



A CRITICAL EXAMINATION OF WARAM-I-KABID (HEPATITIS) IN UNANI MEDICINE: CONCEPTUAL FOUNDATIONS, ETIOPATHOGENESIS, AND THERAPEUTIC APPROACHES

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ABSTRACT

Hepatitis continues to pose a significant global health challenge due to its widespread prevalence, associated complications, and high rates of morbidity and mortality. In Unani medicine, this condition is described as *Waram-i-Kabid*, meaning inflammation of the liver, which is believed to result from an imbalance in the four humours (*Akhlāt-e-Arba*). The liver is considered a vital organ (*Aza-e-Raeesa*) in Unani philosophy, playing a central role in digestion, metabolism, blood formation, and detoxification. Dysfunction of the liver is believed to disturb the overall homeostasis of the body, affecting various organ systems and contributing to the onset of systemic diseases. Considering the growing burden of hepatitis and the limitations of conventional therapies in managing chronic liver diseases, there is a need to revisit traditional systems of medicine for complementary approaches.

This review undertakes a comprehensive exploration of *Waram-i-Kabid* as described in classical Unani texts such as *Al-Qānūn fī'l-Tibb*, *Kamil al-Sana' a*, *Moalijat Buqratiya*, *Iksīr-i-A 'am*, and *Kulliyāt-i-Nafīsī*. It delves into the Unani understanding of the disease's etiopathogenesis, classification, clinical features, and treatment principles—including preventive strategies, dietary regulation (*Ilāj bi'l-Ghidhā*), pharmacotherapy (*Ilāj bi'l-Dawā*), and regimental therapy (*Ilāj bi'l-Tadbīr*). The review highlights specific Unani formulations known for their hepatoprotective and anti-inflammatory properties. Although many of these require further scientific validation, their integration with modern medical practices holds promise for enhancing therapeutic outcomes and reducing healthcare costs. This holistic approach underscores the relevance of Unani Medicine in addressing contemporary health challenges.

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INTRODUCTION

Hepatitis is a liver disorder that can result from a range of infectious viruses as well as non-infectious agents such as toxins, alcohol, and autoimmune conditions. Among the infectious causes, five distinct viruses—Hepatitis A (HAV), Hepatitis B (HBV), Hepatitis C (HCV), Hepatitis D (HDV), and Hepatitis E (HEV)—are known to infect humans. Of these, HBV and HCV are particularly concerning as they can lead to chronic infections, significantly increasing the risk

of cirrhosis and hepatocellular carcinoma (liver cancer). According to global data from 187 countries, viral hepatitis continues to pose a major public health challenge. In 2022 alone, an estimated 1.3 million deaths were attributed to chronic hepatitis B and C, equivalent to approximately 3,500 deaths per day. Globally, around 254 million people are living with chronic hepatitis B and 50 million with hepatitis C, with approximately 6,000 new infections occurring each day. Despite the burden, a significant number of

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individuals remain undiagnosed or inadequately managed in many regions, highlighting the urgent need for improved screening, awareness, and access to treatment.^[1]

Unani Medicine is one of the ancient systems of medicine. A vast array of literature about liver diseases has been documented in this system of medicine. Liver or *Kabid* in Arabic is an organ for the origin of *Quwā* (Natural powers). Unani scholars were well aware of the significance of the liver and considered it to be one of the dynamic organs responsible for metabolic functions, chiefly the production of *Akhlat* (humours) for nourishment, growth, and development of the human body. Each of the four humors named *Dam* (sanguine), *Balgham* (Phlegm), *Safrā* (Yellow bile), and *Sawdā* (Black bile), carries its specific temperament. Any deviation or derangement in the quality or quantity of humours leads to liver pathologies.^[2,3]

A number of liver diseases are mentioned in Unani Medicine, such as *Sū' Mizāj-i-Kabid* (Abnormal/Pathological temperament of the Liver), *Zu'f al-Kabid* (Hepatic Insufficiency), *Sudad al-Kabid* (Obstruction in the Liver), *Waja' al-Kabid* (Hepatalgia), *Waram-i-Kabid* (Hepatitis), *Dubayla al-Kabid* (Liver Abscess), *Tasaghghur al-Kabid* (Cirrhosis of Liver/Hepatic Atrophy), *Sū' al-Qinya* (Anemia), and *Istisqā'* (Ascites).^[4]

In this article, we aim to undertake a critical examination of classical Unani literature focusing on the conceptual foundations, etiopathogenesis, classification, symptomatology, and therapeutic modalities related to hepatitis (*Waram-i-Kabid*) as articulated in traditional Unani medical texts.

Methodology:

This review was conducted using a descriptive and integrative approach to explore the Unani concept of *Waram-i-Kabid* (hepatic inflammation). A systematic survey of classical Unani literature was carried out, including foundational texts such as *Al-Qānūn fī'l-Tibb* (Ibn Sina), *Kāmil al-Sanāa* (al-Majusi), *Moalajat-i-Buqrātiya*, *Iksīr-i-Azam* (Muhammad Azam Khan), and *Kulliyāt-i-Nafīsī* (Burhān al-Dīn Nafīs). These sources were examined to extract detailed information regarding the etiopathogenesis, classification, clinical presentation, and therapeutic approaches to *Waram-i-Kabid*.

In addition, contemporary scientific literature and indexed journal articles were reviewed using relevant

keywords such as “hepatitis,” “liver inflammation,” “Unani medicine,” and “*Waram-i-Kabid*.” Databases searched included PubMed, Google Scholar, and AYUSH Research Portal. Studies discussing traditional perspectives, clinical observations, and therapeutic interventions were included. The findings were organized thematically and analyzed to synthesize classical and modern insights into liver disorders, with particular emphasis on Unani therapeutic principles—*Ilāj bi'l-Ghidhā* (dietotherapy), *Ilāj bi'l-Dawā* (pharmacotherapy), and *Ilāj bi'l-Tadbīr* (regimental therapy).

Definition and Unani Concept of Waram-i-Kabid (Hepatitis)

The term *hepatitis* (known as *Waram-i-Kabid* in Unani medicine) is derived from the Greek word *Hepar*, meaning “liver,” and the Latin suffix *-itis*, indicating “inflammation.” Hence, hepatitis refers to inflammation of the liver. In Unani terminology, *Waram-i-Kabid* is composed of *Waram* (swelling) and *Kabid* (liver). Although *Waram* generally denotes swelling, in a medical context, it specifically refers to inflammatory swelling resulting from the accumulation of viscous humours, leading to distension of the affected organ. It is regarded as a compound pathological condition involving disturbance of temperament (*mizāj*), abnormal humoral composition, and, in some cases, structural damage.^[5]

Waram-i-Kabid may affect the entire liver or be confined to specific regions, such as the convex (*Mohadhab*) or concave (*Moq'ar*) surfaces. The inflammation may also extend to adjacent structures, including the diaphragm, peritoneum, and blood vessels. According to Unani scholars, swelling of the convex surface is considered more severe than that of the concave surface, as it has a greater potential to disrupt vital functions such as healthy blood formation and nutrient distribution. This disruption can result in generalized debility.^[6-8]

Classification:

The classification of *Waram-i-Kabid* in Unani medicine is comprehensive and multidimensional.^[7,9,10]

1. Based on the course of the disease:

- *Waram-i-Kabid Harr* (Acute Hepatitis)
- *Waram-i-Kabid Barid* (Chronic Hepatitis)

2. Based on the dominant humour involved:

- *Waram-i-Kabid Damwa* / *Falghamini* (Sanguineous)

- *Waram-i-Kabid Şafrawi* (Bilious)
- *Waram-i-Kabid Balghami* (Phlegmatic)
- *Waram-i-Kabid Sawdawi / Şulb / Saraṭani* (Melancholic or Hepatic Carcinoma)

Azam Khan, in *Ikseer-e-Azam*, further subdivided the melancholic type into:

- *Waram-i-Kabid Şulb Ghayr Saraṭani* (Cirrhosis without carcinoma)
- *Waram-i-Kabid Şulb Saraṭani* (Cirrhosis with carcinoma)

3. Based on anatomical location:^[11]

- *Waram-i-Kabid Moaaddab* (involving the convex surface; often affecting the diaphragm, kidneys, and liver itself)
- *Waram-i-Kabid Moq'ar* (involving the concave surface; frequently extending to the stomach, spleen, and intestines)

4. Based on the presence of obstruction (*Sudda*):^[3]

- *Waram-i-Kabid Suddi* (Obstructive Hepatitis)
- *Waram-i-Kabid Ghayr-Suddi* (Non-obstructive Hepatitis)

Among these, the classification based on the course of the disease is considered the most clinically significant, as it provides a practical foundation for diagnosis and management. The other types often fall within the broader framework of acute and chronic forms; hence, the subsequent discussion focuses specifically on *Waram-i-Kabid Ārr* (acute hepatitis) and *Waram-i-Kabid Bārid* (chronic hepatitis) in greater detail.

A. *Waram-i-Kabid Ĥarr* (Acute Hepatitis)

Waram-i-Kabid Ĥarr (Acute Hepatitis) is described in Unani medicine as an acute inflammatory condition of the liver, primarily resulting from the predominance of *Dam* (blood) and *Safrā* (yellow bile), which leads to a derangement of the liver's natural temperament (*mizāj*) and results in hepatomegaly along with systemic symptoms. It is broadly classified into two types: *Waram-i-Kabid Damwi* (sanguineous hepatitis) and *Waram-i-Kabid Safrawi* (bilious hepatitis). Ibn Sīnā referred to *Waram-i-Kabid Safrāwī* as *hamdā* and *Māsharā*, while Ahmad bin Muhammad Tabarī described additional types such as *Humra*, *Māsharā*, and *Namla*, arising from imbalances involving *Safrā* and *Sawdā* (black bile).^[10,12]

The etiopathogenesis of *Waram-i-Kabid Ĥarr* involves

multiple factors, including *Sū-i-Mizāj Ĥarr* (abnormal hot temperament),^[7,10,13] *Sudda* (obstruction), especially near the gallbladder,^[12] impaired digestion leading to the absorption of waste *Kaylūs*,^[7,12,14] trauma,^[7,10,15] accumulation of burnt bile (*Muhtariq safrā*),^[16] retention of morbid matter due to a strong *Quwwat Māsika* or a weak *Quwwat Dāfi'a*,^[8] congenital small liver (*Sighar-i-Khilqat*),^[15] excessive alcohol consumption, and improper dietary habits—particularly the intake of oily, hot, spicy, or heavy foods.^[12]

Clinically, it presents with high-grade fever, severe liver pain, anorexia, polydipsia, fatigue, insomnia, and burning sensations. Dark urine and foul-smelling stools may also be observed. When the inflammation involves the convex surface (*Waram-i-Kabid Mohaddab*), symptoms include pain radiating to the clavicle, dry cough, dyspnea, oliguria, and a crescent-shaped swelling palpable beneath the right rib. In such cases, *Buhrān* (crisis) may occur through perspiration, epistaxis (nosebleeds), or diuresis.^[7,8,13,17,18]

In addition to the common signs and symptoms of *Waram-i-Kabid Ĥarr* (Acute Hepatitis), certain features are specifically associated with *Waram-i-Kabid Moq'ar*—inflammation of the concave surface of the liver. These include gastrointestinal disturbances such as constipation or diarrhoea. Hakīm Azam Khan notes that constipation indicates stronger gastric faculties, whereas diarrhoea suggests weaker ones.^[8] However, Ibn Sīnā cautions that diarrhoea is more typical and more dangerous in *Waram-i-Kabid Mohaddab* (convex surface inflammation). Other distinctive features of *Waram-i-Kabid Moq'ar* include nausea, vomiting, cold extremities, absence of palpable abdominal swelling, and more intense pain on the concave side compared to the convex. The *Buḥrān* (crisis) in this type typically occurs through perspiration, vomiting, and diarrhoea.

In cases where both the convex and concave surfaces are affected, the symptoms of *Waram-i-Kabid Mohaddab* and *Moq'ar* overlap with the general features of *Waram-i-Kabid Ĥarr*.

Specific signs of *Waram-i-Kabid Damwī* (Sanguineous Hepatitis) include prominent superficial veins, redness of the face, eyes, and tongue, and a bounding, large, rapid, and frequent pulse (*Naba Mawjī*, 'Azīm, *Sarī*, *Mutawātir*). Urine tends to be reddish and

thick—resembling meat-washed water (*Bawl Ghusalī*)—or turbid, black, and slow to clear, indicating *Harārat Gharība* (morbid heat). The presence of black urine is considered a grave prognostic sign. Stools may also take on the appearance and colour of meat-washed water.^[7,12,19]

On the other hand, *Waram-i-Kabid Safrāwī* (Bilious Hepatitis) presents with intensified signs of heat and dryness. The face and tongue initially become yellow and may progress to a blackish hue, accompanied by eruptions on the tongue, yellow to black discoloration of the skin, and pronounced restlessness. Vomiting is initially bilious but may evolve into *Kurrāthī* or *Zanjārī* (rust-coloured). Urine is yellow to fiery red (*Nārī / Ātishī*), stools are yellow, and the pulse is small, hard, fast, and frequent, often exhibiting a serrated pattern (*Saghīr, Sulb, Sarī, Mutawātīr, Minshārīyat*).

These classical descriptions provide a detailed differentiation of hepatitis types in Unani medicine based on anatomical site, humoral imbalance, and symptomatic expression.

B. Waram-i-Kabid Barid (Chronic Hepatitis)

Waram-i-Kabid Bārid (Chronic Hepatitis) is described in Unani Medicine as a chronic inflammatory condition of the liver, primarily resulting from the predominance of *Balgham* (phlegm) and *Sawdā* (black bile). Based on the dominant humour involved, it is classified into two types: *Waram-i-Kabid Balghamī* (Phlegmatic Hepatitis), also referred to by Unani physicians as *Wāram-e-Rīqu*, and *Waram-i-Kabid Sawdāwī* (Melancholic or Melanotic Hepatitis), which includes *Wāram-i-Kabid bulb* (solid hepatitis)—often considered a progression from *Waram-i-Kabid Hārr*—and *Wāram-i-Kabid Saratānī* (malignant hepatitis).

The etiopathogenesis of *Waram-i-Kabid Bārid* involves derangement of the liver's temperament (*Sū-i-Mizāj Bārid*), leading to weakened digestive and expulsive faculties (*Quwwat Hādīma* and *Quwwat Dāfī'a*), obstruction of hepatic vessels by cold humours, and qualitative changes in the humours due to stagnation. Contributing factors include excessive intake of cold, thick, and heavy foods; overuse of cold water (especially during febrile states); chronic alcohol consumption (which weakens the liver's innate heat—*Harārat Gharīziyya*); trauma; and splenomegaly. Obstruction between the liver and spleen may lead to the accumulation of *Fudlāt-i-Sawdāwiyya* (waste black bile), resulting in *Wāram-i-Kabid Sawdāwī*.^[8]

Clinically, *Wāram-i-Kabid Bārid* is characterized by mild or absent fever, dull or spasmodic pain, a sense of heaviness in the hepatic region, absence of thirst, and thick, white urine, as noted by Zakariya Razi. In *Wāram-i-Kabid Balghamī*, patients often exhibit a whitish face and tongue, facial puffiness, sticky saliva, lead-colored skin, soft swelling under the ribs, weak digestion, and facial muscle laxity. The *Nabd* (pulse) is *Batī* (slow) and *Layyīn* (soft), and urine appears diluted and white, resembling water. Stools tend to be soft and pale.^[17,19,20]

In contrast, *Wāram-i-Kabid Sawdāwī* presents with a firm, crescent-shaped swelling, more marked heaviness, cachexia, skin darkening, a rough tongue, black urine, and a *Sulb Nabd* (hard pulse). If accompanied by pain and loss of appetite, this may indicate progression to *Wāram-i-Kabid Saratānī*, while nausea in the absence of fever or pain may suggest necrosis of liver tissue.^[12,20]

Complications of Waram-i-Kabid^[7,8]

Several serious complications may arise from *Wāram-i-Kabid*, especially if not properly managed.

These include:

1. **Istisqa' Ziqqi** (*Ascites*): Often resulting from prolonged *Wāram-i-Kabid Hārr* (acute hepatitis) or *Wāram-i-Kabid Şulb* (solid hepatitis), as noted by Ibn Masuya.
2. **Sudda** (*Obstruction*): In *Wāram-i-Kabid*, the liver is prone to developing *Sudda* (obstruction), which may eventually lead to *Tahajjur* (solidification or fibrosis) of hepatic tissue.
3. **Yaraqan Aşfar** (*Jaundice*): A common complication of both *Wāram-i-Kabid Hārr* and *Şulb*, resulting from impaired bile flow and hepatic dysfunction.
4. **Dubayla al-Kabid** (*Hepatic Abscess*): Typically occurring in the advanced stage of *Wāram-i-Kabid Hārr*, this represents a severe suppurative complication marked by the formation of pus-filled cavities within the liver.

Differential Diagnosis (Tashkhīs-i-Fāriqa):^[7,15]

Wāram-i-Kabid can be differentiated from several conditions with overlapping symptoms.

Dhāt al-Janb (pleurisy) is characterized by hemoptysis, throbbing pain, a *Bulb* (hard) and *Minshārī* (serrated) pulse, and the absence of localized warmth over the liver, which is a classical feature of *Waram-i-Kabid*. In contrast, *Waram-i-Kabid* is marked by right-sided pain with heaviness, changes in skin and tongue coloration, and no hemoptysis.

Waram-i-'Adalī (myositis) is externally visible and usually presents as an elongated, rat-tail or rectangular swelling, whereas *Waram-i-Kabid*—particularly when involving the concave surface—is not externally visible and typically appears crescent-shaped. Moreover, systemic features such as changes in urine, stool, appetite, and general malaise are characteristic of *Waram-i-Kabid* but absent in myositis.

Sudad al-Kabid (obstruction of the liver) is typically marked by a pronounced sense of heaviness in the hepatic region, with little or no significant pain or fever. Mild discomfort may be present, and any associated fever usually subsides once the obstruction is relieved. In contrast, *Waram-i-Kabid* presents with more intense pain, persistent fever, and a palpable swelling over the liver.

General principles of treatment (*Usūl-i-'Ilāj*)^[15,21]

1. Eliminate the underlying cause of the condition.
2. *Use of Mulayin Adviya*: (mild laxatives): Constipation should be avoided. If it occurs, treat it with *Mulayyin* medications or *Huqna Layyin* (laxative enema). Strong purgatives should be avoided, as they may prove harmful or even fatal.
3. *Use of Mushīl adviya* (purgatives): Indicated in cases involving the concave surface of the liver (*Waram-i-Kabid Moq'ar*) but contraindicated in inflammation of the convex surface (*Waram-i-Kabid Mohadhab*). Additionally, *Mudir* (diuretics) should be avoided in *Waram-i-Kabid Moq'ar*.
4. *Use of Mudir adviya* (diuretics): Recommended in *Waram* of the convex surface of the liver, but *Mushīl* drugs should be avoided in this case.
5. Galen's opinion is that as long as the *Waram* of the liver is in the advanced stage, avoid purgation and diuresis and do not stimulate the substance in any way. However, when the signs of maturation of the substance are revealed and *Zamāna-i-Intihā* of *Waram* is near, then *Talyīn-i-Tabī'at* should be applied. Galen also advises that excessive cooling of the liver must be avoided, and strong topical applications should not be applied over the liver.
6. **Use of compound formulations with therapeutic properties**: Formulations should include *Rādi'* (repellent), *Mulattif* (demulcent), and *Mufattih* (deobstruent) agents. *Mulallil* (resolvent) drugs should be combined with *Rādi'* agents to prevent hardening of the morbid matter. Similarly, *Qābid* (astringents) and aromatic drugs should be used with *Mulallil* to preserve the functional strength (*Quwwat*) of the liver.
7. **Use of Mu'addilāt-i-Safrā'** (bile-modifying agents) for *Ta'adīl-i-Safrā'*.
8. **Use of Mundij-i-Sawdā'** and *Mushīl-i-Sawdā'*: These therapies (concoctives and evacuatives of black bile) are especially useful in *Waram-i-Kabid Bārid*, particularly *Waram-i-Kabid Sawdāwī*.
9. **Use of Ḍimad (topical applications)**: Local application of *Muḥallil* (resolvent), *Mufattih* (deobstruent), and *Muqawwi* (tonic) preparations is advised in all forms of *Waram-i-Kabid*.
10. **Use of Muqawwī-i-Jigar (hepatotonics)**: Strengthening agents for the liver are beneficial in all types of hepatic inflammation.
11. **Tabrid-i-Kabid (cooling of the liver)**: Highly recommended in *Waram-i-Kabid Šafrawī*. However, in *Waram-i-Kabid Damwī*, it must be done cautiously, as excessive cooling may harden the swelling.
12. **Taskhin (calefaction or warming)**: After *Tanqiya-i-Balgham* (evacuation of phlegm), gentle warming of the liver is beneficial in *Waram-i-Kabid Balghami*.
13. **Venesection (Fasd)**: If appropriate, venesection through the right basilic vein should be the first step in *Waram-i-Kabid Damwī*. The use of *Rādi'*, *Qābid*, or *Mulallil* drugs before evacuation may cause the matter to solidify or irritate the inflamed area.

14. **Leech therapy (Ta ' Iṭq al- ' Alaḡ):** Recommended in *Waram-i-Kabid Damwī*, particularly when venesection is contraindicated.
15. **Dietary management:** A light and easily digestible diet should be taken in moderation. *Mā ' al-Sha ' ir* (barley water) is particularly beneficial for patients suffering from Waram-

i-Kabid Damawī . In addition, foods such as beetroot, spinach, fresh coriander, lightly cooked egg yolk, *kashk* (fermented whey), and other items that help open bodily obstructions should be included. Meanwhile, the consumption of meat, layered bread (*ftīrī rotī*), oily breads, sweets, and other heavy or impure foods should be strictly avoided.^[7]

Table 1: Single Drugs (Adwiyah Mufradah) Beneficial for Waram-i-Kabid ^[22,23]

Sl. No.	Unani name	Botanical name	Temperament	Part used	Action
1.	Afsanteen	<i>Artemisia absinthium</i> L.	Hot dry	Leaf and flower top	<i>Muḡallil, Muḡawwī-i-Dimāgh wa A'sāb, Mudirr-i-Bawl wa Hayd, Muḡawwī-i-Jigar</i>
2.	Asaroon	<i>Asarum europaeum</i> L.	Hot dry	Root	<i>Muḡallil, Mudirr-i-Bawl wa Hayd, Muḡawwī-i-Jigar wa Mi'da, Musakkin-i-Alam</i>
3.	Baboona	<i>Matricaria chamomilla</i> L.	Hot dry	Flower	<i>Muḡallil, Mudirr-i-Bawl wa Hayd, Muḡawwī-i-Mi'da, Muḡawwī-i-Dimagh</i>
4.	Beramdandi	<i>Tricholepsis glaberrima</i> D.C.	Hot dry	The whole plant	<i>Muḡallil, Mudirr-i-Bawl wa Hayd, Muḡawwī-i-Mi'da, Muḡawwī-i-Dimagh</i>
5.	Beramdandi	<i>Tricholepsis glaberrima</i> D.C.	Hot dry	The whole plant	<i>Muḡawwī-i-Dimagh wa Jism, Musaffi-i-Dam</i>
6.	Charaita	<i>Swertia chirayita</i> (Roxb.)	Hot dry	Aerial parts	<i>Muḡawwī-i-jigar, Muḡallil</i>
7.	Darchini	<i>Cinnamomum zeylanicum</i> Blume	Hot dry	Dried inner bark	<i>Muḡawwī-i-Jigar, Mufattiḡ, Musakhkhin, Muḡallil</i>
8.	Enab-us-Salab	<i>Solanum nigrum</i> L.	Cold dry	Whole plant	<i>Muḡallil-i-jigar wa Mi'da, Qabid, Musakkin-i-Hararat</i>
9.	Ghafis	<i>Gentiana Olivieri</i> Griseb	Hot dry	Flower, leaves, extract	<i>Mulattif, Muḡawwī-i-Mi'da, Mudirr-i-Bawl wa Hayd, Musaffi</i>
10.	Gul-e-Surkh	<i>Rosa damascene</i> Mill.	Cold dry	Flower, anther	<i>Muḡawwī-i-Mi'da, Mufarriḡ wa Muḡawwī-i-A'da' Ra'isa</i>

11.	Hab-e-Kaknaj	<i>Physalis alkekengi</i> L.	Hot dry	Leaf and flower top	<i>Muhallil, Muqawwī-i-Dimāgh wa A'sāb, Mudirr-i-Bawl wa Hayd, Muqawwī-i-Jigar</i>
12.	Kasni	<i>Cichorium intybus</i> L.	Cold wet	Seed, root, leaf juice	<i>Muqawwi wa Muhallil-i-Jigar wa Mi'da, Mufattih sudud, Mudirr-i-Bawl</i>
13.	Kafoor	<i>Cinnamomum camphora</i> Nees. & Eberm	Cold dry / Murakkab-ul-Quwa	Extract	<i>Dafi'-i-Ta'affun, Muhammir, Musakkin</i>
14.	Irsa	<i>Iris ensata</i> Thunb	Hot and dry	Root, leaves	<i>Mufattih, Muqawwī-i-Jigar, Mussakhkhin</i>
15.	Mastagi	<i>Pistacia lentiscus</i> L.	Hot dry	Resin	<i>Muḥallil, Muqawwi-i-Jigar wa Mi'da, Mulayyin, Kasir-i-Riyah</i>
16.	Izkhar	<i>Cymbopogon martini</i> (Roxb.)	Hot and dry	Whole plant	<i>Mudirr, Mufattih, Muqawwī-i-Jigar</i>
17.	Rewand Chini	<i>Rheum palmatum</i>	Murakkab-ul-Quwa	Rhizomes and root	<i>External: Jali, Muḥallil, Musakkin Internal: Mufattih, Muqawwi-i-Mi'da wa Am'a'</i>
18.	Sumbul-ut-Teeb	<i>Nardostachys jatamansi</i> D.C.	Hot dry	Rhizome	<i>Musakhkhin, Muḥallil, Muqawwi-i-Jigar wa Mi'da, Kasir-i-Riyah</i>
19.	Ustukhuddus	<i>Lavandula stoechas</i> L.	Hot dry	Flower, leaf	<i>Tanqiyawa Muqawwi-i-Dimagh wa A'sāb, Musakhkhin, Muḥallil, Muqawwi-i-Jigar wa Mi'da, Kasir-i-Riyah</i>
20.	Qaranful	<i>Syzygium aromaticum</i>	Hot Dry	Flower bud	<i>Muqawwī-i-Kabid</i>
21.	Bisbasa	<i>Myristica fragrans</i>	Hot Dry	Aril	<i>Muqawwi-i-Jigar, Mufattih</i>
22.	Mur makki	<i>Commiphora myrrha</i> (Nees) Engl	Hot Dry	Gum-resin	<i>Muhallilat</i>
23.	Zafran	<i>Crocus sativus</i>	Hot Dry	Style and stigma	<i>Muhallilat, Mufattih</i>
24.	Zaranbad	<i>Curcuma zedoaria</i> (Christm.) Roscoe		Fresh rhizome	<i>Muqawwii-Jigar, Mufattih</i>

Table 2: Compound Drugs (Adwiyah Murakkabah) Beneficial for Waram-i-Kabid ^[24,25]

Compound Drugs			
1.	Habb-e-Ghafis	Antipyretic, Deobstruent, Diuretic	It is useful in jaundice and liver pain. It is effective in Baghmi, Soudawi and other chronic fevers.
2.	Majoon-e-Muqil	Antiseptic, Anti-Inflammatory, Aperient, Laxative	It is useful in jaundice and liver pain. It is effective in Baghmi, Soudawi and other chronic fevers.
3.	Araq-e-Afsanteen	Deobstruent, Anti-Inflammatory	It is useful in jaundice and liver pain. It is effective in Baghmi, Soudawi and other chronic fevers.
4.	Araq-e-Kasni	Coolant, Demulcent, Antiphlogistic, Refrigerant	It is useful in hiddat e khoon and safra, beneficial in liver swelling. It is effective in removing heat from the liver.
5.	Arq-e-Afsanteen	Deobstruent, anti-inflammatory	Useful in liver inflammation and hepatic obstruction. Also useful in Cirrhosis, Ascites.
6.	Sharbat-e-Deenar	Effective in dropsy, Antipyretic, Analgesic for liver pain	It is useful in liver swelling, jaundice, dropsy and constipation. It is effective in pleurisy and seasonal fevers.
7.	Habb-e-Kabid Naushadari	Digestive, Stomachic, Liver tonic, Anti-Inflammatory for liver	It is useful in liver swelling, indigestion, and constipation.
8.	Qurs-e-Ghafis	Antipyretic, Deobstruent, Anti-Inflammatory	It is useful in liver, gallbladder and spleen swelling, jaundice and constipation. It is used in obstruction and fever.
9.	Qurs-e-Tabasheer	Antipyretic, stomatic and styptic	It is useful in fevers, weakness of stomach and diarrhea.
10.	Qurs-e-Zarishk	Diuretic, anti-inflammatory, liver tonic	Useful in liver, inflammation and as a diuretic. Useful in anemia.
11.	Qurs-e-Kafoor	Refrigerant, antipyretic, anti-hepatitis, cardiac stimulant	It is useful in tuberculosis, acute fevers, and jaundice, also useful in weakness of the heart.
12.	Majoon-e-Dabeed-ul-Ward	Anti-inflammatory for liver, Liver tonic, Diuretic	It is useful in stomach and liver weakness, liver and uterine swelling, and anemia. It is also useful in edema, jaundice and liver disease.
13.	TiryAQ Farook	Antidote, Anti Paralytic	Useful in paralysis, and effective in poisoning.
14.	Zimad-e-Sheer	Analgesic, Anti-Inflammatory	It is useful in treating uterine fibroids and pain.

15.	Qurs-e-Luk	Hepatoprotective	It is used in Hepatic insufficiency and ascites
16.	Qurs-e-Reward	Deobstruent	Useful in Cirrhosis.
17.	Roghan-e-Qust	Calorific, Deobstruent	Useful in Hepatic dyscrasia
18.	Roghan-e-Afsanteen	Hepatoprotective, anti-inflammatory	Used in Hepatic insufficiency. It is beneficial in alleviating liver and stomach inflammation.
19.	Sikanjabeen-e-Unsuli	Deobstruent	It is used in Hepatic dyscrasia, Cirrhosis.
20.	Dawa-ul-Kurkum	Liver tonic, Deobstruent, Carminative, Vesicular tonic	Useful in ascites, abdominal bloating, and weakness of the liver and bladder.
21.	Sharbat-e-Afsanteen	Liver tonic, stomachic, tonic for spleen	Useful for alleviating weakness and inflammation in the liver, stomach, and spleen.

Discussion:

This review provides a consolidated understanding of hepatitis from the perspective of classical Unani Medicine, covering its causes, classification, clinical manifestations, and therapeutic interventions. The liver is considered a central organ in Unani physiology, not only due to its anatomical importance but also because of its critical role in the formation of the four essential humours (*Akhlat-e-Arba'a*) and the second stage of digestion (*Hadhm-e-Kabidi*). Any disruption in hepatic function, therefore, is believed to disturb the overall humoral balance, potentially leading to hormonal imbalances and the onset of various systemic diseases.

The Unani approach to the management of hepatitis is fundamentally based on the restoration of humoral balance, which is essential for reestablishing the normal functioning of the body. This is achieved through a combination of preventive strategies, dietary modifications (*Ilaj bi'l-Ghidha*), pharmacotherapy (*Ilaj bi'l-Dawa*), and regimental therapies (*Ilaj bi'l-Tadbir*). Preventive measures emphasize a healthy lifestyle and avoidance of infection, aligning well with modern public health principles. Dietotherapy in Unani Medicine recommends the intake of light, easily digestible foods that support hepatic function and reduce digestive load.

Pharmacological treatment, as detailed in classical Unani texts, includes both single and compound formulations (as shown in Table 1 and Table 2). While

not all these formulations have been evaluated through modern clinical research, some studies conducted at Jamia Hamdard and Ajmal Khan Tibbiya College have shown promising results. For instance, preparations such as *Sharbat Jigreen* and *Sharbat Kabdeen* have demonstrated efficacy in relieving hepatitis-related symptoms, likely due to their hepatoprotective, immunomodulatory, anti-inflammatory, and diuretic properties, as well as their ability to eliminate excess bile from the bloodstream without causing adverse effects.^[26] These findings support the need for more rigorous clinical validation of other classical formulations listed in Unani literature.

Additionally, several herbs mentioned in Unani texts—including *Rosa damascena* (Ward), *Crocus sativus* (Zafran), *Cinnamomum zeylanicum* (Darchini), *Berberis vulgaris* (Zarishk), *Myristica fragrans* (Joz Bua), and *Syzygium aromaticum* (Qaranfal)—have shown hepatoprotective effects in various experimental models.^[25] However, *Coccus lacca* (Luk), another herb traditionally used in liver disorders, lacks sufficient experimental or clinical data and should be investigated further for its potential hepatoprotective properties.

Despite its comprehensive scope, this review is limited by the scarcity of robust clinical trials validating many Unani formulations for hepatitis. Most evidence is derived from classical texts and a few institutional studies, which may lack standardization and rigorous

methodology. Furthermore, the pharmacological activities of several traditional drugs remain unexplored in modern experimental settings. Therefore, the extrapolation of traditional claims to clinical practice should be approached with caution until supported by well-designed, evidence-based studies.

Conclusion:

In conclusion, Unani medicine offers a structured, holistic framework for the management of hepatitis. Its principles, when validated through modern research methodologies, can serve as valuable complementary strategies in contemporary healthcare. The integration of traditional knowledge with scientific evidence has the potential to enhance therapeutic outcomes, reduce treatment costs, and contribute to the global effort in managing liver diseases more effectively.

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