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INTEGRATIVE PERSPECTIVE ON ALLERGIC RHINITIS (NAZLA HAAR) AND ITS MANAGEMENT IN THE UNANI SYSTEM OF MEDICINE: A COMPREHENSIVE REVIEW

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ABSTRACT

Unani Tibb, one of the most ancient systems of medicine founded by Hippocrates, is rooted in the philosophy of maintaining equilibrium among the four natural body humours -*Dam* (blood), *Safra* (yellow bile), *Sauda* (black bile), and *Balgham* (phlegm). According to Unani doctrine, health is the result of a harmonious balance among these humours. When their quantity and quality remain normal and they mix properly, the body functions optimally. However, any disturbance in this balance-whether in amount or distribution -leads to disease.

In the Unani system, *Nazla Haar* is described as a condition characterized by a profuse, watery, and irritating nasal discharge that often drips towards the throat. It is typically accompanied by a burning sensation (*sozish*) in the nose, eyes, and face, along with excessive tearing and altered sense of smell. This condition is believed to result from an abnormal temperament (*sue mizaj*) of the brain, which can be triggered by internal or external factors. Internal causes may be either *sada* (without matter) or *madda* (with matter).

Unani treatment is guided by the principle of *Ilaj bil Zid* -treating a condition with its opposite. Thus, therapy focuses on correcting the altered temperament and eliminating the root cause of disease rather than merely addressing symptoms.

Despite advancements in modern therapeutics, allergic rhinitis remains challenging due to high relapse rates and resistance. In contrast, the holistic and temperament-based approach of Unani medicine has shown promising results in managing conditions like *Nazla Haar*. Historical texts and traditional practices offer evidence of its efficacy, though there remains a need for scientific validation through modern research.

This review explores the Unani understanding of *Nazla Haar* in relation to allergic rhinitis and presents traditional strategies for its management, drawing insights from classical Unani literature and contemporary sources.

INTRODUCTION

Allergic diseases are not new. They have been described in various cultures like Egypt, China, indigenous America, and the Greco-Roman tradition. The actual symptoms and clinical conditions of allergic diseases already existed 2,000 years ago.[1]

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In an Ancient Egyptian text, a royal physician named Neneklisekhmet was mentioned. He was the first known rhinologist in history. He cured the nostril of the king Pharaoh Sahura of the 5th dynasty, 3rd millennium BCE. His depiction, along with that of his wife, was discovered inscribed on stone at the tomb of Pharaoh Sahura, bearing the inscription: *"He cured the noses of the kings*.[1,2]

A total of 21 prescriptions against cough or dyspnoea were found in The Ebers Papyrus (1873AD), 12 of which named honey, dates, inhalation of myrrh and incense, desert date oil, juniper berries, cumin, celery, onion, etc. As for "running nose", rinsing the nostrils with date juice and rubbing the nose with the mashed date and mint were also mentioned as the recommended treatments.

In Chinese medicine, the fruits of a plant named "mahuang" (Ephedra distachya) are also mentioned for the autumnal catarrh during the rule of ancient Chinese emperor Shennong. The active component of this plant is ephedrine which is a sympathomimetic that can decrease nasal discharge. Henbane (Hyoscyamus), devil's trumpet (Datura), and wolfs bane (Aconitum) were also described in Chinese medicine as having antimuscarinic proprieties that could dilate bronchi [1,2]

In Greco-Roman Texts, the famous historian Herodotos (5th century BCE) narrated that Hippias had been stricken with a sudden episode of sneezing and cough. "He had an extraordinarily severe sneeze and cough. Because he was old, a tooth of his fell due to the severity of the cough." This event can be suggestive of an acute episode of Allergic Rhinitis [1,2]

Hippocrates **(460-367 BC):** The father of medicine was the first to recognise a link between asthma and respiratory ailments. He hypothesized that a bodily fluid named *phlegma* flows into the nose and lungs causing a congestion of the lungs named catarrhous (literally, downflow).[1,2]

Jalinoos **(129-200 AD):** He mentioned in his treatises the various types of *Nazla* and their complications, as well as their management.[3]

Sabit Bin Qurrah Harani **(836-903 AD):** Defined *Nazla wa Zukam* and its management in his book *Kunnash* (also known as Zakhira) [4]

Abul Hasan Ali Bin Abbas Majoosi **(930-994 AD),** provided a detailed description of Nazla wa Zukam. He classified Zukam as a disease of the nose (Amraz-e-Anaf), while Nazla was considered a disease of the chest and lungs.[5]

Abul Ali Husain Bin Abdullah Bin Sina **(980-156AD):** In his Book "Al Qanoon Fil Tib" he described in detail *Nazla wa Zukam* along with their etiopathogenesis, types, clinical manifestation, prevention, and treatment. [6]

Abul Hasan Ahmad Bin Muhammad Tabari **(10th Century AD)** has also *described Nazla wa Zukam* in detail including its classification, causes, and management. He used the term *Zukam* to report to all forms of *Nazla wa Zukam*.[3]

Abul Malik Bin Zuhar **(1092-1162 AD) Mentioned,** *Nazla wa Zukam* under the heading of *Warm-e-Ghishai Anaf* (inflammation of membrane of nose)[7]

Ali Bin Hubal Baghdadi **(1121-1215 AD),** described the *Nazla wa Zukam,* their causes, clinical presentation, management, and its complications according to the location of dripping down of *fuzlate* dimaghi (waste materials of brain)[8]

Dawood Antaki **(1531-1599 AD),** stated that *Zukam* is a specific term for dripping down *rutubat* (moistures or humors) from the brain towards the nose whereas *Nazla*is a broad term that means dripping down of *rutubat* anywhere in the body other than the nose. Furthermore, he stated that *Nazla wa Zukam* is a nervous system disease.[9]

DEFINITIONS

Allergic Rhinitis: Allergic Rhinitis is a chronic inflammatory condition of the nasal mucosa caused by exposure to allergens, which elicit an IgE-mediated Type I hypersensitivity reaction. This immune response involves cross-linking of allergen-specific IgE on mast cells, leading to degranulation and release of inflammatory mediators such as histamine. Subsequent recruitment of eosinophils contributes to sustained inflammation and symptom persistence. Clinically it is a symptomatic condition with four major symptoms such as anterior or posterior rhinorrhoea, sneezing, nasal itching & nasal congestion. The associated symptoms include itching in the nose, eyes, palate, and pharynx.[10-12] Allergic Rhinitis symptoms result in sleep disturbance, fatigue, depressed mood, and cognitive function compromise that impairs quality of life and productivity. There may be associated conjunctivitis, postnasal drip, Eustachian tube dysfunction, otitis media, sinusitis & in children, dental malocclusions & facial deformities also.[2,13-17]

Triggers of Allergic Rhinitis.[2,15-17]

- Domestic allergens such as mites, domestic animals, insects, or of plant origin. [2,15-17]
- Outdoor allergens include pollens and Molds; outdoor allergens seem to pose a large risk of developing seasonal rhinitis. [2,15-17]
- Indoor allergens (basically pets, insects, mites, or of plant origin, such as Ficus) have a larger risk for perennial rhinitis and asthma development. [2,15-17]
- Occupational triggers such as latex, tobacco smoke, and automobile exhaust include ozone, oxides of nitrogen, and sulphur dioxide. [2,15-17]
- Drugs-aspirin and other non-steroidal anti-inflammatory drugs. [2,15-17]

Epidemiology

Allergic Rhinitis (AR) is a common global health issue and a frequent reason for consultation in otolaryngology. Asthma and AR are closely associated, with 74% to 81% of individuals with asthma also experiencing rhinitis symptoms. Both allergic and non-allergic rhinitis increase the risk of acute asthma exacerbations. [1]

The prevalence of AR is rising globally, particularly in industrialized and urbanized settings. The condition significantly impairs quality of life and contributes to a substantial socioeconomic burden. [1]According to the World Health Organization (2007), approximately 400 million people were affected worldwide. [21] Recent trends indicate that the most significant increases in AR prevalence are occurring in non-Western regions, particularly across Asia and the Pacific. [2]

Nazla wa Zukam

In the Unani system of medicine, *Nazla* and *Zukam* are conditions arising from the downward flow of morbid matter (*fuzlat-e-dimagh*) from the brain. *Nazla* refers to the descent of this matter toward the throat, while *Zukam* is characterized by its movement toward the nasal passages. Although many classical Unani physicians use *Nazla wa Zukam* interchangeably, some distinguish them as two separate clinical entities sharing a common *mubda-e-illt* (origin of disease) and *mad'dah* (source of morbid matter). The temperament of the descending matter may vary — being either hot and thin or cold and viscous -influencing the severity and nature of symptoms. [3,6, 8 ,21-23]

Ibn Sina, in ***Al-Qanoon fil Tib***, treated *Nazla* and *Zukam* as distinct disorders. Similarly, ***Buqrat*** (**Hippocrates**) defined *Zukam* as inflammation of the nasal mucosal lining, often associated with excessive nasal discharge, while *Nazla* involved a deeper, more systemic descent of morbid matter. [3] According to ***Abul Hasan Ahmad bin Muhammad Tabri,*** *Zukam* results from the accumulation (*ihteqaq*) of vapors (*bukharat*) in the brain's ventricles, which subsequently dissolve and exit through the nostrils, eyes, or ears. [3]

Allama Nafees bin Auz Kirmani further elaborated on the terminology, equating *Nazla* with "descent," *Coryza* with nasal congestion, and *Catarrh* with a running nose — all of which are considered manifestations of inflammation of the nasal mucous membrane.

Etiological Classification as Per Unani System of Medicine

In Unani literature, *Nazla* is primarily classified into two major types: *Nazla Haar* and *Nazla Barid*, based on alterations in *Mizaj* (temperament) and the involvement of *Mad'dah* (morbid matter)

Based on the pouring down of *Fuzlate Dimaghi*, it is further classified into *Halqi* and *Zukami*.[3,6,8,22,24,25]

Nazla Haar

The *Nazla* which is due to *Sue Mizaj Haar of Dimagh*, either *Sada or Mad'di*, is known as *Nazla Haar. Sue Mizaj Haar Sada* is caused by a variety of external or intrinsic causal factors without the involvement of *Khilti Mad'dah* (humours), While *Sue Mizaj Haar Mad'di* is caused by the participation of *Mad'dah* either *Khilt-e-Safra* (Yellow Bile) *or Khilt-e-Dam* (Blood*)* [26]

Alamat **(Symptoms)**

- The feeling of a hot sensation on the face, nose, throat, and eyes.[26]
- Thin discharge from the nose.[26]
- Redness of face and eyes.[26]
- Sneezing.[26,27]
- Irritation in the nose in the mucous membrane of the nose and throat.[5,27,28,]

Nazla Barid

The *Nazla* which is caused by *Sue Mizaj Barid of Dimagh*, either *Sada or Mad'di* is known as *Nazla Barid*. *Sue Mizaj Barid Sada* is caused by a variety of external or internal causal causes and there is no involvement of *Khilti Mad'dah*, While *Sue Mizaj Barid Mad'di* results from the participation of either *Khilt-e- Balgham* (Phlegm) *or Sauda* (black bile). [3,32]

Alamaat (Symptoms):

- Thick discharge from nose.[3]
- No burning sensation in the mucus membrane of the nose and throat.[3,29]

Other Types

1. Based on *Mad'dah* Involved [30, 31]

a. *Nazla Damvi*

b. *Nazla Safravi*

c. *Nazla Balghami*

d. *Nazla Sawdavi* (rare)

2. Based on factors Involved[3]

a. *Nazla* due to *Asbabe kharija* (extrinsic factors)

b. *Nazla* due to *Asbabe dakhila* (intrinsic factors)

3. Based on the duration of illness.[30]

a. *Nazla Haad*

b. *Nazla Muzmin*

Etiology of *Nazla Haar*

It is a condition with watery irritating nasal discharge dripping down towards the throat, with a sense of burning (*sozish*) in the nose, face, and eyes with lacrimation, and also alters the sense of olfaction. *Nazla Haar* is a multifactorial condition resulting from the interplay of intrinsic and extrinsic factors that disrupt humoral equilibrium.[6]

According to the doctrine of Unani medicine, any state that hampers the equilibrium of humour (Akhlat) either qualitatively or quantitatively may cause disease. Some of the etiologies defined by various Unani practitioners are as:

1. *Asbabe Dakhli* (Intrinsic factors)
2. *Asbabe Kharji* (extrinsic factors)
3. Both intrinsic and extrinsic

Asbabe Dakhli **(Intrinsic Factors)**

- Excessive intake of hot or spicy food such as garlic, onions, Mustard, etc.[6,21]
- *Infealat-e-nafsaniya* (Emotional stimuli) such as *Ghazab* (anger*) Gham* (grief) *wa fikr* (worry/anxiety*)* etc.[6,14, 23]
- *Su-e-hazam*/*Tukhma* (*Indigestion*) [9,23]
- Climate changes[3,6,14,21,24]
- *Zofe Dimagh* (cerebral weakness) [23,24]
- Hereditary[14,32]
- According to ***Ibn Sina***, individuals with a hot temperament (intrinsic factors) may likely to develop *Nazla Haar.*

Asbabe Kharji **(Extrinsic Factors)**

- Sunlight Exposure [6,8,3]
- The smell of hot drugs like Zafran (saffron), Onion, *Jundbedastar* (castoreum) and *Mushk* (Musk), etc[6,21,24]
- Pungent Odors, or fumes including strong perfumes.[31]
- Uncovered head [6,21,24]

- Falling asleep right after eating.[9]
- Prolong stay in hot *Ham'mam* or warm house in hot weather.[9]
- Operating in a warm environment. [24,29]
- Using hot temperament oils for massage on the scalp.[3,24]
- Allergens include house dust, Pollen, Mold, Cockroach dander, Feathers, Fungal spores, Cotton fur, Mites, and animal dander.

Etiopathogenesis as per Unani System of Medicine

In Unani system of medicine, *Nazla Haar* (Allergic Rhinitis) is considered as *Marz-e- Mufrad*, as it occurs due to *Sue Mizaj Haar Sada of dimagh* (brain) which is caused by various extrinsic and intrinsic factors (*Asbabe Khariji wa Dakhili*) such as *Su-e- Mizaj Haar*, *Zoaf-e-dimagh,Imtila*, *Infe'alate nafsania* (emotional stress)and Seasonal variations etc.[6,3,8,22,23]

It is widely believed that the effects of heat, either **externally** (due to prolonged stay in sun/sun bath or in the *hamm'am* or near the fire or in the summer season or in a warm house where the outside air cannot enter) or **internally** (due to use of drugs with haar *Mizaj* such as musk, saffron, etc. or hot oil massage on the scalp or excessive use of spices) cause an increase in warmness in the brain, which leads to temperamental disturbances within the brain (*Sue Mizaj Haar Sada of dimagh*). As a result, to restore the brain's normal temperament, the *tabiyat* attempt to counteract the increased warmness of the brain by absorbing fluid from the body and transporting it to the brain. As a result, an excessive amount of fluid accumulates in the brain and its cavities leading to *imtila*. These excessive fluids may not be able to get absorbed properly due to weakened *quwwate hazima* of the brain. As a result, some amount of fluid remains inside and causes derangement of the brain's local temperament (*Sue Mizajdimagh*). Hence, the brain's *quwwate dafi'a* (expulsive power) increases and the brain tries to expel the accumulated fluid in the form of fuzlate dimaghi through the nostrils. Based on the *kaifiyat* (quality) of fuzlate dimaghi, it appears to be an irritant, watery, salty, and thin and it may cause local tissue inflammation of the nasal mucosa leading to redness and irritation of the nose.[6,3,8,22,23]

Clinical Features

Clinical features may vary from individual to individual in terms of severity, frequency, duration, and the nature of the aetiologies involved.[2,6,17,18,22,23,33,34]

1. Nasal discharge (rhinorrhoea)[6,17.18]
2. Paroxysmal sneezing[6,17]
3. Nasal congestion[18]
4. Redness of face and eyes[17,18]
5. Hypersensitivity[6,17,22]
6. Burning, irritation, and itching in the nose, eye, and throat [2,6,17,18,22,23,33,34]
7. Lacrimation[18]
8. Post nasal drip (PND)[18]
9. Mild headache[18]
10. Hot to touch (*Malmas*) [6,
11. Hoarseness of voice[6,18]
12. Excess thirsty[6]
13. Fatigue[6]
14. Lethargy[6]
15. *Nabz - Azeem, Saree, wa Mutawatar*[6]

Clinical Examination:

Nazla Haar Zukami- On physical examination, patient may present with: red eyes, warm scalp, inflammation of nose and yellowish urine.[23,24]

Nazla Haar Halqi - On physical examination, patient may present with: heaviness in the head, face and eyes, *Nabz will be Azeem, Saree' Wa Mutawatir,* and yellowish Urine. [23,24]

Complications

If the *fuzlat-e-dimagh* (morbid matter) in *Nazla Haar* is neither metabolized (*Nuzj*) nor eliminated, it may descend to different organs and tissues, resulting in diverse pathological conditions.[6,23]

- When the *mad'dah* falls towards the eyes, it will cause eye diseases such as lacrimation and conjunctivitis [6,17,24]
- When the *mad'dah* falls towards the ear, then it will cause ear diseases such as ear ache, hearing difficulty, *warm-e-Gosh* (Otitis media) [14,23,24]
- When the *mad'dah* falls towards the nose, it will result in diseases of the nose such as loss of olfaction, and ulceration of or nasal polyp[14,23,24]
- When the *mad'dah* falls towards Palate, it will cause disease of uvulas.[23]
- If it descends towards the throat and larynx, it will cause croup [6,8,21.22]
- In the stomach, it will cause pain, canine appetite *(Ju-al-kalb*), diarrhoea, gastric ulcer dysphagia, and indigestion [8,27]
- In the lungs, it will cause cough, pneumonia (*Zat-ul-Riya*), pthysis[7,23] and asthma (Rabu),[13]
- Pleurisy (*Zat-ul-Janb*) whereas in the diaphragm, it will produce pleurisy (*Zat-ul-Janb*)[6,23,24]
- In the intestine, it will cause Ishal-e-dimaghi and intestinal ulcer.[5,23,27]
- Intestinal colic- If the *mad'dah* is thick, unripe, and mucous then it will cause intestinal colic [8,21]
- In brain:Excess accumulations of *fuzlaate dimaghi* in the brain (imtila) will result in apoplexy (Sakta) and when the *mad'dah* is scarce epilepsy (Sara) will occur. Similarly, if it is present in the brain in small amounts, it will cause headaches and migraine. If there is an overload of *mad'dah*and it is burned (*Sokhta*), it creates Melancholia. When the *mad'dah* gets into the brain or in the meninges, it will lead to meningitis, unconsciousness, mania, giddiness, and vertigo.[6,24,35]Thus, if left untreated, *Nazla Haar* may evolve into various chronic and systemic disorders, necessitating early intervention using Unani principles of *Ilaj-bil-Tadbeer wa Ilaj-bil-Ghiza, Ilaj-bil-Dawa*, and *'Ilaj bi'l Yad (*Surgery*)*

Management in Unani System of Medicine

Usoole 'Ilaj:

Effective treatment of *Nazla Haar* depends upon accurate clinical diagnosis and assessment of the patient's dominant symptoms. Although avoidance of interventions can reduce extrinsic and intrinsic factors (allergen), they often fail to produce clinically significant improvement as a result complete therapy is frequently required.[2]

1.*Izale sabab* (Elimination of the cause)[31, 35]

- Exposure to heat and/or cold should be eliminated.

2. Correction of *Sue Mizaj*[31,35]

- *SueMizajsada* should be modulated with an appropriate regimen with *barid makulat va mashrubat, roghaniyat,nutulat, zimadat, quturat.*
- *Sue Mizaj mad'di* should be corrected through *Munzijat* followed by *Tanqia*.

3. *Ta'deele Mizaj*[31,35]

4. *Tadabeer*[31,35]

ØInkibab (steam inhalation), *takmeed* (fomentation), *fasad* (venesection), and use of suitable oils for *qutoor* (nasal drops).

5. *Ghiza*[31,35]

Precaution from oily, *ghaleez lesdaar* and delayed digestible foods, meat, alcohol, onion, garlic, mustard, tea, pista; sour things like milk, curd along with *ghaleez* and *saqeel ghiza*

6. *Muqawwiyate dimagh wa med'da*. [31,35]

According to ***Shaikh*** and ***AllmaQarshi,*** treatment of *Nazla* (Catarrh) depends upon six aspects[30,36]

1. Reduction of the *Mad'dah*-e-*Maraz* (Potential matter) which produces *Nazla*, [30,36]
2. To maintain the *Mizaj* temperament[30,36]
3. To stop the flow of *Mad'dah*-e-*Marad* (Potential matter) [30,36]
4. To move the *Mad'dah*-e-*Marad* (Potential matter) towards the opposite direction[30,36]
5. To maintain the *Qiwam* (Consistency) of the matter. [30,36]
6. To relieve the *Alamat* (symptoms) produced by the *Marad* (Disease). [30,36]

***Ilaaj*:**

In the early phase, *Nazla* wa *Zukam* should not be stopped rather excretion of matter should be supported and the morbid matter from the brain be washed out as much as possible.[30,31,36]

The ultimate goal is to provide not only symptomatic relief but also avert the disease progression by reducing the frequency and severity of recurrence and ultimately improving the QoL.

In the Unani system of medicine, there are three modalities of treatment such as:

- *Ilaj bi'l Tadbeer (*Regimental therapy*) wa Ilaj bi'l Ghiza (*Dietotherapy*)*
- *'Ilajbi'l*dawa (Pharmacotherapy)
- *'Ilaj bi'l Yad (*Surgery*)*

***Ilaj bi'l Tadbeer* (Regimental therapy)**

According to Unani physicians, the word tadbeer means *tasarruf* (Modification) in *asbab*-e-*sitta zarooriyah (six essentials' factors)*. *Nazla Haar* occurs due to *Sue Mizaj Haar Sada of dimagh* (brain) instigated by various extrinsic and intrinsic causative factors (*Asbabe Khariji* wa *Dakhili*). So, the management should be with suitable modification (*tasarruf*) in *asbab- e-sitta zarooriyah*. The following can be used:

1. *Fasad*
2. *Hijama*
3. *Inkabab*
4. *Ghargarah*
5. *Takmeed*
6. *Bukhoor*
7. *Qutoor*
8. *Dalak*

1. *Fasad* (venesection): If *Nazla Haar* occurs due to the involvement of *khilte dam*, *fasad* is advised. *Taqlil*-e-*Mawad* is done by *fasad* of the cephalic vein.[3,6, 21,22, 23,24] When the *mad'dah* is *haar*, *fasad* should be done in the early phase and when the *mad'dah* is less *haar* and in excess amount, *fasad* should be done after three days[23,22]
2. *Hijamah* (cupping): Razi suggests wet cupping on the nape of the neck in case of sneezing and itching in the nose.[6,22,37]
3. *Inkabab* (steam inhalation): Inkabab is done with *Baboona*, *Nakhoona*, and *Marzanjosh* after boiling in water [3,5,8]
4. *Nutool*: It is done with *Baboona, Parshiyoshan, Zoof akhusk,* and *Marzanjosh* after boiling in water or with *Shayeer, Banafsha,* and *Khashkhash* (more beneficial and effective as per Ibn Sina)[6]
5. *Ghargarah* (gargle): With decoction of astringent drugs such as *Tukhme Khashkhash*, *Masoor*, and *Poste Khashkhash[24]*. Ibn Sina also advised hot gargle in *Nazla haar*[6]
6. *Ham'mam*: In *Nazla haar*, *Ham'mam* with lukewarm water is beneficial, in both the early and late phases.[23,38] In the last *phase* of the disease, it is beneficial because it dissolves the *mad'dah* which has got *nuzuj (Pukhta Mawad)* and it will be excreted out[23] -According to ***Akbar Arzanı***, *Ham'mam* is beneficial with lukewarm water as it relieves itching by dissolving the rutubat[24] -According to ***Galen***, *Ham'mam* should be advised before *Nuzuj*[22]
7. Takmeed (fomentation): with *Roghane Banafsha*[6,23,24]
8. *Bukhoor*: with *Shonez birya'n* and *Anisoon* by making a *potli* (beneficial) with *Kafoor*[24]
9. *Qutoor* (Nasal drop): with *barid Mizaj* oils such as *Roghan-e-Banafsha, Roghan-e- Nilofer*[24]
10. Dalk (massage): massage with warm oils on hands and feet such as *Roghn-e shabt, Roghn-e-Bahoona, and Roghan-e-Sud dab*[23,35]

***Ilajbi'l Dawa* (Pharmacotherapy)**

The cornerstone of Unani's treatment is *llaj bi'l zid*. As *Nazla Haar* occurs due to *Sue Mizaj Haar of dimagh*, the treatment can be provided either by administering single or compound drugs having Barid properties.

In the early stage of *Nazla*, the *mad'dah* should not be stopped rather excretion of *mad'dah* should be supported, and let the *mad'dah* excrete out from the brain[23]

Negligence and delaying in the *nuzuj* and excretion of *mad'dah* are dangerous, so the *mad'dah* should be excreted out with the help of *munzijat* as early as possible in the case of *Sue Mizaj mad'di*[23]

when the cause is internal, six essential principles should be followed during the treatment[6,33]

1. *Izala-e -sabab* (Elimination of the Cause)
2. *Ta'deel-e- Mizaj*(Correction of Temperament)
3. *Man'-e-Sailan-e-Mad'da* (Prevention of Humoral Flow)
4. *Tadeel-e-Qiwam-e-Mad'dah* (Correction of the Consistency of Humors)
5. *Imala-e-Mawad* (Diversion of Morbid Material)
6. *Tqaddumbil Hifz* (Preventive Care)

1. *Izala-e- sabab*: all intrinsic and extrinsic factors should be eliminated.[6,23,33]
2. *Ta' deele Mizaj*: Should be modulated with appropriate regimen and *barid Makulat wa Mashrubat, Roghaniyat, Nutulat*, etc.[6,23,33] *Tabrid-e- Mizaj* should be done in the beginning by using cold temperament medicines, bath with lukewarm water, or by applying *Rogan-e-Banafsha* on palms and soles[6,23,33]
3. *Mana-e-Sailan-e-Mad'dah*: by using *Sharbat-e-Khashkhash* with *Aash-e-Jao*[23,33]
4. *Tadeel-e-Qiwam-e-Mad'dah:* so that the body can easily eliminate the *mad'dah* and protect the other organs from its harmful effects. It is beneficial to use *Khashkhash* as *Joshanda*[23,33]
5. *Imala-e-Mawad:* such as the *mad'dah* should be diverted from its direction of flow, for example, from throat to nose[23,33]
6. *Tqaddum bil Hifz:* to prevent the descent of *Nazla* into the throat and chest by using *Aab-e-Baqla, Aash-e-Jao, Khamira Banafsha*, and *Rogan-e-badam*.[21,23,24]

All of these principles should be considered, but there is a time and place for them to be implemented, which is determined by clinical correlation and physician capability.[21]

***Ilaj bi'l Ghiza* (Dietotherapy)**

- *Tarke ghiza* (Dietary Restriction / Fasting)- should be done for the first three days [5,] but Ibn Sina has advised *Tarke ghiza* only for one day.[39]
- Unani physicians have also advised to take *Latif aghziya* such as *Ma-ul-sha'eer*[8]
- Use of *Hareerah* prepared with *Arad-e-Bqla* and *Shahad*[22]
- Use of boiled *Palak, Saag, Kaddu, Lauki,* etc.[30]
- Use of *Aash-e-Jau, Hareera-e-Saboos, Moong daal with Khushka, Mash Muqashshar, Palak, Kaddu, Cholai boiled with Rogan-e-badam*[23]
- Use of *Qawi aghziyah such as zardi-e-baizae murgh* (Egg Yolk), fresh fish (white) after frying in almond oil[8]
- *Mashroobaat: Barge Nilofer* or *Barge Mako* with luke warm water[7]
- Avoid oily, *ghaleez lesdaar* and *der hazam aghziya,* meat, alcohol, onion, garlic,mustard, tea, pista, and sour items like milk, curd along with *ghaleez* and *saqeel ghiza*[6,17]

Treatment of *Nazla Haar* in the Initial Stage

we can treat *Nazla Haar* as follows

Orally: Decoction of *Behidana, Unnab, Sapistan, Tukhm-e-khatmi, Gaozaban with Sharbat-e-banafsha* before food[52]. If the disease is not reduced then *Samagh Arabi, Kateera*, both of them mixed up in *Khameera Khashkhash* given with decoction[23]

Locally: *Afyoon, Zafran, Kateera, one Masha* each, mix all these ingredients with *Aab- e-Koknar a*nd apply it on a piece of paper having multiple holes, and apply to both sides of the temporal area of the head[23]

Gargle: *Enab-us-salab, Kazmaz, Kishneez khushk,* and *Post-e-Khashkhash* should be boiled in water, filtered, and do gargle[23]

Taghliz-e-Maada: (to make the consistency of matter thick, capable of being eliminated)

Make a decoction of drugs like *Banafsha, jau muqash'shar, and khashkhash* and use with *Sharbat-e-khashkhash, this Joshanda* is very beneficial in *Nazla Haar.*[23]

Unnab, Khashkhash, and Khatmi are boiled with Aash-e-Jao and served with *Sharbat-e-banafsha or Khameera banafsa in Nazla Haar.* This is useful for diluting the matter.[23]

If the disease is in advanced stage:

Try to produce sneezing so, that phlegm which is causing disease can be diverted to nasal passage. To smell the *Sandal-e-surkh*, rubbed in vinegar is beneficial in *Zukam Haar,* likewise, barley flour bran dipped in vinegar was found good to open the blockage of the nasal passage. If anosmia occurs in *Zukam Haar* then steam inhalation of boiled water of *baqila* dipped in vinegar, is found good for restoring smell. Fumigation of *Sandal safaid* is also found very good in *Nazla Haar*[23]

In case of excess *of khilt-e-dam use Moaddilat-e-Dam-Shahtra, chiraita, gule-e-mundi, sandal, chobchini, ushba* etc.

If *Nazla-e-haar* is due to excess of *khilt-e-safra* then remove excess *Khilte-e-safra* first by using *Munzij-e-Safra and Mushil-e-Safra*[23]

Decoction of *Unnab, Sapistan, Aslussoos, Tukhm-e-khatmi, Khashkhash* mix with *Aash-e-jao use with Khameera banafsha or Sharbat-e-banfshu*. It is beneficial for *Nuzuj* of *balgham*.

Compound drugs used in *Nazla*

Tiryqe nazla, habbe shifa, khamera khashkhash koknari ,diyaquzah, sharbat-e-nazla, sharbat-e-faryadras, sharbat-e-gular, lauqe nazla haar, lauqe shamoon, qurs nazla band[24] *-Itrifal muqawwi-e-dimagh, habbe banafsha, khamera khashkhash sada, habbe seemab*[29] *-Lauq-e-Nazli, Habb-e-Surfa, Sharbat-e-Ejaz*.[24], *Laooq khiyar shambar*.

Common single drugs used in *Nazla*[3,30,40]

Banfsha, Behidana, Unnab, Sapistan, Asalussoos, Aalubukhara sheerin, Turanjabeen, Tukhme khitmi muqashar, Kishneez khushk, Barg wa gule aazad, Gulab sufaid. Injeersiya, Maghze khiyar shamber, Sheere tukhme kahu muqashar, Sheere maghze kaddu. Maghze badam etc[3,30,40]

Preventions

Do's

- The head should be covered in all types of *Nazla* even during sleep [5]
- Patient should have meal only once a day [22]

Don'ts:

- Avoid sleeping in the daytime [6,23,24] or just after meals[6,24]
- Avoid sleeping in a prone position [6]
- Avoid excessive indulgence in sexual activity [24]
- Avoid excessive mental work
- Avoid seasonal fruits and strong perfumes [6,24]
- Avoid excess awakening or overeating at night. [6]
- Avoid *Tukhma* (indigestion) [6,24]
- Avoid sleeping in the supine position, as it will cause the descending of matter towards the chest rather head should be kept downward and the face on the pillow. So that matter will be diverted towards the nose and not towards the chest. [6,9,21,23,24]

DISCUSSION

The intricate correlation between *Allergic Rhinitis* and *Nazla Haar* illustrates how ancient systems of medicine like Unani had a sophisticated understanding of disease long before the advent of immunology. While modern biomedicine explains allergic rhinitis as an IgE-mediated Type I hypersensitivity reaction involving mast cell degranulation and eosinophilic inflammation, the Unani concept of *Nazla Haar* attributes the condition to a disturbance in the brain's temperament (*Sue Mizaj Haar-e-Dimagh*), often triggered by intrinsic and extrinsic factors like climate, diet, emotions, and lifestyle.

Unani physicians not only recognized the descent of *fuzlaate dimaghi* (morbid cerebral secretions) as the root of *Nazla* and *Zukam*, but also offered a rich classification based on humoral involvement—such as *Nazla Safravi*, *Balghami*, and *Damvi*. This highlights the diagnostic granularity and personalized approach inherent in Unani medicine, which modern integrative practices are now striving to emulate.

The therapeutic strategies in Unani are notably holistic. Through *Ilaj bil Tadbeer* (regimenal therapy), *Ilaj bil Dawa* (pharmacotherapy), and *Ilaj bil Ghiza* (dietotherapy), treatment aims not just at symptomatic relief but also at correction of the underlying *Mizaj* (temperament) and elimination of the morbid matter (*Tanqiyah*). Interventions such as *steam inhalation (Inkabab)*, *venesection (Fasad)*, *hot fomentation (Takmeed)*, and dietary regulation demonstrate the multi-pronged, constitution-based management approach.

The integration of Unani insights with modern diagnostic criteria and clinical guidelines can help evolve a more comprehensive treatment model. This integrative approach not only respects centuries of medical heritage but also opens new avenues for research into natural, constitution-specific treatments in allergic respiratory diseases.

Bridging traditional and contemporary medicine through rigorous evidence-based evaluation can help globalize Unani wisdom and ensure safer, holistic care for allergic rhinitis patients.

CONCLUSION

Allergic Rhinitis, a globally prevalent immunological disorder, finds a profound parallel in the Unani concept of *Nazla Haar*. While modern medicine attributes its pathogenesis to IgE-mediated hypersensitivity, Unani scholars recognized it centuries ago as a result of *Sue Mizaj Haar* and the descent of *fuzlaate dimaghi*. This review bridges ancient wisdom and contemporary science, highlighting the deep insights Unani physicians possessed in classifying, diagnosing, and managing respiratory ailments with remarkable precision. The Unani system offers a holistic, multi-modal approach—including *Ilaj bil Tadbeer*, *Ilaj bil Ghiza*, and *Ilaj bil Dawa*—which emphasizes not just symptomatic relief but also correction of underlying imbalances. Integrating this time-tested traditional knowledge with modern evidence-based approaches may offer new avenues for personalized and sustainable management of Allergic Rhinitis. Further clinical research is warranted to validate and refine these Unani strategies in the context of integrative medicine.

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