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SOLVING THE PUZZLE OF NON-HEALING ULCERS THROUGH THE UNANI SYSTEM OF MEDICINE

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ABSTRACT

The challenge of managing non-healing ulcers remains a persistent concern in modern clinical practice due to its complex etiology, prolonged healing time, and associated socio-economic burden. While conventional medicine defines such ulcers as wounds that do not improve within four weeks or fail to heal within eight, the Unani system of medicine addresses this condition through an entirely different lens. Termed **Aseer-al-Indemal Qarha**, non-healing ulcers in Unani medicine are understood as disruptions in tissue continuity (**Tafarruq-e-Ittesal**) rooted in temperamental imbalances (**Sue Mizaj**)—whether local (**Maqami**), systemic (**Umoomi**), qualitative (**Sada**) or materialistic (**Maddi**). This paper explores the Unani approach to diagnose and manage such ulcers by focusing on correction of underlying temperament and restoration of physiological harmony. Through detailed pathophysiological insights and therapeutic strategies including dietary, pharmacological, and topical interventions, this study highlights how chronic wounds becomes manageable and treatable within the Unani paradigm. By addressing root causes rather than symptoms, Unani medicine offers a holistic, cost-effective, and personalized solution to the enduring puzzle of non-healing ulcers.

Key words: *Aseer-al-Indemal Qarha, Tafarruq-e-Ittesal, Sue Mizaj, Puzzle*

INTRODUCTION

The Unani system of medicine is renowned for its philosophical depth and holistic perspective on human health. It emphasizes a comprehensive understanding of the human condition, approaching disease not merely as a localized abnormality but as a disturbance affecting the

entire body. Management strategies are guided by the principle of *Mizaj* (temperament), and treatment involves the use of appropriate drugs tailored to restore systemic balance[1].

Unani medicine classifies diseases through three foundational parameters: *Sue Mizaj* (disturbance of temperament), *Sue Tarkeeb* (structural derangement), and *Tafarruq-e-Ittesal* (loss of tissue continuity)[2].

Ulcers frequently embody all three pathological features, making them complex and often elusive across various medical systems[3,4,5]. The analogous condition is known as *Aseer-al-Indemal Qarha*, characterized by *Tafarruq-e-Ittesal* in association with different forms of *Sue Mizaj*—including *Sada, Maddi, Maqami*, and *Umoomi*—as well as the patient's overall physiological state. Diagnosis relies on the assessment of *Mizaj* and *Aalamat* (clinical signs), while treatment follows a holistic path aimed at correcting underlying imbalances rather than merely addressing surface symptoms.

Aseer-al-Indemal Qarha significantly diminishes quality of life and poses substantial socio-economic burdens. Conventional approaches often depend on surgical interventions such as skin grafting, which is financially inaccessible for many patients. By contrast, the Unani system advocates that every wound is treatable through its integrative, natural healing methods.

WHY NON-HEALING ULCERS ARE MANAGEABLE IN UNANI MEDICINE

In Unani philosophy, no pathological condition (*Halat-e-Marz*) arises without an imbalance in *Mizaj*. A non-healing ulcer, therefore, is not merely a surface wound but a symptom of deeper systemic or local temperamental disorders. Whether the imbalance is *Sada* (simple), *Maddi* (humoral), *Maqami* (localized), or *Umoomi* (systemic), restoring equilibrium in the individual's *Mizaj* is essential for recovery. Once this is achieved, even chronic ulcers become responsive to Unani treatment[6].

CAUSES OF ASEER-AL-INDEMAL QARHA IN UNANI MEDICINE

1. **Qillat-al-Dam (Anaemia)**
   - *Dam* (blood) in its optimal quantity and quality is a marker of health.
   - Any imbalance leads to pathological conditions, including ulcer chronicity.
   - Features include delayed healing, generalized pallor, and dry skin.
2. **General or Local Weakness**
   - Nutrient distribution becomes incomplete, affecting organ nourishment.
   - The *Quwat-e-Ghaziya* (nutritive faculty) ensures proper nutrition.
   - Three subordinate faculties:
     - *Muhassila*: Carrier of nutrients
     - *Mulassiqa*: Facilitates assimilation
     - *Mushabbiha*: Harmonizes nutrient quality with the target organ
   - Dysfunction in any of these faculties directly or indirectly leads to ulcer formation and delayed healing.
3. **Sue Mizaj Har Maqami or Umoomi (Local or Systemic Temperament Imbalance)**
   - **Local (Har Maqami):**
     - Triggered by trauma, causing sudden *Tafarruq-e-Ittesal*

- Leads to redness, localized heat, pain, and swelling

- **Systemic (Har Umoomi):**
  - Qualitative changes in blood
  - Ulcers develop in already devitalized or weakened body regions

Unani medicine, by addressing the root causes through temperament correction and holistic support of physiological faculties, provides a comprehensive framework for managing conditions deemed chronic or incurable in conventional systems[7,8,9].

SUE MIZAJ UMOOMI AND ULCER FORMATION IN UNANI MEDICINE

In the Unani system of medicine, *Mizaj* (temperament) serves as a cornerstone for both diagnosis and treatment. *Sue Mizaj Umoomi* refers to a generalized disturbance in the patient's inherent temperament, often observed in systemic or septicemic conditions. This imbalance may manifest as *Sue Mizaj Yabis* (dry temperament), *Sue Mizaj Barid* (cold temperament), or *Sue Mizaj Har* (hot temperament), depending on the dominant pathological quality.

Unani philosophy identifies four primary qualities: two active (*Hararat* – heat, and *Buroodat* – cold) and two passive (*Yaboosat* – dryness, and *Rutoobat* – moisture). The interaction and predominance of these qualities shape the individual's prevailing *Mizaj*. When systemic imbalance occurs, the resulting *Sue Mizaj Umoomi* not only compromises general physiological functions but also predisposes tissues—particularly the skin and underlying structures—to ulcer formation and delayed healing[6]. For example:

Tuberculosis and Sue Mizaj Barid Yabis

Tuberculosis (*Humma*) produces a general temperament imbalance—*Sue Mizaj Barid Yabis*, with dominance of *Yaboosat*. This dryness depletes the body's internal and external *Hararat-e-Badaniya*, adversely affecting the digestive system, leading to malnutrition. Subsequently, the skin—being the second most affected organ—loses its integrity and becomes susceptible to ulceration.

Common symptoms include:

- Loss of appetite and physical weakness
- Dehydrated skin, sunken eyes
- Dry ulcers with unhealthy granulation tissue
- Thin, bluish edges, scant or absent discharge
- No warmth or tenderness around the wound

Treating only the ulcer without correcting the underlying *Sue Mizaj Yaboosat Umoomi* fails. Once the general temperament is balanced, healing becomes attainable[7,1].

Diabetes and Sue Mizaj Barid Ratab Umoomi

Diabetes leads to *Sue Mizaj Barid Ratab Umoomi*, characterized by excess *Buroodat* and *Rutoobat*, impairing metabolism and reducing *Hararat-e-Ghariziyah*. The body seeks to eliminate excess *Rutoobat*, which accumulates in the lower limbs and causes pressure beneath ankle joints. Devitalized skin and vessels facilitate ulcer formation.

Management demands restoring *Hararat* and *Rutoobat* balance using *Har Ratab* medicines both internally and topically[6,7,8].

Sue Mizaj Maddi Umoomi and Ulceration

Unani emphasizes that the body inherently resists excess fluid (*Maddah*) accumulation. If elimination through natural routes fails, the body resorts to alternate paths, such as ulcer formation. For instance:

Sue Mizaj Sawda Maddi

This condition arises from an excess of *Sawda* (melancholic humor) with *Barid Yabis* temperament—cold and dry. *Arzi Mawad* gravitates to the lower regions (e.g., hemorrhoids, varicose veins, cancer), where pressure can trigger ulcers. Dominant features of *Sawdawiyat* are present[1,6,7,8,9].

Unhealthy organs struggle with metabolism, generating waste in disproportionate quantities:

- **Lateef (fine)** waste is usually expelled via sweat, respiration, urine, stool
- **Galeez (filthy)** waste, if retained, contributes to ulcer formation and other pathological states

Table 1: Sue Mizaj, Symptoms, Ulcer Types, and Management[1,6,7,8,9]

Sue Mizaj	Aalamat (Signs)	Examples	Dietary Management	Medicinal Management
Har	Local warmth, dryness, no discharge, painful, no healing signs	Ischemic ulcer, gangrene	Martoob wa Mubarrid Aghziya (e.g., Aabiyat, Arqiyat)	Barid ointments: Haldi, Sirka, Mehndi, Murdar Sang, Sandal
Barid	Subnormal temp, muddy complexion, unhealthy granulation, minimal discharge	Venous ulcer	Har Aghziya (e.g., Arq Ma-al-Lahem)	Har ointments: Kundur, Dam-al-Ukhwain, Anzaroot, Roghan-e-Zaitoon
Ratab	Loose ulcer floor, slough, marked discharge	Diabetic, infected ulcers	Roasted foods	Tanqiya, astringent ointments: Gulnar, Mazoo, Zaj, Abhal, Saad Koofi
Yabis	Similar to Har, with dominant dryness	Ischemic, malignant ulcers	Harerah, half-boiled egg	Zemad: Barge Kasni, Mako, Khurfa

CONCLUSION

Non-healing ulcers poses multifactorial clinical challenge in modern medicine, often requiring invasive and expensive interventions with limited success. The Unani system, through its foundational concepts of *Mizaj, Tafarruq-e-Ittesal*, and humoral pathology, offers a nuanced and holistic approach to their understanding and treatment. By identifying systemic or local imbalances—whether *Sada* or *Maddi*, *Maqami* or *Umoomi*—and correcting them through temperament-based therapies, Unani medicine targets the root causes of ulcer chronicity rather than symptomatic manifestations.

The Unani framework recognizes the role of physiological faculties such as *Quwat-e-Ghaziya* and various forms of *Sue Mizaj* (e.g., *Har, Barid, Ratab, Yabis, Sawda Maddi*) in the pathogenesis and perpetuation of ulcers. Conditions like tuberculosis, diabetes, and melancholic disorders are not

viewed as isolated pathologies but as reflections of systemic derangements that compromise tissue integrity. Hence, treatment is individualized, integrative, and encompasses dietary modifications, pharmacological interventions, and topical applications—all guided by temperament correction.

By re-establishing internal harmony and supporting the body's innate healing potential, Unani medicine demonstrates that even long-standing, difficult-to-heal ulcers can be effectively managed. This paradigm not only offers a cost-effective alternative to conventional methods but also reaffirms the value of traditional knowledge in addressing modern healthcare challenges. Therefore, the Unani perspective transforms the management of chronic ulcers from a clinical puzzle into a solvable, patient-centered therapeutic journey.

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