of *Awram* (Swellings)

Depending on the nature of matter, swellings may be hot such as swellings caused by sanguine, bile, and putrefied

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matter or cold swellings that result from phlegm, black bile, water, and air.^[1,4] Cold swellings are usually endogenous, whereas in hot swellings, mostly matter influxes from some other organs.^[5]

***Awram Harra* (hot swellings)**

Damwī awrām/sanguineous swellings

Purely sanguineous swellings are termed as *falghamūnī* which occur in response to various external and internal stimuli such as injury, fracture, burn, and *imtela* (congestion). As a matter of fact, normal humors do not produce swelling but humors become abnormal on stagnation as occurs in *waram*. The affected organ is swollen, painful (if the organ is sensitive otherwise not), tender, red, hot, and tense.^[1,5,6] Cutaneous sanguineous swellings result from the accumulation of thin sanguine whereas muscular sanguineous swellings result from viscous sanguine. Sanguineous swellings confined to the flesh are more painful and tender in comparison to those of the skin.^[5]

Sanguineous swellings are classified according to the site involved.^[5]

Unnamed sanguineous swellings are known as *falghamūnī mutlaq*. A sanguineous swelling with suppuration is known as *khuraj* (abscess).^[5] *Jadri* (Chickenpox) is also an example of sanguineous cutaneous swelling.^[1,5,7]

Ṣafrāwī Awrām/bilious swellings

In general, bilious swellings are known as *ḥamra*.^[1,7,8] Sometimes, being hot and thin, sanguine too acquires bilious nature and may give rise to *ḥamra*.^[5] It is red (redness is like saffron), hot, and of pitting type but less painful than *falghamūnī*.^[5,7] However, the burning sensation in *ḥamra* is more than *falghamūnī*.^[7]

Because of the thinness of bile, the most common site of involvement is the skin.^[7] However, it may involve other sites too. Ismail Jurjani has classified bilious swelling according to the site involved. He is of the view that cutaneous bilious swelling caused by burnt bile is known as *māshra* (erysipelas) whereas bilious swellings occurring under the skin and in the muscles are known as *ḥamra*.^[8]

Namla is an example of bilious swelling produced by excessive hot and thin bile. Those swellings which are produced by a mixture of sanguine and bile are known as *ḥamra murakkaba*.^[5] These are also named *ḥamra falghamūnī* or *falghamūnīḥamra*.^[1,4,5] When giving the name, the prefix of the dominant humor is used.^[1,5] Abbas Majusi is of the view that *ḥamra murakkaba* has a bad prognosis.^[5]

***Awram Bārīda* (cold swellings)**

These types of swellings are produced by cold matter such as *sawda* (black bile) *balgham* (phlegm), *mā'* (water), or *rīḥ* (air).^[1,2,5]

Balghamī Awrām/phlegmatic swellings

The swellings produced by phlegm are of two kinds: (a) diffused and (b) localized. The latter are often discrete and covered with capsules. Diffused swellings are often widespread.^[1] Swellings that appear during winter are mostly phlegmatic.^[5] Excessive use of those nutrients and drugs which can produce phlegm results in phlegmatic swellings. Phlegmatic swellings vary according to the consistency of the phlegm and may thus resemble *sawdāwī* and *rīḥī* swellings.^[1,7]

- (a) *Ozima*: It is a diffuse type of swelling produced by *balgham-e-muta'ffin* (putrefied phlegm) of moderate consistency.^[5,7] It is white in color, painless, and of pitting type.^[1,5,7] Commonly these are due to the influx of phlegm but sometimes may be endogenous.^[5,7]
- (b) *Ṣal'a/Tumor*: These are also known as *rasoli*^[9] or *batoid*.^[5] and are produced by viscous phlegm encapsulated in a sheath. When *Tabī'yat* is strong enough, it tries to localize the morbid matter by forming a capsule around the same. Usually, their shapes are round but size may vary from gram to watermelon. These are movable.^[5,7] On the basis of the resemblance of contained matter with fatty substances, honey, wheat, and milk are divided into four types:
 - (i) *Ṣal'a Shaḥmia*: In this type of *sal'a*, the contained matter resembles the fat in color as well as consistency. It is greasy/smooth to the touch and slippery. It resists pressure
 - (ii) *Ṣal'a Asliya*: In this type of *sal'a*, the contained matter is like honey. It occurs when phlegm gets *muta'ffin* (putrified). This type of *sal'a* does not resist pressure. It feels like a bag full of honey
 - (iii) *Ṣal'a Ardahaliya*: In this type of *sal'a*, the contained matter resembles with *ardhala*, i.e. a semi-solid preparation made up of wheat flour and ghee
 - (iv) *Ṣal'a Shiraziya*: In this type of *sal'a*, contained matter resembles boiled viscous milk.^[5,7,9]
- (c) *Khanādhīr/Lymphadenopathy*: It is like *sal'a*.^[1,5] It involves nodes, mainly cervical. It is named so because (a) this disease is common in *khinzīr* (pig). (b) Some physicians are of the view that this disease involves multiple lymph nodes just like sows have multiple piglets in one delivery. It is produced by a mixture of viscous phlegm and black bile.^[5,7]

The difference between the *sal'at*, *Khanādhīr*, and *Sarṭān* (carcinoma) is that the *sal'at* are free, *Khanādhīr* are attached to the underlying^[7] or overlying structures and *Sarṭān* infiltrates in surrounding structures.^[8] Majusi has considered *Thālīl* as a type of phlegmatic swelling,^[5] whereas other physicians are of the view that the causative matter of *thālīl* is black bile.^[1,10]

Sawdāwī Awrām/black bilious swellings

These swellings are produced by black bile. Production of black bile increases because of excessive use of cold and

dry nutrients, the predominance of cold and dry or hot and dry temperament on the organ, etc.^[5,7]

These swellings are classified into:

- (a) *Waram şulb*/sclerosis: It is also known as *saqīrūs*.^[5,7,11] It is caused by the accumulation of normal black bile in an organ.^[5] This normal black bile becomes abnormal on retention and produces *saqīrūs* (hard swelling). It is a slowly growing painless swelling that does not harm adjacent structures.^[1,7,8,12]
- (b) *Sarṭān*/carcinoma: *Sarṭān* means crab. This swelling is named so because (a) it sticks to the affected organ stubbornly like a crab and (b) In this swelling, the vessels on the sides of the affected organ are engorged due to the accumulation of thick black bilious matter giving the appearance of a crab.^[3,7,13] It is caused by the excess of *sawda-e-mohtarqa* (burnt black bile).^[5,7] Cancer is hard, spreading, rapidly growing, and painful swelling which later gets ulcerated.^[1,5] It has roots entangled inside the organs.^[1,8] Initially, it does not interfere with sensation and is painful but later it destroys the tissues and becomes painless.^[1,5] According to Buqrat (Hippocrates), *Sarṭān* is generally incurable and the patient dies during treatment. *Tabari* explains that *Sarṭān* is treated by cauterization/burning and during the process, causative matter reaches the vital organs causing death. However, *Sarṭān* affecting the peripheral parts of the body such as arms and legs can be cured by surgical removal.^[10] *Juzam* (leprosy) is produced when the causative matter of *Sarṭān* (burnt black bile) spreads throughout the body which is why it is also known as *Sarṭān-e-Ām*.^[5,9] *Dawālī* (varicose veins) and *Da'al-fil* (elephantiasis) are also examples of *Sawdāwī awrām*. *Dawālī* may be caused by normal as well as burnt black bile. On the contrary, *Da'al-fil* is caused by normal black bile only.^[7]

Ma'i Awrām/watery swellings

These types of swellings are considered cold because these swellings contain watery matter in them.^[1,14] It is a fact that water is of cold quality.^[1,2,5,9] The watery fluid present in these swellings transudes from the linings of the organ as occurs in *qila maiya* (hydrocele) and *istisqa* (ascites).^[1]

Rihi Awrām/airy swellings

These swellings are produced by *rih*.^[1,8] Here, one should not confuse air with elemental air. Production of this *rih* occurs in the organs in two ways: (a) weakness of the digestive faculty of the organ and (b) the matter itself is such that produces *rih*.^[9]

These are considered cold swellings because the coldness of the body protects *rih* (air) from its dissolution whereas heat favors its dissolution.^[14]

These swellings are of two types:

- (a) *Tahabbuj*/puffiness: When *rih* is infused in the interstices of the organ then it is known as *tahabbuj*. It has a soft feel

- (b) *Nafkh*/distension: When *rih* is collected/entrapped in a cavity, then it is known as *nafkh*. It has a tense feel.^[1,4]

Stages of Swelling

There are four stages in swelling:^[7,9]

- (1) *Ibtida*/Onset: The initial stage of the swelling is when the influx of morbid matter starts at the site. It becomes evident. In this stage, the role of *Tabī'yat* (physis/nature) is not very apparent
- (2) *Tazayud*/Increment: In this stage, the swelling keeps growing due to the continuous influx of morbid matter. The interaction of *tabī'yat* and matter becomes evident
- (3) *Intiha*/Acme: In this stage, the swelling has reached its maximum and stops increasing further. There is a fight between *Tabī'yat* and swelling
- (4) *Inhetat*/Decline: When *tabī'yat* overcomes the swelling, then it results in either dissolution or formation of pus.

Every swelling completes all four stages unless intervened, in other words, when swelling is completely entrusted to *tabī'yat*.

Fate of Swellings

A swelling has one of the three following fates:^[7]

- (1) Dissolution: When *Tabī'yat* is strong enough and the morbid matter is small in quantity then *Tabī'yat* predominates over and causes the dissolution of the matter. It is the best fate
- (2) Formation of pus: Formation of pus in a swelling indicates a complete concoction of morbid matter.^[5] When the matter transforms into pus, there may be acute symptoms such as pain and fever. After the formation of pus, all acute symptoms subside.^[5,7,15]

There are some factors such as thin consistency of morbid matter, strong body faculties, hot temperament, adulthood, summer season, and essence of affected organ, e.g. muscles which favor the process of pus formation.^[7]

- (3) Transformation into hard swelling: Sometimes, sanguineous and phlegmatic swellings may transform into hard swelling because of the following two reasons:
 - (a) Overuse of *muḥallilāt* (resolvents) causes the dissolution of the thin content of the morbid matter leaving behind viscous content only. This occurs mainly in sanguineous swellings
 - (b) Overuse of *mubarridāt* (refrigerant) solidifies the morbid matter. It occurs mainly in phlegmatic swelling.

Transformed hard swellings are painful contrary to those hard swellings produced by the black bile.^[7]

Discussion

Waram is classified on the basis of the matter involved but sanguineous and bilious swellings are further classified on the basis of the site involved by Abbas Majusi and Ismail

Jurjani, respectively.^[5,8] Jurjani is of the view that *mashra* is bilious swelling of skin whereas Majusi and Mohammed Tabari are of the view that *mashra* is the sanguineous swelling of the face. It can be inferred that Majusi and Tabari are more specific about the site of *mashra*. However, the difference in opinions of these physicians lies in the causative matter. The possible explanation is that sometimes sanguine becomes very hot and thin and acquires a bilious nature. That is the reason Jurjani considered it bilious swelling.^[5,8,11] According to Majusi, sanguineous swelling with suppuration is known as *khuraj* whereas Jurjani and Ibn Sina generalize this term with any hot swelling (sanguineous or bilious) with suppuration.^[1,5,8] Majusi has considered *thālīl* under phlegmatic swelling whereas Ibn Sina considered its growth on the skin caused by black bile.^[1,4] He further added that at times excessive dry phlegm acquires the nature of black bile and produces *Thālīl*.^[1] Rabban Tabari is of the view that when viscous black bile mixes with blood it causes *Thālīl*.^[10] The difference in opinion of Majusi and other physicians is in the causative matter of *Thālīl* and can be explained on the basis of Ibn Sina's view of the production of *thālīl* by excessive dry phlegm that acquires the nature of black bile.^[1,5]

Conclusion

After a systematic and thorough review of Greek-Arab literature about swellings, it is concluded that Greco-Arab physicians have a very broad concept of *waram* (swelling) that includes edema, tumor, and cancer. They have classified swellings on the basis of matter and site involved and explained each one of them in detail systematically. They have discussed differentiating points also. Understanding the pathogenesis of various types of swellings would be helpful for physicians in diagnosis and management. Furthermore, Greco-Arab literature regarding swellings may also provide a basis for research to develop new treatment modules.

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Conflicts of interest

There are no conflicts of interest.

References

1. Sina I. Al-Qanoon fil Tibb. New Delhi: Idara Kitab-us-Shifa; 2021. p. 92, 93.
2. Kabeeruddin M. Kuliyat-e-Nafeesi. New Delhi: Idara Kitab-us-Shifa; 1934. p. 18.
3. Arzani MA. Mufarreh ul Quloob. New Delhi: Idara Kitab-us-Shifa; 2002. p. 210.
4. Baghdadi IH. Kitab-al-Mukhtar fil Tibb. Vol. 1. New Delhi: Central Council for Research in Unani Medicine; 2005. p. 130, 131.
5. Majoosi AA. Kamil-us-Sana. New Delhi: Idara Kitab-us-Shifa; 2010. p. 422-8.
6. Arzani MA. Tibbe Akbar. Deoband: Faisal Publication; 2019. p. 696.
7. Masihi IQ. Kitab al-umda fil Jarahat. Vol. 1. New Delhi: Central Council for Research in Unani Medicine; 1986. p. 147,150,156,161-5,169,172,176,207-9.
8. Jurjani I, Zakhira Khwarizam Shahi. New Delhi: Idara Kitab-us-Shifa; 2010. p. 15-7.
9. Rushd WI. Kitab-ul-Kuliyat. New Delhi: Central Council for Research in Unani Medicine; 1987. p. 87, 89-91.
10. Tabari R. Firdaus-ul-Hikmat. New Delhi: Idara Kitab-us-Shifa; 2010. p. 294,295.
11. Tabari AM. Moalajat-e-Buqratiya. Vol. 2. New Delhi: Central Council for Research in Unani Medicine; 1997. p. 222,249.
12. Razi Z. Kitab al Hawi. Vol. 11. New Delhi: Central Council for Research in Unani Medicine; 2004. p. 207.
13. Razi Z. Kitab ma-al Farq au ul Furooq au Kalam fil Furooq Bainul Amraz. (Urdu Translation by Salman Qataya). New Delhi: Central Council for Research in Unani Medicine; 2013. p. 211.
14. Kabeeruddin M. Kuliyat-e-Qanoon. New Delhi: Aijaz Publication House; 2006. p. 98-100.
15. Qamri MH. Ghina Mina. New Delhi: Central Council for Research in Unani Medicine; 2008. p. 497.

Clinical Evaluation of Analgesic Effect of *Habb-i-Sūranjān* and *Roghan-i- Suranjān* with the Patients of Joints Pain (*Waja' al-Mafāṣil*)

Abstract

Background: *Waja' al-Mafāṣil* (joint pain) is a heterogenous group of disorders known since ancient ages. The prevalence is found to be higher in people over 65 years of age, with a slight female predominance. Chronic arthritis can cause severe pain, inability to carry out daily activities, and even lead to permanent joint changes and disability. **Aims and Objectives:** The clinical study was carried out to authenticate the Unani pharmacopoeial compound formulation of *Habb-e-Sūranjān* and *Roghan-e Sūranjān* for its safety and efficacy in the treatment of joints. **Material and Methods:** After obtaining the approval and clearance from the Institutional Ethics Committee of the Region Research Institute of Unani Medicine, Mumbai, 60 patients of *Waja' al-Mafāṣil* were registered in the outpatient department of RRIUM, Mumbai. The treatment was given for 14 days and follow-up was done at baseline (0day), 7th day, and 14th day. Assessment of efficacy of the drug was done as per the Visual Analogue Scale. **Results:** The results were analysed using of student paired' test; the trial drugs showed statistically significant from baseline in relieving pain, swelling, tenderness and restricted movement. A comprehensive evaluation (clinical and laboratory) was done at the end of the study. It has been observed that out of 60patients, 27% were male, whereas 73% were female. **Conclusion:** The results showed that the drug *Habb-e-Sūranjān* in combination with *Roghan-e Sūranjān* is very effective in the treatment of joint pain.

Keywords: Analgesic, anti-inflammatory, joint pain, temperament

Introduction

Waja' al-Mafāṣil (joint pain) is very common and known since the ancient era of the unani system of medicine. Literature reveals that joint pain is literally explained as rheumatic diseases, which are typically characterized by pain, swelling, stiffness, and restricted movement in joints. Rheumatic diseases are a heterogeneous group of disorders of connective tissue, joints, and bones in which musculoskeletal pain and stiffness are prominent. It affects people of all ages and ethnic groups.^[1] It is more common in those aged 65 years or older, but people of all ages (including children) can be affected. Rheumatic diseases have a significantly higher prevalence in women than men. About 60% of people with arthritis are women, and most forms of arthritis are more common in women, with the exception of gout, which is more common in men.^[2]

Common symptoms of joint pain are swelling, pain, stiffness, and restricted

movements. It varied from mild to moderate or severe. They may persist in the same for years but may progress or get worse over time. Chronic arthritis can result in severe pain, inability to do daily activities and difficulty to walk or climb stairs up it can cause permanent joint changes or disability. Around 18% of total disabilities are caused by arthritis and rheumatic diseases; it is the most common cause of disability in society. Difficulty in moving a joint may be a consequence of pain, swelling, stiffness, or all three. Swelling may arise from a number of different sites as cellulitis, tendon inflammation, and synovial or bone tissue.^[3]

Unani physicians described the origin, occurrence, causes, and features of *Waja' al-Mafāṣil*. They may be varied in different joint due to causative matter and the temperament of the patients. *Waja' al-Mafāṣil* generally established, pain which included all ailments of joints including *Niqris* (Gout), *Irqun nisa* (Sciatica), *Waja' al Zahr*, *Waja'al-khāsirah*, and all joint diseases.^[4]

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Pain that involves the joint is called *Waja' al-Mafāsīl*, it may be either resulting from *Su-i-Mizaj sada* or *Su-i-Mizaj maddi*.^[5] *Mādda-i-fuzūnī* (superfluous material) in the body accumulated in the joint can be used for swelling.^[6] Unani physicians specified the types of disease/disorder of the joints and differentiated them minutely to each other on the base of location, size of joint as well gender and age of the patients and predisposition of the disease etc. If joint pain initially occurs in the toe, tarsal, meta-tarsal, or ankle, it is known as *Niqras*. The pain involving the back is known as *Waja' al-Zuhr*. Whenever it starts from the hip then radiates into the leg is known as *'Irq al-Nasā*.^[5,6] Rāzī, Ibn Sīnā, Jurjānī, and other eminent physicians described two broad causes of *Waja' al-Mafāsīl*.^[4,6,7] (i) *Su-i-Mizāj sāda* (abnormal temperament without humoral involvement), (ii) *Su-i-Mizāj mādī* (abnormal temperament with humoral involvement) *Su-i-Mizāj sāda* described as if neither swelling nor discoloration is detected over the joint that is established as *Su-i-Mizaj sada* and it restored by simple modalities such as fomentation, irrigation, oiling, or altered environment. The *Su-i-Mizāj Maddi* (Humoral) is characterized by humoral involvement, which is directly infiltrated within a joint or diverted from deranged vital organs and the whole body.^[4,8] Ibn Sina divided the causes of joint pain into two parts.

Active causes

1. *Khilt-i-balghamī/Khilt-i-ṣafrāwī/Khilt-i-sawdāwī*
2. *Mirrah-i-ṣafrā*, *Balgham-e-khām* or compound
3. *Mādda* is responsible for *Waja'-al-Mafāsīl* basically originated from the end product of the second and third stages of *Haḍm* (Metabolism).^[4,9]

Passive causes

1. *Takhalkhal* and *Taḥalḥal-i-Mafāsīl* (porosity and unsteady)
2. *Ḥarkāt-i-kathīr* (Excessive mobility)
3. Lesser intrinsic heat of joint.^[4,9]

Jurjānī divided the causes into two parts.

- Real causes: Real causes belong to active causes described above by *Ibn Sina*
- Provisional causes: Provisional or temporary causes belong to momentary events, for example, vigorous exercise, hard physical work, dietary and climatic changes, injuries etc.^[6]

Methodology

A total of 60 patients suffering from joint pain were selected as per the protocol approved by the Institutional Ethics Committee of the Regional Research Institute of Unani Medicine, Mumbai. The cesses were selected from GOPD of the Regional Research Institute of Unani Medicine, Mumbai. The patients were enrolled as per the inclusion and exclusion criteria of the protocol. Patients of either sex in the age group of

18–65 years complaining of joint pain with or without any of the signs/symptoms/such as tenderness, swelling, and restriction of movement were included in the study. The total duration of the protocol study was 1 year. The duration of the study was 2 weeks. Follow-up of the patient was done weekly at 0 day, 7th day, and 14th day of treatment. Trial drug *Habb-i-Sūranjān* (2 tablets) was given three times a day after meal and *Roghan-e-Sūranjān* was prescribed for local application on joints three times a day.

The investigations, CBC, Hb%, TLC, DLC, ESR, LFT (serum bilirubin, serum glutamic oxaloacetic transaminase, serum glutamate pyruvate transaminase, and serum alkaline phosphatase), and KFT (urea, creatinine) were done before and at the end of the study. The assessments of the temperament of the patients were also evaluated using a temperament chart. Blood sugar random was done at the time of screening for exclusion of diabetes mellitus. Patients were also asked to report adverse effects if any observed during the treatment. Assessment of the efficacy of the drug was done using Visual Analogue Scale for all features; pain, swelling, tenderness, and restricted movement by the following scoring.

0 = no presentation, 1 = Barely perceptible, 2 = Mild, 3 = Moderate, 4 = Severe

The temperament of the patients was assessed by the temperament assessment sheet. The data were analyzed using student paired' test, with significant levels evaluated by the obtained *P* value.

Observation

The number and percentage of patients who participated are given in Table 1. The distribution of the patients according to age groups is given in Table 2. Table 3 shows the distribution according to temperament, whereas Table 4 represents distribution according to temperament. The distribution of the patients according to gender is shown in Figure 1, whereas Figure 2 shows

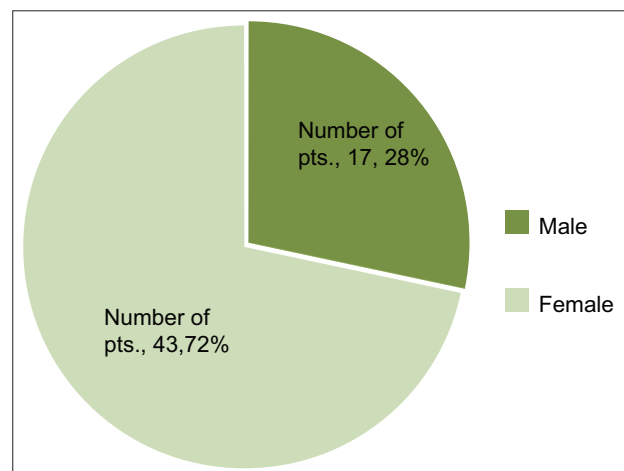


Figure 1: Distribution of the patients according to gender

Table 1: Number and percentage of patients who participated

Gender	n (%)
Male	17 (28)
Female	43 (72)

Table 2: Distribution of the patients according to age groups

Age groups (years)	n (%)
18–26	6 (10)
27–34	12 (20)
35–42	11 (18.3)
43–50	18 (30)
51–58	9 (15)
59–66	4 (6.66)
Total	60

Table 3: Distribution according to chronicity of pain

Existence of pain (years)	Number of patients
0–1	24
2.1–2	9
2.1–3	10
3.1–4	2
4.1–5	3
5.1–6	2
6.1–7	3
7.1–8	2
8.1–9	0
9.1–10	5
Total	60

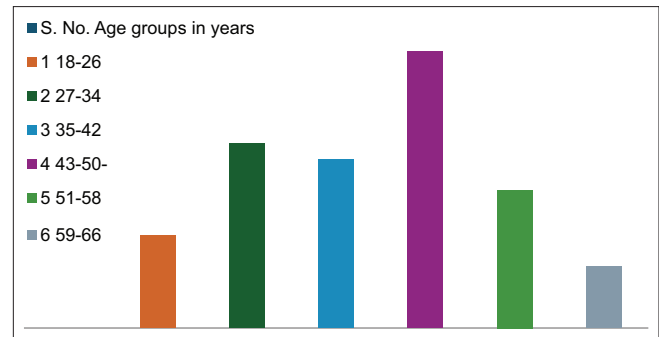
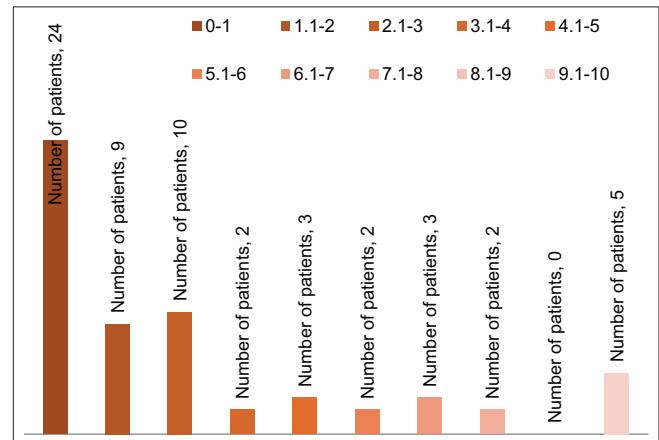
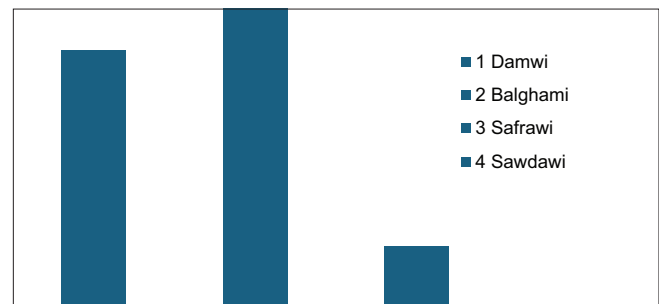
Table 4: Distribution according to *mizāj* (temperament)

Temperament	Number of patients
<i>Damwī</i>	25
<i>Balghamī</i>	29
<i>Ṣafrāwī</i>	6
<i>Sawdāwī</i>	0

the patient's distribution by age groups. Figure 3 shows the distribution of patients according to chronicity of pain; whereas Figure 4 shows the distribution according to temperament.

Results

Results found extremely statistically significant in the pain of hip, knee, ankle, heel, neck, shoulder, and elbow joints. The combination of the trial drug is also extremely statistically significant in swelling of the hip, knee, heel, lumbosacral, shoulder, and elbow joints. While in tender joints, the results were found extremely statistically significant in the hip, knee, ankle, and lumbosacral, in the same way, the results were found extremely statistically significant in heel, neck, lumbosacral, and shoulder joints.

**Figure 2: Distribution of the patients' distribution by age groups****Figure 3: Distribution of patients according to chronicity of pain****Figure 4: Distribution of the patients according to the *mizāj* (temperament)**

The results showing the efficacy of medicine in pain before and after treatment are given in Table 5. The results showing the efficacy of medicine in swelling before and after are given in Table 6. Table 7 shows the results of the efficacy of medicine in tenderness before and after treatment. The results showing the efficacy of medicine in restricted movements before and after treatment are given in Table 8.

Discussion

The above observations and distributions of the patients have been tabulated. According to Table 1, 27% were male, whereas 73% were female. It showed that *Waja 'al Mafāṣil* was more common in females. According to the Table 2 and Figure 2 shows that the fourth, second

Table 5: The efficacy of medicine in pain before and after treatment

Involved joints	Number of patients	Pain	
		Before treatment	After treatment
Hip joint	15	3.07±0.46	1.53±0.74, $t=7.990$, $P<0.0001$
Knee joint	46	3.09±0.46	1.59±0.83, $t=12.56$, $P<0.0001$
Ankle	10	3.00±0.47	1.30±0.82, $t=7.960$, $P<0.0001$
Heel	10	3.30±0.67	1.90±0.74, $t=6.331$, $P<0.0001$
Tarsal/metatarsal	8	3.13±0.64	2.00±0.93, $t=4.965$, $P<0.0016$
Cervical	11	2.73±1.01	1.18±0.98, $t=7.455$, $P<0.0001$
Lumbo-sacral	27	3.07±0.78	1.33±0.83, $t=11.125$, $P<0.0001$
Shoulder joints	24	2.71±0.81	1.33±0.83, $t=11.125$, $P<0.0001$
Elbow	9	2.78±0.97	1.33±0.87, $t=8.221$, $P<0.0212$
Wrist	5	3.20±0.84	1.20±1.30, $t=6.324$, $P<0.0032$
Carpal/metacarpal/inter-phalangeal joints	4	3.25±0.50	1.25±1.26, $t=4.899$, $P<0.0163$

Assessment on a scale of 0–4, where in: 0=No perception, 1=Barely perceptible, 2=Mild pain, 3=Moderate pain, 4=Severe pain

Table 6: Efficacy of the test drug in reducing swelling

Involved joints	n	Swelling	
		Before treatment	After treatment
Hip joint	15	2.20±1.01	0.93±1.10, $t=3.47$, $P<0.0001$
Knee joint	49	2.22±1.07	0.86±0.79, $t=9.751$, $P<0.0001$
Ankle	10	2.50±0.85	0.90±0.88, $t=6.000$, $P<0.0002$
Heel	10	2.50±0.71	1.00±0.67, $t=9.000$, $P<0.0001$
Tarsal/meta tarsal	8	2.38±1.06	1.38±0.92, $t=2.645$, $P<0.0331$
Cervical	11	1.73±1.10	0.55±0.69, $t=4.485$, $P<0.0012$
Lumbosacral	27	1.67±1.07	0.63±0.79, $t=5.733$, $P<0.0001$
Shoulder joints	27	1.67±1.07	0.63±0.63, $t=6.623$, $P<0.0001$
Elbow	9	1.67±0.87	0.56±0.53, $t=2.857$, $P<0.0001$
Wrist	5	1.67±1.41	0.60±0.55, $t=3.500$, $P<0.0249$
Carpal/meta carpal/inter-phalangeal joints	4	2.00±1.00	0.50±0.58, $t=7.000$, $P<0.0060$

Assessment on a scale of 0–4, where in 0=No perception, 1=Barely perceptible, 2=Mild swelling, 3=Moderate swelling, 4=Severe swelling

Table 7: The efficacy of medicine in tenderness before and after treatment

Involved joints	Number of patients	Tenderness	
		Before treatment	After treatment
Hip joint	15	2.47±0.64	0.93±0.88, $t=7.122$, $P<0.0001$
Knee joint	49	2.35±0.93	1.02±0.90, $t=9.406$, $P<0.0001$
Ankle	10	2.50±0.71	0.80±0.63, $t=7.96$, $P<0.0001$
Heel	10	3.10±0.99	1.50±0.97, $t=4.310$, $P<0.0020$
Tarsal/metatarsal	8	2.13±1.13	1.50±1.31, $t=2.376$, $P<0.0492$
Cervical	11	2.09±0.94	0.82±0.60, $t=5.368$, $P<0.0003$
Lumbo-sacral	27	1.96±0.81	0.78±0.80, $t=7.832$, $P<0.0001$
Shoulder joints	27	1.93±0.78	0.74±0.76, $t=7.008$, $P<0.0001$
Elbow	9	2.11±1.05	1.00±0.71, $t=4.264$, $P<0.0027$
Wrist	5	2.00±1.41	1.40±0.89, $t=2.449$, $P<0.0705$
Carpal/meta carpal/interphalangeal joints	4	2.50±0.58	0.50±1.00, $t=4.899$, $P<0.0163$

Assessment on a scale of 0–4, where in: 0=No tenderness, 1=Barely tenderness, 2=Mild tenderness, 3=Moderate tenderness, 4=Severe tenderness

and third groups are the more common age groups to develop arthritis. Table 3 categorizes the patients into five groups. As per chronicity of pain, it shows that joint pain is commonly turned into a chronic problem and most

of the patients who visited RRIUM Mumbai are chronic patients for the treatment of arthritis. As per Table 4, the patients having *Balghamī* and *Damvī* temperaments were more prone to *Waja'-al Mafāsīl*. In Table 5, it has

Table 8: The efficacy of medicine in restricted movements before and after treatment

Involved joints	Number of patients	Restricted movements	
		Before treatment	After treatment
Hip joint	15	2.53±0.92	1.27±1.03, $t=5.55$, $P<0.005$
Knee joint	49	2.71±0.98	0.94±0.72, $t=13.525$, $P<0.0001$
Ankle	10	2.10±1.10	0.80±0.42, $t=4.333$, $P<0.0019$
Heel	10	3.30±0.95	1.30±0.95, $t=7.46$, $P<0.0001$
Tarsal/meta tarsal	8	2.88±1.36	1.38±0.37, $t=3.459$, $P<0.0093$
Cervical	11	2.73±1.27	1.00±0.63, $t=4.810$, $P<0.0042$
Lumbosacral	27	2.58±0.88	1.19±0.62, $t=9.800$, $P<0.0001$
Shoulder joints	27	2.59±0.84	0.85±0.72, $t=10.020$, $P<0.0001$
Elbow	9	1.67±1.41	0.56±0.73, $t=3.162$, $P<0.0133$
Wrist	5	1.80±1.64	0.80±0.45, $t=1.581$, $P<0.1890$
Carpal/metacarpal/interphalangeal joints	4	3.75±0.50	1.52±1.26, $t=5.000$, $P<0.0154$

Assessment on a scale of 0–4, where in 0=No restricted movement, 1=Occasional restricted movement, 2=Mild restricted movement, 3=Moderate restricted movement, 4=Severely restricted movement

been observed that the knee and lumbosacral joints are commonly affected, whereas the Tarsal/metatarsal and carpal/metacarpal are the least involved joints of the body.

According to the results, it can be said that four to six decades of life are highly susceptible to Joints pain, it may be due to degenerative changes or deficient nutrients or lowered metabolic rate, especially in females. Most of the patients have chronic joint pain, the possibility is that joint diseases are very difficult to cure another reason may be patients have faith in natural treatment that's why chronic patients come to treatment in the RRIUM, Mumbai. Literature of Unani classics claimed to cure some chronic joint illnesses.^[4,7]

The assessment of temperament shows that the *Balghamī* temperament is more susceptible to joint diseases, Unani physicians claimed that *Khoon-i-Balghami* or *Madda Balghamī Khām* is a main cause of *Waja'-al Mafāsil*.^[4,5,7] It was observed that knee joints are the most common site to affect in all age groups, another common site is the back readily developed among the people. On the basis of the analyzed results, it can be said that *Habb-i-Sūranjān* and *Roghan-i-Sūranjān* are very effective as a short-acting medicine. According to Rāzī, Unani physicians claimed that the *Sūranjān* instantly relieved the joints pain by evacuating out the thin matter from the cavities (*Jawf-i-Mafāsil*). The significant result may be due to the effectiveness of ingredients of *Habb-i-Sūranjān* and *Roghan-i-Sūranjān*, as *Sūranjān* is described in Unani literature for all kinds of joint pain and arthritis further he said if it is used in combination with *Halaila* (*Terminalia chebula* Retz.), *Muqil* (*Commiphora wightii* (Arn.) Bhandari), and *Turbud* (*Operculina turpethum* (Linn.) Silva Manso) as a local application that will more effective in pain and will maintain the flexibility of joints and also gives relief in stiffness of joints.^[5,7,10] The relief in other features might be due to the analgesic and anti-inflammatory properties of *Habb-e-Sūranjān* and *Roghan-i-Sūranjān*.

Conclusion

On the basis of the above observations, it can be concluded that Unani pharmacopoeial formulations *Habb-e-Sūranjān* and *Roghan-e-Sūranjān* is effective in the treatment of joint pain (*Waja' al-Mafāsil*). In addition, the drug is cheaper, easily available, and well tolerated by the patients without having any side effects. The trial drugs are very effective in joint pain, relieve swelling, and subside the other features. During the trial, it is observed that the above medicines may be trialled for a longer duration with the same combination or another combination in chronic joint pain/particularly in a single joint pain to evaluate the curable treatment. It is also observed that patients visited to complain recurring of pain within 1–2 months. Unani physicians prescribed the treatment for joint pain for a longer period, Rāzī and Ibn Sina gave treatment in some cases for 6 months to 1 year. It is also described that *Mādda-i-Maraḍ* in chronic illness needs 50 days for *nuzj* (concoction).^[4]

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Conflicts of interest

There are no conflicts of interest.

References

1. Ralston S, McInnes I. Rheumatology and bone disease. In: Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 22nd Ed. London: Elsevier Health Sciences; 2014.
2. Hawker GA, King LK. The burden of osteoarthritis in older

- adults. Clin Geriatr Med 2022;38:181-92.
3. Pujalte GG, Albano-Aluquin SA. Differential diagnosis of polyarticular arthritis. Am Fam Physician 2015;92:35-41.
 4. Sina I. Al Qanoon Fil Tibb. Vol. 2. Lucknow: Munshi Nawal Kishore; 1879.
 5. Arzani MA. Tibb-e-Akbar. Lucknow: Munshi Nawal Kishore; 1870. p. 703.
 6. Jurjani AH. Zakhira Khwarazm Shahi. Vol. 2. Lucknow: Munshi Nawal Kishore; 1878. p. 106-7.
 7. Razi Z. Kitab al-Hawi Part-11. New Delhi: Central Council for Research in Unani Medicine; 2004.
 8. Khan MA. Ikseer-e-Azam. Vol. 2. Lucknow: Munshi Nawal Kishore; 1902. p. 1620-4.
 9. Chandpuri K. Mojiz-Al-Qanoon. New Delhi: Taraqqi Urdu Bureau; 1994.
 10. Department of AYUSH. National Formulary of Unani Medicine Part-1. 1st ed. New Delhi: Ministry of Health and Family Welfare, Government of India; 2006.

Developing Unani Assessment Scale for *Mālankhūliya Sawdāwī* (Depressive Disorder): Clinical Evidence and Way Forward

Abstract

Background: Depressive disorder is a major concern nowadays due to its increasing prevalence in society. Its Unani concept corresponds with *Mālankhūliya Sawdāwī* which has been diagnosed and treated for a long. In the conventional medical system, Hamilton Depression Rating Scale (HDRS) is used for assessment and grading of depression which has comprehensive item components. **Aims and Objectives:** This study was carried out with an objective to develop assessment scale for *Mālankhūliya Sawdāwī* based on Unani medical approach. **Materials and Methods:** The items of HDRS were analysed on the principles of Unani medicine and categorized accordingly emphasizing *Infi'ālāt Nafsāniyya* and *Quwwat Fikr*. This Unani assessment scale is named as *Mālankhūliya Sawdāwī* Assessment Scale (MSAS), and used in a clinical study where Sharbat Aḥmad Shāhī was given for 6 weeks in 80 mild to moderate cases of *Mālankhūliya Sawdāwī*. **Results:** A significant correlation of Unani approach based MSAS was found with the standard conventional HDRS. Sharbat Aḥmad Shāhī significantly improved Gham and Khawf which were predominant symptoms of this disease. **Conclusion:** MSAS can be helpful assessment scale for practitioners as well as researchers in diagnosis and treatment of *Mālankhūliya Sawdāwī*.

Keywords: Hamilton Depression Rating Scale, *Infi'ālāt Nafsāniyya*, major depressive disorder, *Mālankhūliya Sawdāwī*, Unani medicine

Introduction

Depressed mood daily for a minimum 2 weeks duration is termed as major depressive disorder. Sadness, apathy, indifference, or irritability are characteristic features of depressive episode and is often associated with changes in appetite, weight and sleep patterns, fatigue, motor retardation or agitation, impaired concentration and difficulty in making decision, feelings of guilt, and even thoughts of death. A major depressive episode is experienced at some point in life by almost 15% of the population and 6%–8% of all outpatients in primary care centers fulfil the diagnostic criteria for the disorder.^[1,2] In the literature of Unani Medicine, the description of mood disorders, including depression, comes under the umbrella term *Mālankhūliya* (melancholia). *Mālankhūliya* is defined as disturbance in mental functions, clinically characterized by sadness, fear, and suspicion.^[3] *Mālankhūliya* is categorized in disorders of *Quwwat Fikr*^[4] and it encompasses a range

of psychiatric disorders such as depression, anxiety, schizophrenia, and obsessive–compulsive disorders. *Mālankhūliya Sawdāwī* (caused due to abnormal quality or quantity of *Sawdāwī*)^[5] clinically corresponds to depressive disorders. Its predominant features include deep sorrows, needless fear, rumination of thoughts, suspicion, hopelessness, and even suicidal tendency in some cases.^[6–9]

For today's scientific discourse, we need correlations among concepts of conventional and complementary systems of medicine. Several clinical presentations of psychiatric diseases existed and broadly categorized in Unani medicine since ancient times were differently classified in modern medicine. These may be correlated and understood with in-depth literary interpretations as well as clinical observations. Moreover, nowadays an immense need is felt to develop scales for assessment of disease severity. Hamilton Depression Rating Scale (HDRS) is a valid and reliable scale for the assessment of major depressive disorders.^[10] The 21 items of HDRS are

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not only enough to represent the various symptoms of depressive disorder but also for *Mālankhūliya Sawdāwī*. As there was no well-established standard scale for assessment of *Mālankhūliya Sawdāwī* in Unani medicine, we attempted to develop *Mālankhūliya Sawdāwī* Assessment Scale (MSAS) with the help of clinical features mentioned consistently in authentic classical literature. A brief account of clinical aspect with pathophysiological basis is given to explain its conceptual framework in Unani medicine.

Role of *Infi'ālāt* and *Quwā Nafsāniyya* in *Mālankhūliya Sawdāwī*

Emotions such as sadness, fear, sorrows, and guilt are generally called *Infi'ālāt Nafsāniyya* which are aggravated in *Mālankhūliya*. Most Unani scholars consider that emotions are governed by the heart and then affect the brain functions. *Ibn Sina* states that anger or fear, as well as sorrow or joy, are *Infi'ālāt* of *Quwā Haiwāniyya* of heart, although these *Infi'ālāt* are linked to *Quwā Mudrika Bāṭina* (internal cognitive faculties). According to him, excessive sadness causes *Mālankhūliya* because of its causal relation to *Sawdā* that affect *Rūḥ (Haiwani)* in the heart and then *Rūḥ (Nafsani)* in the brain.^[11] *Ibn Rushd* had also mentioned the development of *Mālankhūliya* due to *Sawda* of the heart.^[12] Not only sadness but fear, hopelessness, worthlessness, and guilt are emotions usually found in depressive disorder.

Quwa Nafsaniyya are the powers/faculties related to the brain functions. Among these faculties, mental functions are governed by three *Quwā Mudrika Bāṭina*.^[13] These are *Quwwat Takhayyul*, *Quwwat Zikr* and *Quwwat Fikr*. The former two serve for the later one which is more relevant in *Mālankhūliya*.^[14] Functions of *Quwwat Fikr* involve retrieval of and interpretation in already preserved memories (which takes place in the brain only) and activation of voluntary movements (where motor faculty is involved).^[3] Hence, mental functions, for example, imagination, thinking, cognition, behavior, and judgment all are under the influence of *Quwwat Fikr*.^[15] In *Mālankhūliya Sawdāwī*, these functions are affected more or less resulting in disorders of thoughts, suspicion, and loss of insight. In this study, we assessed patients of *Mālankhūliya Sawdāwī* and evaluated the effect of pharmacopoeial Unani formulation *Sharbat Aḥmad Shāhī* (a widely indicated drug for *Mālankhūliya*) on MSAS.

Methodology

Components affected in *Mālankhūliya Sawdāwī* and their relation with 21 items of Hamilton Depression Rating Scale

It is evident from the abovementioned text that in *Mālankhūliya Sawdāwī* two core components are disturbed; *Infi'ālāt Nafsāniyya* and *Quwwat Fikr*. First component is further categorized into *Gham* and *Khawf*, whereas second component into *Fasād-i-Fikr* and *Sū'-i-Zan* for feasibility of diagnosis and assessment. Symptoms such as sadness,

low mood, weeping tendency, decreased interest in work correspond primarily to *Gham* (grief), whereas irrelevant fearfulness, feeling of guilt, and anxiety are related to *Khawf* (fear) of the first component. In the second component, symptoms such as agitation or retardation, decreased insight, depersonalization, and obsessional symptoms are indicative of *Fasād-i-Fikr* (disturbed thought), whereas *Sū'-i-Zan* (suspicious attitude) may include hypochondriasis and paranoid symptoms. Insomnia is disturbance of *Naum* (sleep) commonly found with diseases of *Sawdā*.^[4] Apart from these, some other features associated with depression, for example, somatic symptoms, gastrointestinal and genital symptoms, and diurnal variations may be classified according to Unani principles. In this way, the 21 items of HDRS are divided into the following seven categories [Table 1].

Clinical assessment

Mild-to-moderate cases having major depressive disorders (HDRS score 8–18) fulfilling Diagnostic and Statistical Manual-V diagnostic criteria,^[16] between ages 18 and 60 years of either gender, were screened for enrollment in the study from the outpatient department of Regional Research Institute of Unani Medicine (RRIUM), JJ Hospital campus, Mumbai during the year 2019. Patients with active drug or alcohol abuse, bipolar disorder, schizophrenia, those taking any other antidepressant drug, patients with suicidal tendency, pregnant and lactating mothers, patients with diabetes mellitus, cardiovascular diseases, uncontrolled hypertension, renal insufficiency, any other major chronic illness and patients with terminal medical conditions such

Table 1: Symptom categorization of *Mālankhūliya Sawdāwī* and its relation with 21 items of Hamilton Depression Rating Scale

Category name	Items of HDRS	Number of items	Affected component
<i>Gham</i>	Depressed mood, work interest, suicide	3	<i>Infi'ālāt Nafsāniyya</i>
<i>Khawf</i>	Feeling of guilt, anxiety-psycho, anxiety-somatic	3	
<i>Fasād-i-Fikr</i>	Retardation, agitation, insight, depersonalization and derealization, obsessional symptoms	5	<i>Quwwat Fikr</i>
<i>Sū'-i-Zan</i>	Hypochondriasis, paranoid symptoms	2	
<i>Sahr</i>	Insomnia-initial, insomnia-middle, insomnia-delayed	3	<i>Naum</i>
<i>Badani Alamat</i>	General symptoms, gastrointestinal symptoms, weight loss, genital symptoms	4	<i>Af'al Badan</i>
<i>Yaumi Taghayyurat</i>	Diurnal variation	1	

HDRS: Hamilton Depression Rating Scale

as AIDS and cancer etc., were excluded from the study. Eighty patients were enrolled in the study after taking their voluntary consent and thorough clinical examination. All patients have been given the test drug *Sharbat Aḥmad Shāhī* 20 mL twice daily orally for 6 weeks. Safety parameter investigations were done at RRIUM, Mumbai.

All patients were evaluated on 21 items of HDRS at baseline and 6 weeks for the severity of their disease by a qualified physician trained by the psychiatrist. Out of 21 items of HDRS, 17 items were used for calculations to assess the severity of depression in consensus with other studies. Patients were then evaluated according to MSAS for severity of *Mālankhūliya Sawdāwī* as mentioned in Table 1. Out of 7 categories, the initial 5 points were related to mental functions and are summed up to assess the total score of disease according to Unani principles.^[17]

Table 2: Demographic data and baseline clinical characteristics (n=80)

Particulars	Values
Age (years), mean (SD)	40.5 (9.90)
Gender, n (%)	
Female	30 (38)
Male	50 (62)
Marital status, n (%)	
Married	71 (88.75)
Unmarried	9 (11.25)
Duration of illness (months), mean (SD)	29.61 (33.32)
HDRS scores, mean (SD)	
Baseline	14.74 (2.867)
After treatment	8.81 (3.927)
MAS, mean (SD)	
Baseline	11.73 (2.98)
After treatment	6.78 (3.64)

SD: Standard deviation, HDRS: Hamilton Depression Rating Scale, MAS: *Mālankhūliya Sawdāwī* assessment scale

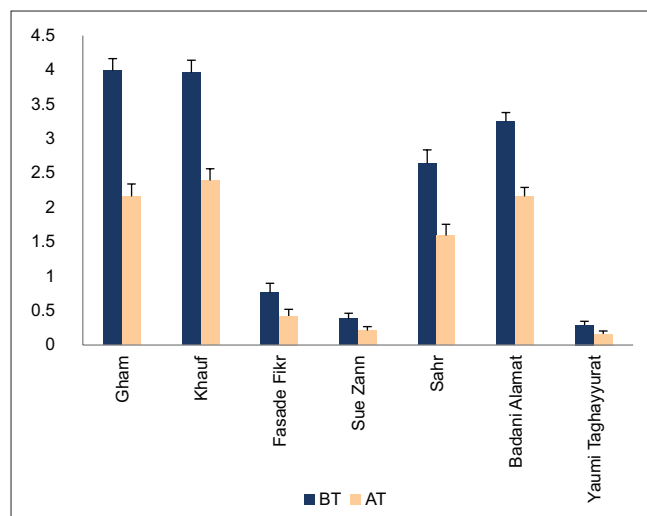


Figure 1: Change in Unani parameters of *Mālankhūliya Sawdāwī*

In statistical analyses, categorical variables were presented in frequency and percentage, whereas continuous variables in mean and standard deviation. All statistical analyses were done using SPSS, GraphPad InStat and Microsoft Excel.

Results

The basic demographic data and clinical characteristics of 80 patients are presented in Table 2.

Posttreatment HDRS scores were significantly improved from baseline ($P < 0.001$). Differences between baseline and posttreatment scores of MSAS were found extremely significant at ($P < 0.001$). Similarly, scores of *Gham* ($P < 0.001$) and *Khawf* were reduced significantly from baseline to posttreatment ($P < 0.01$). No significant difference was observed in other Unani parameters, however, a reduction in mean scores were noted [Figure 1].

The correlation of MSAS with its individual items is presented in Table 3. A better positive correlation was found for *Gham* and *Khawf* with MSAS in comparison to other parameters. Mean scores of MSAS are positively correlated with that of HDRS at baseline as well as after treatment at $P < 0.001$ (Pearson correlation 0.899 and 0.946, respectively).

Discussion

As part of scientific validation and upgrade of theoretical and practical knowledge of Unani system of medicine, development of refined diagnostic and assessment criteria based on Unani principles is need of the hour. Unani physicians are actively involved in treatment of (usually mild-to-moderate cases of) depressive disorders but the approach of Unani diagnosis is little different from conventional medicine. As adhering to the Unani approach is essential for adapting the correct line of treatment and research studies, we attempted to develop the Unani criteria from symptom components of a universally valid and reliable scale, i.e. HDRS. Although it is the first step toward the development of MSAS, further studies may refine and validate it for wide acceptability. This effort will revive the confidence in Unani principles and help the researcher in the development of criteria and scales for other related disorders as well. *Sharbat Aḥmad Shāhī* was first formulated by the father of renowned Unani scholar *Hakim Sharif Khan*^[18] for treating *Mālankhūliya Sawdāwī* of King *Ahmad Shah* (hence the nomenclature). Later, it was found effective in larger population and has been in clinical practice since that time. In our study, we used this age-old preparation for treatment of mild-to-moderate cases of *Mālankhūliya Sawdāwī* and found positive responses on our proposed scale, especially on parameters *Gham* and *Khawf* which are major features in this disease. These *Infi'ālāt Nafsāniyya* appear initially in depression and if persist for a long time, other symptoms related to *Quwwat Fikr* develop gradually. *Fasad Fikr* & *Sū'-i-Zan* are also important and found in almost all types of *Mālankhūliya*

Table 3: Pearson correlation between *Mālankhūliya Sawdāwī* Assessment Scale and its items

Items	At baseline	Posttreatment
<i>Gham</i>	0.541**	0.765**
<i>Khawf</i>	0.624**	0.828**
<i>Fasade Fikr</i>	0.233*	0.286*
<i>Sū'-i-Zan</i>	0.303**	0.139
<i>Sahr</i>	0.360**	0.562**
<i>Badani Alamat</i>	-0.068	0.179
<i>Yaumi Taghayyurat</i>	0.117	0.102

*Correlation is significant at $P < 0.05$, **Correlation is significant at $P < 0.01$

but in this trial fewer patients were observed with such symptoms. Little improvement was found possibly because these symptoms are more consistently observed in advanced state of disease and medicine advised here was for short time (6 weeks only). This duration is probably not sufficient for treatment of such chronic conditions in most of the cases (refer the duration of illness in Table 2) and need systematic and diverse Unani treatment approach e.g. Tanqiya, Ta'dīl, Tafriḥ and Taqwiya of brain and heart. The ingredients of our chosen formulation are having all these effects but timely advocacy of regimes having particular pharmacological action is also an important principle in the management. Improvement in *Sahr* (insomnia) is observed clinically though not significant statistically. Its association is due to causative matter *Sawda*, hence frequently found in *Mālankhūliya Sawdāwī*. *Badanī 'Alāmāt* such as weight loss, gastrointestinal, somatic, and genital symptoms are due to the impact of *Nafs* on the *Badan*.^[3] This clearly shows the human being is composed of both components which affect each other. In Unani literature, *Huzāl* (excessive leanness) is mentioned as a feature of *Mālankhūliya*.^[5] which corresponds to weight loss. In holistic Unani philosophy, gastrointestinal problems are addressed in priority and ingredients like *Sanā* has a laxative effect to address constipation observed in many cases. *Yawmī Taghayyurāt* (diurnal variation) such as morning low mood or evening episodes are characteristic features in depression. According to Unani philosophy when the *Mizāj* of disease corresponds to *Mizāj* of time, the condition worsens.^[3] In this disease, *Mizāj* of causative humor *Sawda* is cold and the disease also worsens in cold hours, i.e. morning and evening. This along with *Huzāl* confirms the type of *Mālankhūliya* as *Sawdāwī*.^[19] This trend indicates that abnormal *Kayfiyat Fa'ila*, *Burādat* (coldness), is related to the disease severity although not significant. *Infi'ālāt Nafsāniyya*, *Gham*, and *Khawf* are considered to have a relation with *Bārid Kayfiyat*. A strongly positive correlation of HDRS scores with MSAS scores suggests the precisions in the Unani assessment method. Significant positive correlation of chief features (initial 5 items) of *Mālankhūliya Sawdāwī* with MSAS favors reliability and accuracy of this scale for

assessment purpose [Table 3]. There is opinion difference and valuable thoughts among Unani scholars about role of brain and heart in pathophysiology of such diseases which has no point of significance to elaborate here.

Conclusion

Assessment of *Mālankhūliya Sawdāwī* with Unani holistic approach is more accurate without deviation from established fundamentals that can be done objectively and precisely. Hence, it is suggested that MSAS may be used as Unani objective parameter for assessment of *Mālankhūliya Sawdāwī* in clinical practice as well as research studies. This study provides supportive literature and preliminary clinical evidence for its validity and accuracy. More well designed, large scale systematic clinical studies are required on this scale to assess its further validity and reliability.

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Conflicts of interest

There are no conflicts of interest.

References

1. Longo D, Kasper D, Jameson J, Fauci A, Hauser S, Loscalzo J. Harrison's Principles of Internal Medicine. 18th ed. New York: McGraw-Hill Companies; 2012.
2. Sadock BJ, Sadock VA, Ruiz P. Kaplan and Sadocks Synopsis of Psychiatry. 11th ed. Philadelphia: Wolter Kluwer; 2015.
3. Majoosi AI. Kaamilus Sana'ah. New Delhi: Central Council for Research in Unani Medicine; 2010.
4. Khan MA. Ikseer Azam. New Delhi: Idara Kitabush Shifa; 2011.
5. Tabri A. Al Mualajatul Buqratiya. New Delhi: Central Council for Research in Unani Medicine; 1994.
6. Qamri AM, Ghina Muna. New Delhi: Central Council for Research in Unani Medicine; 2008.
7. Ali SA. Zakhira Sabit Bin Qurrah. Aligarh: Litho Colour Printers; 1987.
8. Kirmani NI. Mualajate Nafisi. Lucknow: Munshi Nawal Kishore; 1906.
9. Razi AB. Kitabul Fakhir Fit Tibb. New Delhi: Central Council for Research in Unani Medicine; 2008.
10. Reynolds WM, Kobak KA. Reliability and validity of the hamilton depression inventory: A paper-and-pencil version of the Hamilton Depression Rating Scale clinical interview. Psychol Assess 1995;7:472-83.
11. Sina AA. Al Qanoon Fit Tib. New Delhi: Idara Kitabush Shifa; 2010.
12. Ibne Rushd AW. Kitabul Kulliyat. 1st ed. New Delhi: Central Council for Research in Unani Medicine; 1987.
13. Anonymous. Standard Unani Medical Terminology. New Delhi: Central Council for Research in Unani Medicine; 2012.

14. Arzani A. Tibbe Akbar. New Delhi: Idara Kitabush Shifa; 2010.
15. Jeelani G. Makhzanul Jawahar. New Delhi: Ejaz Publishing House; 1998.
16. Sachdev PS, Mohan A, Taylor L, Jeste DV. DSM-5 and mental disorders in older individuals: An overview. *Harv Rev Psychiatry* 2015;23:320-8.
17. Razi AB. Kitabul Mansoori. New Delhi: Central Council for Research in Unani Medicine; 1991.
18. Khan S. Ilajul Amraz. 2nd ed. New Delhi: Central Council for Research in Unani Medicine; 2005.
19. Jurjani I. Zakhira Khwarzam Shahi. New Delhi: Idara Kitabush Shifa; 2010.

Clinical Evaluation, Management, and Control of Dyslipidemia through Unani System of Medicine: A Case Study

Abstract

Dyslipidemia (*Dassumat-e-Dam*), a condition characterized by abnormal lipid levels in the blood, is a major risk factor for cardiovascular diseases. In Unani medicine, *Dassumat-e-Dam* refers to the accumulation of harmful substances in the blood, potentially correlating with modern concepts of dyslipidemia. The Unani System of Medicine emphasizes holistic approaches, including dietary and lifestyle modifications, along with natural remedies to restore humoral balance. This case study aims to evaluate the efficacy of Unani management in treating a patient diagnosed with dyslipidemia. A 45-year-old male patient presenting with elevated levels of total cholesterol, low-density lipoprotein (LDL), and triglycerides (TGs), alongside reduced high-density lipoprotein (HDL), diagnosed with *Dassumat-e-Dam*. A comprehensive Unani regimen was implemented, comprising dietary modifications ('*Ilāj bi'l Ghidhā*'), lifestyle changes ('*Ilāj bi'l Tadbīr*'), and pharmacological interventions using *Cap Garcinia* (a Unani marketed product) along with pharmacopoeial preparations '*Arq Mako* and '*Arq Kasni* (Distillate of *Solanum americanum* Mill. and *Chichorium intybus* L.), respectively, for 90 days. The results indicated significant improvement in lipid profile were observed, with reductions in total cholesterol (137.47%), LDL (85%), and TGs (82.01%), with a 19.4% increase in HDL levels. The patient reported improved overall well-being and compliance with the regimen. No adverse effects were noted. The success of Unani interventions in this case highlights the potential of traditional medicine as a complementary approach to managing dyslipidemia. Unani medicine offers a promising alternative in the management of dyslipidemia. Further clinical studies with larger sample sizes are recommended to validate these findings and explore long-term efficacy.

Keywords: '*Arq Kāsni*, '*Arq Mako*, *Dasumat-e-dam*, *dyslipidemia*, *Garcinia*, *Unani medicine*

Introduction

A cluster disorder involving the metabolism of lipoproteins and dyslipidemia includes both excess and insufficiency. Elevated serum total cholesterol, low-density lipoprotein cholesterol (LDL-C), and TG levels and a reduction in the amount of high-density lipoprotein cholesterol (HDL-C) are its manifestation.^[1] It is a known modifiable risk factor for the emergence of a number of severe cardiovascular diseases (CVD), including hypertension, ischemic heart disease (IHD), and stroke.^[2] Globally, dyslipidemia is a common condition. Dyslipidemia is very prevalent among the Indian population about 80% are having this problem with and without clinical manifestation dyslipidemia affects 15%–20% of persons in rural India and 25%–30% of subjects in urban areas.

A sedentary lifestyle, poor eating habits, alcoholism, and nicotine addiction have all been linked to an increase in the incidence of dyslipidemia, which has been linked to increased morbidity and mortality from cardiovascular events. According to estimates, between 2006 and 2016, the number of deaths from IHD rose by 19%, from 7.96 million to 9.48 million.^[3] According to the Prospective Urban Rural Epidemiology study, across low-, middle-, and high-income countries, a number of prominent risk factors accounted for over 65%–70% of the incidence of cardiovascular and coronary artery disease incidents.^[4] Obesity (*Siman Mufrit*) is often associated with dyslipidemia due to its detrimental effect on lipid metabolism. It facilitates the passage of additional free fatty acids from adipose tissue into the liver, where they are converted to triglycerides (TGs) by hepatocytes and then packed into very LDLs for circulation.^[5]

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According to the Unani philosophy, dyslipidemia results from an imbalance in the metabolism of the digestive system, especially the liver, because an increase in the amount of phlegmatic humor (*balgham*) in the blood is the result of incorrect chyme digestion brought on by excessive coolness (*barūdat*) of the liver. Unani physicians have clubbed obesity, hyperlipidemia and hypercholesterolemia under an umbrella term *Siman Mufrit* due to accumulation of fats under similar pathological condition. Thus, dyslipidemia may be associated with hepatic digesting disturbance (*fasad hazam-e kabidi*).^[6] Unani scholars have mentioned it as a major public health problem leading to dreadful complications such as *Waja'al-Qalb* (angina pectoris), *Khafaqan* (palpitation), *Iflas al Qalb* (myocardial infarction), *Siman-e-Mufrit* (obesity), *Ziabetus Shakri* (diabetes mellitus), *Sartaan* (cancer), and *Maut-e-Fujaat* (abrupt death).^[7-9] *Shahm* (fats) accumulate in tissues, organs on cold organs, and membranes in the body. Due to congruence in etiology, clinical features, and complications, probably Unani physicians clubbed obesity, hyperlipidemia, and hypercholesterolemia under an umbrella term as *Siman Mufrit*.^[8,9]

Numerous adverse effects have been linked to hypolipidemic medications now conventional medicine. The majority of people tolerate statins quite well. Nonetheless, 1% of the patients had a substantial rise in their liver levels of aspartate transaminase and alanine aminotransferase (ALT). ALT levels were significantly elevated in patients receiving crystalline or extended-release niacin medication, and slow-release niacin carries an even greater chance of hepatotoxicity.^[10] A number of herbs that have a hypolipidemic impact have drawn attention from researchers as potential adjuncts to lower the risk of CVD. *Garcinia cambogia*, a tropical fruit commonly called the Malabar tamarind, is an ingredient in the well-known weight-loss pill *Cap Garcinia*, which is promoted by Unani and has been given to patients. *Chichorium intybus* L. and *Solanum nigrum* L. distillate are the pharmaceutical formulations; '*Arq Mako*' and '*Arq Kasni*' have been used in this study. Many of these drugs have also been shown to have anti-hyperlipidemic effects. Unani experts have linked the desiccant, deobstruent, and *mulatif-e-urooq* (vessel relaxant) properties to their ingredients. According to the current study hypothesis, hyperlipidemia comes under the category of *sue-e-mizaj-barid* (deranged cold temperament); therefore, based on its treatment as illustrated in Unani classical literature, the test drug will prove effective in lowering hyperlipidemia.^[11] As a result, the current case study was done to find out the efficacy and safety of the test drug.

Case Report

A 45-year-old man working in a local private factory with complaints of central obesity visited the Regional Research Institute of Unani Medicine, Shahjahan Manzil, Near AMU Riding Club, Qila Road, Aligarh-202002, Uttar

Pradesh, with the aim to reduce his belly under the project on central obesity. On examination, he only said that he is observing some difficulty in his daily routine work due to this large belly, otherwise, he is quite well and not having any problems. In laboratory testing, a fasting blood sample was revealed as creamy milky serum with blood glucose, as shown in Figure 1. The parameters for identifying various obesity-related issues are shown in Table 1. Bowel habits were disturbed off and on had constipation; pulse and blood pressure were within normal standard limits.

Family history

Neither parent knew of any family history of hyperlipidemia nor were their lipid levels normal.

Physical examination findings

On physical examination, he was found quite healthy no complaint of heaviness in the chest or any other related signs and symptoms to the heart. The patient had no xanthomatous deposits and no history of hypertension and diabetes in the family too.

Intervention

The patient was advised to strictly follow the instructions in taking medicine and diet. He was advised to take an 1800 kcal/day diet free from fat and sweets except natural sugar. Unani marketed product *Cap Garcinia* (contains standardized 55% aqueous extract) one capsule twice a day along with pharmacopoeial preparations: '*Arq Mako*' and '*Arq Kasni*' (Distillate of *S. nigrum* L. and *C. intybus* L.), respectively, 40 mL each, diluted with an equal amount of lukewarm water in the morning and evening empty stomach for 90 days.^[12]

Results and Discussion

The current case study has been done to rule out the role of Unani medicines in the management of dyslipidemia. In this study, *Cap Garcinia*, along with pharmacopoeial preparations: '*Arq Mako*' and '*Arq Kasni*', was administered twice a day for

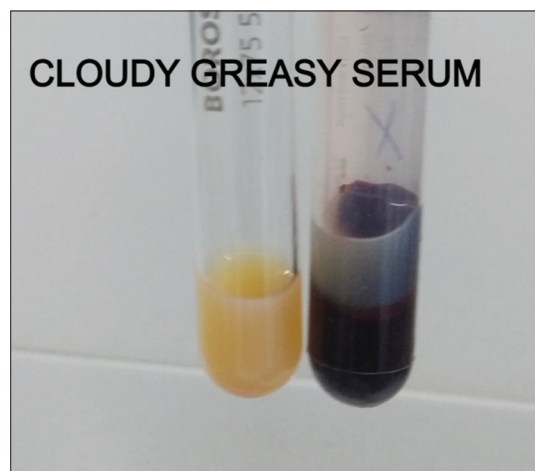


Figure 1: Cloudy and greasy serum

Table 1: Hematological, biochemical, and anthropometric parameters

	Baseline	After 3 months	Percentage of change
Height (cm)	153	153	-
Body weight (kg)	60	58.2	3 ↓
Blood pressure (mmHg)	126/80	130/71	3.17/11.25 ↓
Temperature (°F)	98.5	98.6	0.10 ↓
Basal metabolic rate (BMI) (kg/m ²)	26.6	25.1	5.6 ↓
Waist circumference (cm)	93	91	2.15 ↓
WHR	0.98	0.93	5.10 ↓
SAD	32	29	9.37 ↓
Blood sugar (fasting) (mg/dL)	74.71	98.42	31.99 ↑
Insulin estimation	16.07	16.01	0.37 ↓
TSH	0.392	0.219	44.13 ↓
Bilirubin (mg/dL)	1.4	0.92	34.28 ↓
SGOT (IU/L)	21.2	11.61	45 ↓
SGPT (IU/L)	14.16	19.91	40.60 ↓
ALP (IU/L)	153.6	62.13	59.55 ↓
Blood urea (mg/dL)	38.1	22.63	40.60 ↓
Serum creatinine (mg/dL)	0.78	0.70	10.25 ↓
Uric acid (mg/dL)	6.52	3.26	50 ↓
Total cholesterol (mg/dL)	228.56	142.9	37.47 ↓
Triglycerides (mg/dL)	1016.0	182.7	82.01 ↓
HDL (mg/dL)	17.45	51.36	19.4 ↑
LDL (mg/dL)	55.7	7.91	85 ↓
VLDL (mg/dL)	203.0	36.54	82 ↓

SAD: Saggital abdominal diameter, WHR: Waist-to-hip ratio, HDL: High-density lipoprotein, LDL: Low-density lipoprotein, BMI: Body mass index, VLDL: Very LDL, SGPT: Serum glutamic pyruvic transaminase, SGOT: Serum glutamic-oxaloacetic transaminase, TSH: Thyroid-stimulating hormone, ALP: Alkaline phosphatase, ↑: Indicate enhance/ increase, ↓: Indicate reduce/decrease

a period of 90 days. The results of this case study demonstrate the potential efficacy of Unani treatments in managing dyslipidemia. Unani treatment significantly reduced serum total cholesterol (Total-C) by 37.47%, TGs by 82.01%, and LDL-C by 85%, while increasing HDL-C levels by 194% compared to baseline. In addition to reducing hyperlipidemia, the regimen also resulted in a 5.6% decrease in body mass index, a 3% reduction in weight, a 2.15% reduction in waist circumference, a 5.10% reduction in waist-to-hip ratio (WHR), a 9.37% reduction in sagittal abdominal diameter, and a 34.28% decrease in bilirubin, as shown in Table 1.

The patient was monitored for the next 2 months after completely discontinuing the treatment, and the lipid profiles remained stable during the observation period. Unani formulations helped correct lipid metabolism without any adverse effects on the patient's daily routine. The exact mechanism of action underlying these results is not yet clear; however, it is evident that the patient experienced positive outcomes and improved health after 3 months of treatment with these Unani medicines. It can be suggested that the calcium salt of hydroxy citric acid (HCA) from the fruits of *Garcinia cambogia* (L.) N. Robson may have contributed to reducing cholesterol and TGs. Unani regimens and formulations, such as dietotherapy and nonmedicinal therapies in Unani System of Medicine, have shown significant results in managing dyslipidemia.^[13,14] *Garcinia*

cambogia (L.) N. Robson extract has been used traditionally in Indian medicine to treat a number of disorders such as tumors, ulcers, hemorrhoids, diarrhea, dysentery, fever, open sores, and parasites. It has been reported to be indicated for constipation, rheumatism, dyspepsia, obesity, and high levels of TGs and cholesterol.^[15,16] In several studies, its extract has been reported in both animal and human trials, which suggests that HCA might encourage weight loss.^[17-19] Unani pharmacopoeial preparations, '*Arq Mako* and '*Arq Kasni*, are indicated for their anti-inflammatory (*Mohallil-i-Auram*), hepatotonic (*Muqawwi-i-Kabid*), and analgesic (*Musakkin*) properties. These preparations are recommended for conditions such as organ inflammation (*Waram-i-A'hsha*), hepatic insufficiency (*Zo'f-i-Kabid*), bilious hepatitis (*Y'Arqan*), hepatitis (*Waram-i-Kabid*), and polydipsia (*Utash-i-Mufrit*). '*Arq Mako* (*S. nigrum* L.) is known for its detoxifying and anti-inflammatory effects, which may aid in reducing hepatic stress and promoting lipid metabolism. These anti-inflammatory effects likely contribute to mitigating the pathophysiological processes underlying dyslipidemia. '*Arq Kasni* (*C. intybus* L.) is renowned for its hepatoprotective and diuretic effects, which support lipid regulation by promoting liver function and facilitating the excretion of excess lipids.^[12] The medicines used in this case study have been scientifically studied and are considered safe for use under expert guidance.^[20,21] The literature of Unani medicine is extensive,

with many Unani compound formulations and single drugs indicated for various diseases. Likewise, some important Unani formulations have been found effective in managing dyslipidemia and obesity, with several being validated in research studies. The formulations mentioned for the management of dyslipidemia have undergone several *in vitro*, *in vivo*, and clinical trials that illustrate the validity of these preparations including *Itriphal Sagheer*,^[22,23] *Majoon Sheer Alvi Khan*,^[24] *Qurs Luk*,^[23,25] *Safoof Kalonji*,^[23,26] and *Safoof Muhazzil*.^[12,23,27]

Conclusion

The case study highlights the efficacy of Unani medicine in the management of *Dassumat-e-Dam* (dyslipidemia). The treatment regimen, consisting of a herbal capsule and the pharmacopoeial preparations including 'Arq Mako and 'Arq Kasni, demonstrated significant improvements in lipid profiles, such as reductions in total cholesterol, LDL, and TGs, and an increase in HDL levels. Furthermore, the patient reported enhanced overall well-being without any adverse effects, indicating the safety and tolerability of the intervention. The results align with the Unani principles of humoral balance and detoxification, suggesting that this holistic approach addresses the root cause of dyslipidemia rather than merely alleviating symptoms. These findings support the integration of Unani medicine as a complementary or alternative treatment for dyslipidemia. However, large-scale clinical studies are essential to confirm these results and establish standardized treatment protocols for broader applications.

Authors contributions

All the authors have made an ample role to the idea of the article, acquisition, analysis, and interpretation of the data for the script.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

References

1. Ahmed SM, Clasen ME, Donnelly JE. Management of

dyslipidemia in adults. *Am Fam Physician* 1998;57:2192-204, 2207-8.

2. Garg R, Aggarwal S, Kumar R, Sharma G. Association of atherosclerosis with dyslipidemia and co-morbid conditions: A descriptive study. *J Nat Sci Biol Med* 2015;6:163-8.
3. Gupta R, Rao RS, Misra A, Sharma SK. Recent trends in epidemiology of dyslipidemias in India. *Indian Heart J* 2017;69:382-92.
4. Sharma S, Gaur K, Gupta R. Trends in epidemiology of dyslipidemias in India. *Indian Heart J* 2024;76 Suppl 1:S20-8.
5. van Hall G, Steensberg A, Sacchetti M, Fischer C, Keller C, Schjerling P, et al. Interleukin-6 stimulates lipolysis and fat oxidation in humans. *J Clin Endocrinol Metab* 2003;88:3005-10.
6. Sina I. *Alqanoon Fit Tibb*. Is Ted. Lahore: Sheikh Mohammad Bashir and Sons; 1927.
7. Ibn Sina. *Kitab Al- Advia Al-Qalbiya*, (Urdu Translation by Shifaul Mulk Hakim Abdul Lateef Falsafi), National Printers Company), Aligarh: 1956. p. 42-56.
8. Ibn Sina. *Alqanoon Fit Tibb*. Vol. III. New Delhi: Ejaz Publishing House; 1927. p. 753-71.
9. Razi Z. *Kitab Al Hawi*. Vol. VI. New Delhi: Central Council for Research in Unani Medicine; 1999. p. 187-92.
10. Farmer JA, Torre-Amione G. Comparative tolerability of the HMG-CoA reductase inhibitors. *Drug Saf* 2000;23:197-213.
11. Qamri AM. *Ghana Manna* (Translation of Minhaj Ul Ilaj). Central Council for Research in Unani medicine (CCRUM). New Delhi: Ministry of Ayush, Government of India; 2008.
12. Anonymous. *National Formulary of Unani Medicine*. Part. I. Vol. I. New Delhi: Central Council for Research in Unani Medicine, Ministry of Health and Family Welfare, Dept. of AYUSH, Govt. of India; 2006. p. 95, 141, 217-8, 239.
13. Azhar MU, Ayub S, Anjum N, Ahmad S. Role of dieto-therapy in weight and dyslipidemia management – A case study. *Int J Sci Res Biol Sci* 2020;7:17-9.
14. Azhar MU, Ayub S, Mustehasan. Effect of non-medicinal therapy of Unani medicine in weight and dyslipidemia management. *World J Pharm Res* 2021;10:1285-94.
15. Heymsfield SB, Allison DB, Vasselli JR, Pieterbelli A, Greenfield D, Nunez C. *Garcinia cambogia* (hydroxycitric acid) as a potential antiobesity agent: A randomized controlled trial. *JAMA* 1998;280:1596-600.
16. Badmaev V, Majeed M, Conte AA. *Garcinia cambogia* for weight loss. *JAMA* 1999;282:233-4.
17. Sullivan C, Triscari J. Metabolic regulation as a control for lipid disorders. I. Influence of (-)-hydroxycitrate on experimentally induced obesity in the rodent. *Am J Clin Nutr* 1977;30:767-76.
18. Sullivan AC, Triscari J, Hamilton JG, Miller ON, Wheatley VR. Effect of (-)-hydroxycitrate upon the accumulation of lipid in the rat. I. Lipogenesis. *Lipids* 1974;9:121-8.
19. Sullivan AC, Triscari J, Hamilton JG, Miller ON. Effect of (-)-hydroxycitrate upon the accumulation of lipid in the rat. II. Appetite. *Lipids* 1974;9:129-34.
20. Márquez F, Babio N, Bulló M, Salas-Salvado J. Evaluation of the safety and efficacy of hydroxycitric acid or *Garcinia cambogia* extracts in humans. *Crit Rev Food Sci Nutr* 2012;52:585-94.
21. Kriketos AD, Thompson HR, Greene H, Hill JO. Hydroxycitric acid does not affect energy expenditure and substrate oxidation in adult males in a post-absorptive state. *Int J Obes Relat Metab Disord* 1999;23:867-73.
22. Kamali SH, Khalaj AR, Hasani-Ranjbar S, Esfehiani MM, Kamalinejad M, Soheil O, et al. Efficacy of 'Itrifal Saghir', a combination of three medicinal plants in the treatment of obesity;

- a randomized controlled trial. *Daru* 2012;20:33.
23. Khan MA. Qarabadeen Azam o Akmal, (Urdu Translation). New Delhi: Central Council for Research in Unani Medicine; 2005. p. 360, 426.
 24. Quamri MA, Wahab A, Alam MA, Ali BF. Efficacy of Majoon-e-Seer Alvi Khan in dyslipidemia: A single blind randomized standard controlled clinical trial. *Drug Metab Pers Ther* 2021;36:271-9.
 25. Mand D, Ahmed T, Khalid M, Jafar M, Fatima S. Therapeutic evaluation of Unani formulation in dyslipidemia-a randomized controlled study. *JBSO* 2015;3:253-8.
 26. Rasheed A, Siddiqui MA, Khan JA. Therapeutic evaluation of Kalonji (*Nigella sativa*) in dyslipidemia-a randomized control trial. *Med J Islamic World Acad Sci* 2014;109:1-6.
 27. Khan AA, Jahangir U, Jalees F, Kapoor P, Urooj S. Efficacy of a classical antiobesity Unani pharmacopial formulation (Safoof-e-Muhazzil) in systolic and diastolic blood pressure: A randomized, open-labeled, controlled clinical study. *J Adv Pharm Technol Res* 2013;4:190-7.

Efficacy of Unani Treatment Regimen in the Management of Psoriasis

Abstract

A 35-year-old male patient of psoriasis was treated with a comprehensive Unani treatment regimen consisting of pharmacotherapy (*Ilāj bi'l-Dawā*), regimenal therapy (*Ilāj bi'l-Tadbīr*), and dietotherapy (*Ilāj bi'l-Ghidhā*). The Unani treatment regimen was found to be highly effective and safe. The psoriasis area and severity index score decreased from 12.8 to 0 after 45 days of treatment, with remission being maintained after 24 weeks. Quality of life was also improved. It is recommended that this treatment regimen may be adopted by physicians in their clinical practice.

Keywords: *Da'us Sadaf, psoriasis, steam bath, Taqashshur-i Jild, Unani medicine, wet cupping*

Introduction

Psoriasis is a chronic skin disease which negatively impacts patients' quality of life (QoL). There are reports which suggest that psoriasis can considerably impact QoL, even if relatively limited body surface area is affected.^[1-3] Psoriasis causes great physical, emotional, and social burden.^[4-6] Common challenges for people with psoriasis are disfigurement, disability, and evident loss of productivity. There is also a significant effect on mental well-being, such as higher rates of depression, leading to a negative impact for individuals and society.^[7,8] Prevalence rate is equivalent between men and women irrespective of age and ethnic origin.^[9] Psoriasis is major worldwide issue with prevalence between 0.09%^[10] and 11.4%^[11] across different nations. In most developed countries, prevalence is between 1.5% and 5%.^[12] The etiology of psoriasis is somewhat unclear, although genetic predisposition is considered key factor.^[13] The immune system also plays a major role in its causation. Both external and internal triggers, including mild trauma, sunburn, infections, systemic drugs, and stress, can precipitate psoriasis.^[14] In modern medicine, the treatment of psoriasis is still based on controlling the symptoms. A combination of topical and systemic therapies as well as phototherapy is often used in clinical practice. The need for treatment is usually life-long and is aimed at reducing the remissions.^[15]

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In the Unani system of medicine, psoriasis is termed as *Da'us Sadaf* (disease of pearl) or *Taqashshur-i Jild* (peeling of skin) marked by dryness of skin and scale formation similar to the scales of a fish. *Taqashshur-wa-Qashaf Jild* (peeling and dryness of skin) has been described by renowned Unani physicians such as Majoosi, Ibn Zohr, Ibn Hubul Baghdadi, Ibnul Qaf, Ahmad bin Mohammad Tabari, Akbar Arzani, and Azam Khan in their treatises, which closely resembles the clinical picture of psoriasis.^[16-24] It is caused by *Hirffif o Lāzi' Sawdā' Muhtaraq* (acute and irritant burnt black bile)^[19] and *Khushk Būraqī Mādā* (dry alkaline matter).^[18] The principle of treatment in the Unani system of medicine for this disease is *Talyīn-i Jild* (to soften the skin), *Tartīb-i Jild* (to moisturize the skin), and *Tanqiya-i Badan* (evacuation of morbid material from the body).^[22] Many clinical trials have been conducted to explore the effect of Unani medicines in psoriasis.^[23]

In this study, the patient was treated with a Unani treatment regimen consisting of pharmacotherapy (*Ilāj bi'l-Dawā*), regimenal therapy (*Ilāj bi'l-Tadbīr*), and dietotherapy (*Ilāj bi'l-Ghidhā*).

Case Report

A 35-year-old male patient of psoriasis was reported in the outpatient department of the Department of Unani, All India Institute of Medical Sciences, Raipur. The patient was diagnosed as a case of psoriasis 5 years back and explored various treatment options but did not get relief.

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A complete general, physical, and systemic examination was done. The *Mizaj* was assessed on the basis of *Ajnas-e-Ashra* proforma designed for the assessment of *Mizaj*. The patient's *Mizaj* was *Saudawi* (Melancholic). On examination of the skin, it was found that the patient had lesions over bilateral lower limbs associated with intense itching, severe erythema, pain, burning, scaling, and spotted lesions at all over lower limbs. Those complaints were aggravated mainly in low humidity and cold weather. He also had a history of relapse and remission but no family history.

Interventions

The patient underwent treatment for a duration of approximately 45 days, treatment was started with *Sharbat Unnab* [Table 1]^[25] 20 ml twice daily till completion of treatment, *Majun Najah* [Table 2]^[25] 5 g twice daily for 15 days, *Majun Dabeedulward* [Table 3]^[25] 5 g twice daily for 30 days orally along with Psoro-Aid cream^[26] a nonpharmacopoeial formulation [Table 4] of Dehlvi Naturals for local application twice daily till completion of treatment. All medications were procured by the patient from Amrit Pharmacy of AIIMS, Raipur. The patient also underwent therapies including wet cupping (*Hijāma bi'l shurt*) on both legs and *Ta'rīq* (Diaphoresis) through whole body steam bath on a weekly and alternate basis as per standard protocol. The patient was advised to take moist, soft, and easily digestible foods such as *asfanakh* (spinach,) fresh milk, *kaddu* (pumpkin), *mash* (black gram), and *ma-ul-jubn* (whey). Dietary restrictions included cold-, dry-, and *Sawda*-producing diets such as cheese, salty fish, and red meat.^[27] The assessment of efficacy was evaluated through the Psoriasis Area and Severity Index (PASI)^[28] and features such as pain, itching, burning, and disturbed QoL

Table 1: Ingredient of Sharbat Unnab^[25]

Name of the ingredient	Scientific name/English name	Quantity (g)
Unnab	<i>Zizyphus jujuba</i> Lam.	500
Aab	Water	quantum satis
Qand Safaid	Sugar	1500

Table 2: Ingredient of Majun Najah^[25]

Name of the ingredient	Scientific name/English name	Quantity (g)
Post-e-Halela Kabli	<i>Terminalia chebula</i> Retz. ripe	50
Post-e-Balela	<i>Terminalia bellirica</i> (Gaertn.) Roxb.	50
Amla	<i>Phyllanthus emblica</i> L.	50
Halela Siyah	<i>Terminalia chebula</i> Retz. unripe	50
Turbud	<i>Operculina turpethum</i> (L.) Silva Manso	25
Bisfaij	<i>Polypodium vulgare</i> L.	25
Afteemoon	<i>Cuscuta reflexa</i> Roxb.	25
Ustukhuddus	<i>Lavandula stoechas</i> L.	25
Asal or Qand Safaid	Sugar	600

were measured using the Dermatology Life Quality Index module.^[29] Pre-treatment, follow-up, and post-treatment photographs were also taken.

Results

It was observed that the severity of the disease reduced from severe to mild after 1 month of treatment protocol and disappeared after 45 days of treatment. The clinical improved response in the case was significant. A notable reduction in itching, scaling, erythema, and epidermal thickening was observed after 1 month, and absolute resolution of the lesions was achieved at the end of the study. The PASI score decreased from 12.8 to 0 after 45 days [Table 5], with remission being maintained after 24 weeks. QoL was also improved [Table 6]. At the baseline, skin texture was highly prominent and severe erythema, scaling was present but after 1 month of treatment, significant improvement was observed and lesions disappeared after 45 days, as shown in Figures 1-3.

Discussion

Since the disease is chronic in nature and difficult to eradicate, recurrence is common and usually does not respond fully with a unidirectional onslaught; therefore, a multidirectional approach of treatment has been envisaged by the Unani physicians for the treatment of this disease. Commonly prescribed drugs having *Mussafie Dam* (blood purifier), *Muhallil* (resolvent), and *Mudammil Qurooh* (healing) properties are administered systemically which act by different mechanisms and control the disease by counteracting the underlying pathology. Once the morbid matter is removed from the body, inflammation is resolved and proper healing takes place, chances of recurrence automatically minimized.^[30]

In this case, overall improvement due to pharmacological drugs may be attributed to *Nuz'j wa Tanqiye Sawdā'* (removal of black bile) main factor responsible



Figure 1: Pretreatment

Table 3: Ingredient of Majun Dabeedulward^[25]

Name of the ingredient	Scientific name/English name	Quantity (g)
Sumbul-ut-Teeb	<i>Nardostachys jatamansi</i> (D. Don) DC.	10
Mastagi	<i>Pistacia lentiscus</i> L.	10
Zafran	<i>Crocus sativa</i> L.	10
Tabasheer	<i>Bambusa bambos</i> (L.) Voss	10
Darchini	<i>Cinnamomum verum</i> J. Presl	10
Izkhar	<i>Cymbopogon iwarancusa</i> (Jones ex Roxb.) Schult.	10
Asarun	<i>Valeriana jatamansi</i> Jones ex Roxb.	10
Qust-e-Shireen	<i>Dolomiaea costus</i> (Falc.) Kasana and A.K.Pandey	10
Gul-e-Ghafis	<i>Gentiana olivieri</i> Griseb.	10
Tukhme-e-Kasoos	<i>Cuscuta reflexa</i> Roxb.	10
Luk Maghsool	<i>Cocus lacca</i>	10
Tukhm-e-Kasni	<i>Cichorium intybus</i> L.	10
Tukhm-e-Karafs	<i>Apium graveolens</i> L.	10
Zarawand Taweel	<i>Aristolochia longa</i> L.	10
Habb-e-Balsan	<i>Commiphora gileadensis</i> (L.) C.Chr.	10
Ood Gharqi	<i>Aquilaria malaccensis</i> Lam.	10
Qaranfal	<i>Syzygium aromaticum</i> (L.) Merr. and L.M. Perry	10
Heel Khurd	<i>Elettaria cardamomum</i> (L.) Maton	10
Gul-e-Surkh	<i>Rosa damascena</i> Mill.	200
Asal or Qand Safaid	Sugar	600

Table 4: Ingredient of Psoro-Aid Cream^[26]

Name of the ingredient	Scientific name/English name	Quantity
Kafoor	<i>Camphora officinarum</i> Boerh. ex Fabr.	1%
Roghan Deodar	<i>Cedrus deodara</i> (Roxb. ex D.Don) GDon.	5%
Roghan Indarjao Shirin	<i>Wrightia tinctoria</i> (Roxb.) R.Br.	5%
Roghan Karanjwa	<i>Pongamia pinnata</i> (L.) Pierre	15%
Roghan Neem	<i>Azadirachta indica</i> A.Juss.	15%
Ointment Base	Wax, Liquid paraffin, Glycerin, Sodium Benzoate	quantum satis

Table 5: Psoriasis Area and Severity Index sheet

Clinical parameter (n=1)	Baseline	After treatment
PASI	12.8	0

PASI: Psoriasis Area and Severity Index

for pathogenesis, by *Majun Najah*, *Tasfiye Dam* (blood purification) by *Sharbat Unnab*. Itching was relieved due to blood purifier, emollient, refrigerant, and sedative effects of various drugs as *Kafoor*, *Gule Surkh*, *Deodar*, *Indarjo Shirin*, *Qaranfal*, *Zarawand Taweel* and *Sumbul ut Teeb*^[31,32] of the formulations used during the treatment. The disappearance of scaling in the case may possibly be due to the emollient, detergent, and stripping effect of *Habb-e-Balsan*, *Unnab*, and *Gule Surkh*^[31,32] and the moisturizing property of Psoro-Aid cream. The effect of drugs on erythema is more likely due to the anti-inflammatory and detergent activity of *Unnab*, *Ustukhuddus*, *Neem*, *Sumbul-ut-Teeb*, *Izkhar*, *Asarun*, *Ood Gharqi*, *Afteemoon*, *Karanjwa* *Gul-e-Ghafis*, *Qust-e-Shireen*, and *Halela Siyah*.^[31,32]

**Figure 2: After 1 month**

T-cell-activated inflammatory response has been found to be responsible for the main pathophysiology behind psoriasis.^[33,34] The improvement in the case may be due to wet cupping which has been reported to help in decreasing the causative immunological reactions.^[35] Therefore, it corrects the cause of the disease and prevents its pathogenesis. Low humidity is a risk factor for flare-ups of the disease, so the moist heat from steam therapy may be the cause for relief in symptoms and help in preventing a breakout.^[36] Steam therapy also relaxes the body in a general sense and reduces stress which is considered a trigger for flare-ups.^[37]

Conclusion

It is concluded that the Unani treatment regimen was highly effective and safe. The PASI score decreased from

Table 6: Dermatology quality of life assessment sheet

Questionnaire	Baseline	After treatment
How itchy, sore, painful, or stinging has your skin	3	0
How embarrassed or self-conscious	3	0
How much has your skin interfered with you going shopping	2	0
How much has your skin influenced the clothes you wear	2	0
How much has your skin affect any social activities	2	0
How much has your skin made it difficult to do any sport	1	0
Has your skin prevented you from working or studying	2	0
How much has your skin created problems with your partner	1	0
How much has your skin caused any sexual difficulties	1	0
How much has your skin created problems with prepared food	0	0
Total	17	0

**Figure 3: After 45 days**

12.8 to 0 after 45 days, with remission being controlled up to 24 weeks. QoL was also improved. No side effects were observed during the treatment. Hence, it is recommended that this treatment regimen may be adopted by Unani physicians in their clinical practice. Further studies with this treatment regimen may also be conducted on a large sample size to establish a possible cure for psoriasis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

References

- de Korte J, Sprangers MA, Mombers FM, Bos JD. Quality of life in patients with psoriasis: A systematic

literature review. *J Invest Dermatol Symp Proc* 2004;9:140-7.

- Tang MM, Chang CC, Chan LC, Heng A. Quality of life and cost of illness in patients with psoriasis in Malaysia: A multicenter study. *Int J Dermatol* 2013;52:314-22.
- Augustin M, Radtke MA. Quality of life in psoriasis patients. *Expert Rev Pharmacoecon Outcomes Res* 2014;14:559-68.
- Fuji R, Mould JF, Tang B, Brandt H, Pomerantz D, Chapnick J, *et al.* Burden of disease in patients with diagnosed psoriasis in Brazil: Results from 2011 National Health and Wellness Survey (NHWS). *Value Health* 2012;15:A107.
- Stern RS, Nijsten T, Feldman SR, Margolis DJ, Rolstad T. Psoriasis is common, carries a substantial burden even when not extensive, and is associated with widespread treatment dissatisfaction. *J Invest Dermatol Symp Proc* 2004;9:136-9.
- Kimball AB, Jacobson C, Weiss S, Vreeland MG, Wu Y. The psychosocial burden of psoriasis. *Am J Clin Dermatol* 2005;6:383-92.
- Russo PA, Ilchef R, Cooper AJ. Psychiatric morbidity in psoriasis: A review. *Australas J Dermatol* 2004;45:155-9.
- Sampogna F, Tabolli S, Abeni D, IDI Multipurpose Psoriasis Research on Vital Experiences (IMPROVE) Investigators. Living with psoriasis: Prevalence of shame, anger, worry, and problems in daily activities and social life. *Acta Derm Venereol* 2012;92:299-303.
- Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2010: Results by Cause1990–2010. Seattle: Institute for Health Metrics and Evaluation (IHME); 2012. Available from: https://www.healthdata.org/sites/default/files/files/policy_report/2013/GBD_GeneratingEvidence/IHME_GBD_GeneratingEvidence_FullReport.pdf. [Last accessed on 2020 Sep 25].
- Gibbs S. Skin disease and socioeconomic conditions in rural Africa: Tanzania. *Int J Dermatol* 1996;35:633-9.
- Danielsen K, Olsen AO, Wilsgaard T, Furberg AS. Is the prevalence of psoriasis increasing? A 30-year follow-up of a population-based cohort. *Br J Dermatol* 2013;168:1303-10.
- Parisi R, Symmons DP, Griffiths CE, Ashcroft DM, Identification and Management of Psoriasis and Associated Comorbidity (IMPACT) Project Team. Global epidemiology of psoriasis: A systematic review of incidence and prevalence. *J Invest Dermatol* 2013;133:377-85.
- Harden JL, Krueger JG, Bowcock AM. The immunogenetics of psoriasis: A comprehensive review. *J Autoimmun* 2015;64:66-73.
- Boehncke WH, Schön MP. Psoriasis. *Lancet* 2015;386:983-94.
- WHO. Global Report on Psoriasis. Geneva: WHO; 2016. p. 5-7. Available from: <https://apps.who.int/iris/bitstream/>

- handle/10665/204417/9789241565189_eng.pdf.psoriasis;jsessionid=54912784D28C9F36ECCD45471AC5775B?sequence=1. [Last accessed on 2020 Sep 20].
16. Majoosi A. Kamilus Sana (Urdu Translation by Kantoori GH). Vol. 1, 2. New Delhi: Idara Kitabush Shifa; 2010. p. 252, 255-6, 431-3.
17. Zohr I. Kitabul Taisir Fil Mudawat Wat Tadbir (Urdu Translation). New Delhi: CCRUM, Ministry of Health and Family Welfare; 1986. p. 204-5.
18. Hubul I. Kitabul Mukhtarat Fit Tib (Urdu Translation). Vol. 2, 4. New Delhi: CCRUM, Ministry of Health and Family Welfare; 2007.
19. Khan A. Ikseer Azam. Vol. 4. Kanpur: Matba Nizami; 1289. p. 511.
20. Arzani A. Tibe Akbar . Lucknow: Munshi Nawal Kishor; 1870.
21. Arzani A. Mizanut Tib (Urdu Translation by Kabeeruddin HM). New Delhi: Idara Kitabush Shifa; 2001. p. 257.
22. Khan A. Romooz Azam (Farsi). 2nd ed., Vol. 1, 2. New Delhi: CCRUM, Ministry of Health and Family Welfare; 2006. p. 185, 287, 404, 27.
23. Mastan A. Clinical studies on the treatment of psoriasis in Unani system of medicine: A systemic review. J Herb Drugs 2019;10:139-45.
24. Jeelani G. Makhzan Hikmat. New Delhi: Ejaz Publishing House; 1996. p. 698-9.
25. Anonymous. National Formulary of Unani Medicine. Part. I. New Delhi: CCRUM; 2006. p. 124, 138, 224.
26. Anonymous. Dehlvi Therapeutic Guide. New Delhi: Dehlvi Naturals; 2010.
27. Khan MS. Da-Us-Sadaf (Psoriasis). 1st ed. New Delhi: Idara Kitab-us-Shifa; 2011.
28. Psoriasis Area and Severity Index (PASI) Calculator (1.7.3). Available from: <https://www.pasi.cortli.li>. [Last accessed on 2020 Sep 30].
29. Smith CH, Yiu ZZ, Bale T, Burden AD, Coates LC, Edwards W, *et al*. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2020: A rapid update. Br J Dermatol 2020;183:628-37.
30. Rasheed R. Therapeutic Evaluation of Unani Formulations in the Management of Psoriasis. Bangalore: Department of Moalajat, National Institute of Unani Medicine; 2012.
31. Kabir H. Introduction to Ilmul Advia. 1st ed. Uttar Pradesh: Shamsher Publisher and Distributor; 2002.
32. Ghani N. Khazainul Advia. New Delhi: Idara Kitabul Shifa; 2010.
33. Nickoloff BJ, Wrone-Smith T, Bonish B, Porcelli SA. Response of murine and normal human skin to injection of allogeneic blood-derived psoriatic immunocytes: Detection of T cells expressing receptors typically present on natural killer cells, including CD94, CD158, and CD161. Arch Dermatol 1999;135:546-52.
34. Law R, Gulliver W. Psoriasis. In: Edmonson MW, editors. Pharmacotherapy: A Pathophysiological Approach. 8th ed. USA: McGraw-Hill Medical; 2011. p. 1693-706.
35. Ahmed SM, Madbouly NH, Maklad SS, Abu-Shady EA. Immunomodulatory effects of blood letting cupping therapy in patients with rheumatoid arthritis. Egypt J Immunol 2005;12:39-51.
36. Chandran V, Raychaudhuri SP. Geoepidemiology and environmental factors of psoriasis and psoriatic arthritis. J Autoimmun 2010;34:J314-21.
37. Mooventhan A, Nivethitha L. Scientific evidence-based effects of hydrotherapy on various systems of the body. N Am J Med Sci 2014;6:199-209.

