

Review Article**Dā-us-Şadaf (Psoriasis): A Comprehensive Review of Unani Humoral Pathology, Classical Descriptions and Therapeutic Principles**Jaleel Ahmed^{1*}, Ayesha Fatema² and Mastan Patel³**Article Info**

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Abstract:

Psoriasis is a chronic, immune-mediated inflammatory disorder of the skin characterized by erythematous, scaly plaques and a relapsing course. Affecting 1–3% of the global population, it imposes a profound physical, psychological, and social burden. In contrast, Unani medicine provides a holistic framework in which psoriasis is correlated with *Dā-us-Şadaf*, attributed to derangement of humors—particularly burnt bile (*saфра-e-muhtariqa*) and black bile (*saudā*)—causing *fasād-e-khoon* (corruption of blood) and skin scaling. The disease results from a multifactorial interplay of genetic predisposition, immune dysregulation, and environmental triggers. Central to its pathogenesis is T-lymphocyte activation and the overproduction of pro-inflammatory cytokines such as TNF- α , IL-17, and IL-23, leading to keratinocyte hyper-proliferation and chronic inflammation. According to Unani pathology, the disease originates from derangement of the humors (*akhlāf*), leading to *fasād-e-khoon* (corruption of blood). These altered humors are produced due to imbalances in digestion (*tahallul*), defective metabolism, or lifestyle factors such as intake of hot, dry, or acidic foods, psychological stress, and environmental changes. When these morbid humors accumulate in the blood, they are excreted through the skin—one of the body's natural channels of elimination (*masām-e-jild*). The viscid and burnt humors irritate the skin, causing itching (*hikka*), dryness (*jafāf-e-jild*), erythema (*humra*), and scaling (*taqashur*). Continuous irritation and poor nourishment of the cutaneous tissue lead to chronic lesions and thickened plaques, characteristic of *Dā-us-Şadaf*. Classical Unani scholars such as *Ibn Sīnā*, *Rāzī*, and *Jurjānī* associated this pathology with systemic disturbances, emphasizing that the disease is not confined to the skin but reflects a deeper humoral and metabolic imbalance. The liver (*kabad*)—being the principal organ of humor production—is often considered primarily deranged, producing

abnormal bile and blood. Thus, in Unani pathology, psoriasis represents a systemic disorder of humoral imbalance and blood corruption, manifesting externally as skin lesions. The therapeutic approach, therefore, aims to eliminate morbid humors (*tanqiyā-e-mawād*), purify blood (*tasfiyā-e-dam*), and restore the equilibrium of temperament (*ta'dīl-e-mizāj*), thereby

addressing both the internal cause and external manifestations of the disease. Classical Unani formulations and regimental therapies (*Ilāj bil Tadbeer*) aim to restore humoral balance, purify the blood, and reduce inflammation. This review integrates classical Unani principles with contemporary immune-pathological insights, emphasizing the convergence of traditional and modern understanding. Such an integrative perspective may help identify safer, evidence-based, and sustainable therapeutic strategies for psoriasis management.

Keywords: Psoriasis, Unani Medicine, *Dā-us-Şadaf*, Humoral Theory, *Safra*, *Saudā*, *Fasād-e-Khoon*, Integrative Dermatology, Chronic Inflammation.

Introduction:

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by erythematous, scaly plaques with recurrent remissions and exacerbations[1]. Affecting approximately 1–3% of the global population[2], it imposes a profound physical, psychological, social burden[3] and serves as a model for studying chronic inflammatory, immune-mediated disorders. The disease results from a multifactorial interplay of genetic predisposition, immune dysregulation, environmental triggers[4]. Modern research identifies genetic susceptibility, T-cell activation, and pro-inflammatory cytokines such as TNF- α , IL-17, IL-23 as key mediators of its pathogenesis[5,6]. Although conventional treatments-including corticosteroids, retinoids, biologics-offer symptomatic relief they often lead to relapse, tachy-phylaxis or systemic toxicity[7].

Unani Concept of Psoriasis:

In the Unani system of medicine, psoriasis is described under the terms *Dā'-us-Şadaf*, *Şadafiyya*, *Bāhiq-e-Siyāh*, and *Samakiyya*, which correspond to chronic, scaly, pruritic skin disorders resembling the modern description of psoriasis. These conditions are attributed to derangement of humors (*Saudā'* and *Safra'*) and corruption of blood (*Fasād-e-Khoon*), particularly burnt bile (*Safra'-e-Muhtariqa*) and black bile (*Saudā'*), causing blood corruption and

cutaneous scaling. Unani physicians regarded such dermatoses not as localized cutaneous diseases but as manifestations of internal humoral derangement. [21-26]

According to this theory, the disease arises from corruption or imbalance of the four humors (*Akhlāt Arba'a*)-blood (*Dam*), phlegm (*Balgham*), yellow bile (*Safra'*), and black bile (*Saudā'*)-leading to *Fasād-e-Khoon* (impurity or corruption of blood). Classical texts such as *Kāmil-us-Sanā'*[8], *Tibb-e-Akbar*[21], and *Tarjuma-e-Qānūn* emphasize purification of morbid matter and restoration of humoral balance through *Ilāj bil-Dawā'* (pharmacotherapy), *Ilāj bil-Ghizā'* (dietotherapy), and *Ilāj bil-Tadbīr* (regimental therapy).

Classical Unani scholars-including Rāzī (Rhazes), Ibn Sīnā (Avicenna)[9], Jurjānī, and Najībuddīn Samarqandī-have provided detailed accounts of conditions analogous to psoriasis[20]. In *Al-Qānūn fi'l-Tibb* [9] and *Kāmil-us-Sanā'*[8], the pathological process is described as an admixture of blood with abnormal phlegm or bile, resulting in roughness, dryness, and scaling of the skin. The skin, being one of the excretory organs (*Masām-e-Jild*), eliminates morbid humors from the body, when this excretion becomes excessive or chronic, it manifests as scaly lesions.

Therapeutic approaches described in classical Unani literature-including the use of purgatives, blood purifiers, emollients, and detoxifying

regimens-aim to restore systemic balance[10]. These traditional principles align closely with modern perspectives that recognize psoriasis as a chronic systemic inflammatory condition with underlying immune and metabolic dysfunction[11]. Thus, Unani pathology provides a holistic and rational framework for understanding and managing psoriasis through internal correction and external therapy.

Unani Pathology (*Mahiyat- ul-Marz*) of Psoriasis (*Dā'-us-Şadaf*):

In the Unani system of medicine, the pathology of psoriasis (*Dā'-us-Şadaf*) is rooted in the derangement of the four humors (*Akhlāt Arba'a*). The balance among these humors is essential for maintaining normal health (*I'tidāl-e-Mizāj*). Psoriasis occurs when this equilibrium is disturbed, especially through the qualitative and quantitative alteration of bile and black bile.

According to Unani scholars, the disease begins with the production of abnormal or burnt bile (*Safrā'-e-Muhtariqa*) and dominant black bile (*Saudā'-e-Ghālib*), often resulting from hepatic dysfunction or disturbances in digestion and metabolism. These altered humors mix with the blood, producing *Fasād-e-Khoon* (corruption of blood). The morbid blood then circulates to the periphery and is excreted through the skin-a natural excretory organ (*Masām-e-Jild*). When excretion is excessive or the morbid matter becomes viscous and tenacious, it accumulates within the skin layers. These sticky and burnt humors irritate the skin, causing itching (*Hikka*), dryness (*Jafāf-e-Jild*), erythema (*Humra*), scaling (*Taqashshur*)[23,25,26], characteristic of *Dā'-us-Şadaf*. Continuous irritation and poor nourishment of the cutaneous tissue lead to chronic lesions and thickened plaques. The altered humors are produced due to imbalances in digestion (*Tahallul*), defective metabolism, or lifestyle factors such as intake of hot, dry, or acidic foods, psychological stress and environmental changes.

Classical Unani authorities emphasized that *Dā'-us-Şadaf* is not merely a superficial skin disorder but a systemic manifestation of humoral imbalance.

The liver (*Kabad*) plays a central role in this pathology, being the principal organ responsible for humor formation and purification. Dysfunction of the liver results in the generation of abnormal bile and black bile, which circulate with the blood and are deposited in peripheral tissues, particularly the skin. These morbid substances, when retained, cause inflammation (*Warm*), itching, scaling, and dryness. Impairment of hepatic function leads to the generation of morbid humors, which in turn circulate and deposit in the skin.

This pathological process is accompanied by an imbalance in temperament (*Mizāj*), typically a hot and dry state (*Hār Yābis Mizāj*), which contributes to the rough, scaly texture of psoriatic lesions. Prolonged retention of these abnormal humors can further disturb other organs, resulting in chronicity and recurrence.

Thus, in Unani pathology, psoriasis represents a systemic disorder of humoral corruption and metabolic imbalance, manifesting externally as skin lesions. The pathological emphasis is on elimination of morbid matter (*Tanqiya-e-Mawād*), purification of blood (*Tasfiyā-e-Dam*), and restoration of temperament (*Ta'dīl-e-Mizāj*), forming the basis for Unani therapeutic interventions.

From a modern perspective, this description parallels the current understanding of psoriasis as a chronic, immune-mediated inflammatory disease, where altered immune responses and metabolic dysfunction lead to hyperproliferation of keratinocytes and cutaneous inflammation. Hence, Unani pathology provides a holistic conceptual model that predates and complements modern immunopathological theories.

Unani Therapeutic Framework:

The Unani concept of *Dā'-us-Şadaf* views psoriasis as a systemic disorder of humoral

imbalance and blood impurity rather than merely a localized dermatological condition. Its management focuses on:

- Elimination of morbid humors (*Tanqiya-e-Mawād*)
- Purification of blood (*Tasfiyā-e-Dam*)
- Correction of temperament (*Ta 'dīl-e-Mizāj*)
- Regimenal and dietary regulation (*'Ilāj bil-Tadbīr* and *'Ilāj bil-Ghizā*)

The therapeutic approach therefore aims to address both the internal cause and external manifestations of the disease.

Line of Treatment (*'Ilāj*) According to Unani Medicine:

In Unani medicine, the line of treatment for psoriasis is based on the holistic principle of restoring the equilibrium of humors (*Ta 'dīl-e-Akhlāf*) and temperament (*Ta 'dīl-e-Mizāj*), while eliminating morbid matter (*Tanqiya-e-Mawād*) and purifying the blood (*Tasfiyā-e-Dam*). Treatment is directed both internally and externally, focusing on three major modes of Unani therapy:

1. *'Ilāj bil-Tadbīr* (Regimenal Therapy):

Regimenal therapy focuses on detoxification and restoration of humoral balance through non-pharmacological methods and is an essential mode of treatment. In the management of *Dā'-us-Şadaf*, Unani scholars have recommended several regimens aimed at purifying the blood, eliminating abnormal humors, and correcting deranged temperament. These measures not only target local symptoms but also address the systemic pathology underlying the disease.

Common regimens recommended for *Dā'-us-Şadaf* include:

a. *Fasd* (Venesection or Bloodletting):

Classical Reference: *Al-Qānūn fi'l-Ṭibb*[9], *Al-Hāwī*[12], *Kāmil-us-Sanā* [8]

Purpose: To eliminate *Fasād-e-Khoon* (corrupted blood) and relieve systemic congestion, thereby

removing *fasād-e-khoon* and reducing systemic heat.

Mechanism (Unani view): Removal of impure blood decreases the concentration of abnormal *Saudā'* and *Safrā'*, purifying the circulation and improving skin nutrition.

Modern correlation: Comparable to the concept of detoxification and immune modulation through reduction of inflammatory mediators and oxidative stress.

b. *Hijāmah* (Cupping Therapy):

Classical Reference: *Al-Qānūn fi'l-Ṭibb*[9], *Zakhīra Khwārazmshāhī*[13]

Purpose: Local evacuation of morbid humors accumulated in specific regions of the body and for localized evacuation of morbid humors with improved microcirculation.

Procedure: Dry or wet cupping applied over affected or related sites to draw out *Mawād-e-Fāsīdah* (morbid matter).

Modern correlation: Improves microcirculation, reduces local inflammation, and relieves itching and induration through enhanced perfusion and lymphatic drainage[14,15].

c. *Irsāl-e-'Alaq* (Leech Therapy):

Classical Reference: *Tibb-e-Akbar*, *Ikhtiyārāt Badī* 1

Purpose: Targeted removal of vitiated blood and localized detoxification, to draw out impure blood and relieve local inflammation.

Mechanism: Leeches suck impure blood mixed with *Saudā'* and *Safrā'*, purifying the site and promoting healing.

Modern correlation: Leech saliva contains bioactive substances (hirudin, calin, and hyaluronidase) with anti-inflammatory, analgesic, and anticoagulant properties, which may relieve erythema and scaling in psoriatic lesions[15].

d. *Ḥammām* (Medicated Bath or Steam Therapy): Classical Reference: *Al-Qānūn fi'l-Ṭibb*[9], *Kāmil-us-Sanā* [8], *Tibb-e-Akbar*

Purpose: To open skin pores (*Tafūh-e-Masām*), promote perspiration, and facilitate elimination of waste through the skin. Also helps to soften scales, relieve dryness, and open skin pores.

Mechanism: Warm steam infused with medicinal herbs helps soften scales, improve skin elasticity, and relieve dryness (*Jaḥāf*).

Modern correlation: Analogous to hydrotherapy and balneotherapy used in modern psoriasis care, which improve hydration and reduce scaling.

e. *Dalk* (Massage Therapy)

Dalk known as massage, is a form of *Riyādat* (exercise) as a manipulative technique by means of hands on muscles. It produces *Hararat* (heat), causes *Tahallul* (dissolution) and *Riqqat* (liquidity) in accumulated *Fuzlat* (morbid matter) of the body. It strengthens the *Autar* (ligaments) and *Azlat* (muscles) and evacuates the *Fuzlah* of *Hadm Akheer* (waste metabolites) accumulated in the body [27].

Purpose: To improve local circulation, restore normal skin texture, and nourish the skin.

Mechanism: Massage with Unani oils (e.g., *Roghan-e-Gul*, *Roghan-e-Bādbām*, or *Roghan-e-Kunjad*) balances the *Mizāj* of skin, provides nourishment, and reduces scaling. It also helps restore the skin's temperament using emollient Unani oils.

Modern correlation: Enhances microcirculation and moisturization, relieving pruritus and stiffness.

f. *Idārat-e-Istifrāgh* (Evacuation Therapies)

Includes: *Qay* (emesis), *Ishāl* (purgation), and *Huqna* (enema)

Purpose: Systemic detoxification and expulsion of morbid humors from the gastrointestinal tract, particularly abnormal *Safrā* and *Saudā*.

Modern correlation: These regimens may improve metabolic function and modulate gut-skin axis pathways, indirectly affecting inflammatory processes.

Summary of Therapeutic Goal: The collective aim of these regimens (*Tadbīrāt*) is to:

- Remove morbid humors and purify blood (*Tanqīya-e-Mawād wa Tasfiyā-e-Dam*)
- Correct deranged temperament (*Ta'dīl-e-Mizāj*)
- Enhance cutaneous metabolism and circulation
- Prevent recurrence by addressing internal causes rather than symptoms alone

Modern studies support the therapeutic logic of these regimens by demonstrating their roles in immune regulation, anti-inflammatory action, and psychophysiological relaxation—all crucial in psoriasis management [16,17]. These regimens act by eliminating excess humors, stimulating peripheral circulation, and improving metabolic function, corresponding with modern detoxification, hydrotherapy, and immunomodulatory concepts. Thus, the regimental therapies described by Unani scholars provide a holistic and rational framework for treating psoriasis, combining detoxification, physiological balance, and mind-body harmony, which align remarkably with modern integrative dermatology principles.

2. *Ilāj bil-Dawā* (Pharmacotherapy):

Pharmacotherapy plays a central role in the Unani management of psoriasis and is employed for both internal and external use.

A. Internal Medication:

The primary objectives are to purify the blood, normalize hepatic function, and correct humoral imbalance. Key drug groups include:

- *Mushilāt* (Purgatives): To expel morbid *Safrā* and *Saudā* (e.g., *Turbud*, *Reward Chīnī*)
- *Muṣaffiyāt-e-Dam* (Blood Purifiers): Such as *Sharbat-e-Unnāb*, *Sharbat-e-Bazūrī*, *Ma'jūn Ushba*, and *Majūn Dabūd-ul-Ward*, which help in *Tasfiyā-e-Dam* (purification of blood)
- *Mu'addilāt-e-Şafrā wa Saudā* (Correctives of Bile and Black Bile): Herbs like *Chiraita*,

Neem, *Banařsha*, and *Gul-e-Surkh* are used to normalize bile and reduce heat[18]

B. External Applications:

To reduce scaling, itching, and inflammation:

- *Marhamat* (Ointments): Containing *Phitkari Biryān*, *Suhāga*, *Sufed Kashghari*, *Kāfūr*, and oil bases for topical relief
- *La 'uqāt* (Pastes): Made of cooling and detoxifying herbs applied directly to lesions
- *Ghassāl* (Cleansing Agents): Decoctions of *Neem*, *Bābūna*, or sandalwood for washing affected areas

The combination of internal and external medication ensures systemic purification and local healing simultaneously.

3. 'Ilāj bil-Ghizā' (Dietotherapy):

Dieto-therapy aims at maintaining humoral balance through appropriate dietary regulation. Psoriasis patients are advised to:

- Avoid: Hot, spicy, oily, and acidic foods (which aggravate *Safrā'* and *Saudā'*); seafood, red meat, alcohol, and fermented foods, as they increase heat and dryness
- Prefer: Alkaline, cooling, and moist foods such as *lauki* (bottle gourd), *kheera* (cucumber), *shahtūt* (mulberry), *anār* (pomegranate), and milk
- Maintain adequate hydration and regular elimination

Unani physicians also emphasized moderation in sleep, stress, and physical exertion to preserve humoral balance.

4. 'Ilāj bil-Nafs (Psychotherapy and Lifestyle Regulation):

Emotional stress (*Infi 'āl-e-Nafsānī*) is recognized as an aggravating factor in many Unani texts. Hence, Unani physicians recommend spiritual and mental regulation, relaxation, and social well-being as part of the holistic line of treatment-aligning with modern evidence linking psychological stress to psoriasis flares[3,19].

Conclusion:

The Unani line of treatment for psoriasis follows a multidimensional and individualized approach:

- Evacuation and purification of morbid humors (*Tanqīya-e-Mawād*, *Tasfīyā-e-Dam*)
- Correction of temperament and humoral balance (*Ta 'dīl-e-Mizāj*, *Ta 'dīl-e-Akhlāt*)
- Topical healing and nourishment (*Taleen-e-Jild*)
- Lifestyle and dietary regulation (*Tadbīr-e-Ghizā' wa Nafs*)

This integrative approach not only targets the visible lesions but also addresses the underlying systemic derangement responsible for the chronic and relapsing nature of psoriasis. This review integrates classical Unani principles with contemporary immune-pathological insights, emphasizing the convergence of traditional and modern understanding. Such an integrative perspective may help identify safer, evidence-based, and sustainable therapeutic strategies for psoriasis management. Classical Unani formulations and regimental therapies aim to restore humoral balance, purify the blood, and reduce inflammation. In modern terms, the Unani line of treatment aligns with immunomodulation, detoxification, metabolic regulation, and mind-body balance, making it a comprehensive strategy for managing chronic inflammatory skin disorders.

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