



Pathophysiology and Management of Non-Healing Ulcers in Unani Medicine: A Comprehensive Review

Rasool Ahmad¹, Samra Rashid², Abdul Quavi Farooqi³

^{1,3}Department of Ilmul Jarahat, State Takmeel ut Tib College and Hospital, Lucknow, Uttar Pradesh, India, 226025

²Department of Tahaffuzi wa Samaji Tib, State Takmeel ut Tib College and Hospital, Lucknow, Uttar Pradesh, India, 226025

¹rasoolahmad1728@gmail.com

Abstract:

Wound healing is an important area of research in present-day medicine. Ulcers or wounds are caused by injuries or accident and prevalent worldwide. Unani system of medicine contain comprehensive description of various types of wounds and their management. Wounds are described under the headings of qarha, jarahat and rish in Unani classical literature. Qurūh Usrahdamal and Qurūh Kheronia are type of ulcer/wounds mentioned in literature as the ulcers which are difficult to heal. Major causes of non-healing ulcers and their management discussed in Unani medicine are Qillat-i-dam, Raddi-Uddam, Zuf-al-Quwwat, presence of Lahm Sulb, 'Azm-e-'Ufūn Fāsīd, Mawād-e-Fuzul etc.

Introduction

Unani medicine, also known as Greco-Arabian medicine, is one of the oldest systems of healing, with its foundation laid by Hippocrates (460–377 BC). The term "Unani" literally means "Greek," highlighting its Hellenistic origins. This medical tradition was introduced to India by Arab and Persian scholars in the eleventh century and has since gained popularity across various Arab and Asian countries. Today, the World Health Organization recognizes Unani medicine as an alternative system of healthcare¹.

Several classical texts provide in-depth knowledge of Unani medicine, including *Al-Qanoon fil Tibb* (The Canon of Medicine) by Ibn Sina (980–1035 AD), *Zakhira Khwarzami Shahi* (Treasure of the King of Khwarazm) by Ismail Jurjani (1040–1136 AD), and *Kitab al-Tasrif* (The Method of Medicine) by Abul Qasim Zahrawi (936–1013 AD). These works contain comprehensive descriptions of various types of wounds and their management², showcasing the depth of knowledge in Unani medicine.

Ulcers/Wound

Wounds are described by the name of qarha, jarahat and rish in Unani classical literature. Jarahat are the wounds which are not associated with suppuration, and qarha refers to wounds which are primarily or secondarily associated with suppuration, while the term rish is used for both conditions³.

The skin plays a crucial protective role by shielding inner tissues and cells from environmental hazards. However, when an ulcer or wound occurs, this protective barrier is broken, exposing delicate tissues to external factors. Ulcers or wounds are commonly caused by injuries or accidents and are prevalent worldwide. The body's natural defense system facilitates the healing process through distinct stages, each following a specific pattern. However, in some cases, the healing process is delayed due to various reasons, causing the wound or ulcer to persist longer than usual. In severe cases, the wound may increase in size, become infected, and negatively impact overall health. Certain conditions, such as diabetes, further hinder the healing process^{4,5}.

Non-healing Ulcers/Wounds: causes, sign & system and management

Non-healing ulcers are termed Qurūh Usrahdamal and Qurūh Kheronia, referring to wounds that do not heal at a normal pace and take longer than expected to recover^{6,7}.

According to Unani classical literature, various factors contribute to non-healing ulcers or wounds.

One major cause, as described by Galenos (Galen) and other Unani scholars, is Qillat-i-Dam (low blood quantity in the body). Blood plays a vital role in supplying essential nutrients to the ulcer site, providing raw materials that transform into new tissue cells, replacing the dead ones through the body's Quwwat Mughayyira (transformative faculty).

A key sign of Qillat-e-Dam is a lack of redness in and around the ulcer, indicating poor blood circulation. There is also an absence of inflammation, excessive dryness at the wound site, and general physical weakness in the patient.

Management

- To manage this condition, Dalak (massage) around the ulcer is recommended to enhance blood circulation.
- Tikor (hot fomentation) using hot water and a cotton cloth is also beneficial in increasing blood flow to the affected area.
- Additionally, a balanced and protein-rich diet (Muqawwi Ghiza) is advised to improve immunity, support body functions, and enhance blood quality and quantity.
- The use of Marham-e-Aswad, an Unani medicinal ointment made of Zift, Ratenaj, Shakar, and Roghan-e-Zaitoon, is also recommended. This ointment aids in transporting blood to the ulcer site and accelerates the healing process.
- Furthermore, hot fomentation with water is an effective method to stimulate blood circulation and promote faster wound healing^{5,7}.

In some cases, the body's blood becomes impaired, resembling putrid matter, a condition known as Raddi 'Uddam. When such blood reaches the ulcer, it fails to transform into new cells and instead contributes to impurities in the wound. The signs of Raddi 'Uddam vary depending on the affected organ (al hawi). If the liver is involved, the body appears pale or whitish, whereas impairment of the spleen's Mizaj (temperament) results in a blackish body colour with black spots.

Management

- To manage this condition, Fasad (venesection) and Ishaal (purgation) are used to remove Fasad Madda (putrid matter) from the body.
- Additionally, specific drugs are administered to improve the Mizaj of the liver and spleen^{5,7}.

Another factor that delays healing is Zof-e-Quwwat (weakness), where the organ's innate power diminishes, preventing it from properly digesting food and converting it into new tissue^{5,7}. One type of this condition is Zof-e-Quwwat due to Sū'-e-Mizāj Hāar (impaired hot temperament), where the body or organ develops excessive heat. Symptoms include redness, itching, and severe pain in the affected area.

Management

- In such cases, venesection of an appropriate vein is recommended to normalize the body's hot temperament.
- Cooling measures, such as consuming cold food items and applying Marham-e-Kafoor or Sard Tila (cold liniment), can also help alleviate the condition⁸. al hawi

On the other hand, Zu'f al-Quwwat due to Sū'-e-Mizāj Bārid (impaired cold temperament) occurs when the body's temperament becomes excessively cold. The primary sign of this condition is a bluish body colour due to a lack of fresh and pure blood, accompanied by an overall lack of warmth in the body.

Management

- Includes the use of Garm Ghiza (hot food items) such as Maul Laham (distillate of meat), figs, and raisins mixed with hot spices.
- Hot fomentation is also recommended, along with the application of Marham-e-Basliqoon and Marham-e-Siyah. These ointments, made from natural ingredients like Zift, Ratenaj, Behroza, Mom, and Roghan-e-Zaitoon, aid in improving circulation and wound healing⁸. al hawi

Similarly, Zu'f al-Quwwat due to Sū'-e-Mizāj Ratab (impaired moist temperament) occurs when excessive moisture weakens the body's ability to assimilate nutrients. In such cases, the ulcer and surrounding tissue appear excessively moist and loose.

Management

- Treatment involves Tanqiya (evacuation) of morbid matter using Halela and Turbud.
- Dry food items like roasted meat should be preferred, and
- Drying ointments made from Gulnar, Mazu, Tanba Sokhta, Haldi, Sendur, Fitkari, Murdaar Sang, and Roghan-e-Zaitoon are recommended to reduce excessive moisture.

Conversely, Zu'f al-Quwwat due to Sū'-i-Mizāj Yābis (impaired dry temperament) results in excessive dryness, causing ulcers to heal slowly due to a lack of necessary fluids. The ulcer remains dry, delaying tissue regeneration.

Management

- To address this, warm fomentation with water and Roghan-e-Banafsha is suggested.
- A liquid-rich diet, including Hareera, Shorba (soup/broth), and half-boiled eggs, should be consumed.
- Additionally, ointments with low drying properties, such as those made from Ard Karasna, can be applied to support healing.

In some cases, healing is hindered by the presence of Lahm Sulb (hard flesh) around the ulcer, preventing the wound edges from closing properly. This hardened tissue can be identified by touch and is often found around the ulcer margins. Treatment involves surgically removing the hard flesh or applying Akkal (corrosive) drugs like Farfiyun to break it down. Afterward, healing ointments should be applied to promote tissue regeneration^{5,7}.

Another serious complication is ‘Azm-e-‘Ufūn Fāsīd (infected and putrid bone), where an infected bone deep within the ulcer continuously secretes pus and foul-smelling fluids, preventing healing. This condition often causes recurring ulcers.

In some cases, ulcers or wounds become blackish and increase in size due to the presence of putrid flesh. To address this condition, Zimad (paste) made from Berg Kasni, Berg Khatmi, and Mako may be applied to remove the necrotic tissue. Additionally, Tanqiya (evacuation) of the deranged matter from the body should be performed using appropriate drugs. Identifying the Khilt (humour) involved is crucial, and once determined, specific medications should be administered to eliminate the Khilt Raddi (deranged humour)^{3,4,5,7}.

Another condition, Kasrat-e-Maiyat (excess of fluid), occurs when excessive moisture at the wound site causes the flesh to become loose and deranged, resembling the condition of ascites. The ulcer remains overly moist and lacks firmness. In such cases, Akkal (corrosive) drugs and Ghee (clarified butter) may be applied to remove the excess fluid and damaged tissue. Following this, healing ointments should be used to promote tissue regeneration^{5,7}.

In Dawālī (varicose veins), dilated veins near the wound cause an excessive fluid supply to the ulcer, delaying the healing process. The presence of visible varicose veins around the wound is a distinguishing feature of this condition. To manage it, Fasad (venesection) is recommended, followed by Ishal (purgation) using Joshānda-e-Afūmoon. A moderate diet should be maintained, and venesection of the affected varicose vein may be performed to reduce excessive Rutubat (moisture) at the ulcer site^{4,5,7,9}.

Sometimes, Adam Muwafiqat-e-Advia (intolerance to medication) can hinder healing, where the drugs used do not suit the patient and may even worsen the condition^{5,7}.

Different forms of intolerance include:

1. Dominance of Harārat (excess heat): The use of Harr Marham (hot ointments) can increase heat at the wound site, attracting more deranged matter and further delaying healing. Signs include redness, itching, and swelling of the wound. In such cases, Barid (cold) ointments should be applied to balance the heat and prevent ulcer aggravation¹⁰.
2. Dominance of Burudat (excess cold): Cold drugs can weaken the tissue's ability to assimilate nutrients, preventing proper transformation and repair. This results in a cold, hard, and bluish ulcer. Here, Marham-e-Siyah, known for its Haar Mizaj (hot temperament) and blood-attracting properties, should be applied to improve circulation and warmth at the affected site^{3,10}.
3. Tanqiya ki Kami (lack of proper evacuation): If an ointment fails to cleanse the wound due to low detergent capacity, healing is delayed. The wound appears dirty with putrefied tissue. To address this, a strong Munaqqi (evacuating) ointment should be used. A formulation made from Zangar and Honey is beneficial, as it has both detergent and mild corrosive properties, aiding in wound cleansing and regeneration.
4. Tajff ki Kami (lack of drying effect): If medications do not sufficiently dry the wound, excess fluid accumulation makes the tissue loose and delays healing. In such cases, ointments with stronger drying properties, such as those containing Mazu and Gulnar, should be used to absorb moisture and facilitate the healing process³.
5. Laza ki Ziyadti (excessive irritation): Some medications, due to their Jila (irritant) properties, may cause tissue necrosis and pus formation. This leads to increased pain, swelling, and heat at the wound site, with the condition worsening over time. To manage this, a soft ointment with moderate heat and dryness should be applied, ensuring it does not have an irritant effect¹⁰.

Lastly, the presence of Mawād-e-Fuzul (deranged foreign matter) in the body can also obstruct healing. Such wounds appear dirty, often containing foreign substances that prevent tissue regeneration. The first step in treatment is Tanqiyah (evacuation) using Joshānda Halela to cleanse the body of impurities. Following this, Mujaffif (desiccant) drugs should be applied to the wound to promote drying and accelerate the healing process. A light diet should also be maintained to support overall recovery^{5,7,10}.

Conclusion

In the Unani system of medicine, non-healing ulcers are viewed as a result of imbalanced humors, particularly due to the dominance of sue mizaj (abnormal temperament) or the presence of mawad-e-fasida (morbid matter). The treatment focuses on restoring balance through detoxification, strengthening the immune system, and promoting natural healing using herbal formulations, dalak (massage), hammam (steam therapy), and ilaj bil ghiza (dietotherapy). A holistic approach addressing both internal and external factors is essential for effective management and healing of chronic ulcers.

Conflict of Interest

The author certified that there is no actual or potential conflict of interest in relation to this article.

Reference

1. Ahmad H, et al. Unani System of Medicine-Introduction and Challenges. Med. J. Islamic World Acad. Sci: 2010; 18(1): p 27-30.
2. Fazil M, Nikhat S. Topical medicine for world healing: A systemic review of Unani literature with recent advances. Journal of Ethnopharmacology:2020; 257: p 1-15.
3. Jurjani A H. Zakhira Khwarizam Shahi. New Delhi: Idara Kitab-ul-Shifa; 2010: p
4. Sina I. Alqanoon Fit-Tib. New Delhi: Idara Kitab-ul-Shifa; p
5. Kirmani N. Sharah al Asbab wa'l Alamat, Vol III .Hyderabad: Hikmat Book Depot; p

6. Majoosi A.A. Kamil-ul-sana. New Delhi: CCRUM; 2010: p
7. Arzani A. Tib-e-Akbar. New Delhi: Idara Kitab-ul-Shifa; 2019: p
8. Razi Z. Kitab-ul-Hawi. Part 13. New Delhi: CCRUM; 2004: p
9. Qamri AMA. Ghanna Manna. New Delhi: CCRUM; 2008: p
10. Arzani MA. Meezan al-Tib. New Delhi: National Council for Promotion of Urdu Language; 1992: p