

## Istifragh and Imala (Evacuation and Diversion of Matter) in Unani Medicine - A Review

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### Abstract

### Review Article

**Introduction:** *Istifragh*, a fundamental concept in Unani medicine, refers to the evacuation of waste materials and morbid matter from the body to maintain health and prevent diseases. Rooted in ancient medical practices, *istifragh* encompasses various therapeutic methods such as *hijamah* (cupping), *fasd* (venesection), *irsale-alaq* (leeching), *ishal* (purgation) etc. Despite its historical significance and widespread use in Unani clinics, there is a pressing need to evaluate *istifragh* through modern clinical trials to validate its efficacy in contemporary medical practice. This paper aims to provide a comprehensive overview of *istifragh* while exploring its relevance in modern preventive and therapeutic strategies.

**Objectives:** The primary objective of this research is to explore *istifragh* in the context of modern medicine, focusing on its physiological basis, therapeutic uses, and potential integration into healthcare. The study also emphasizes the importance of clinical trials to validate the effectiveness of *istifragh*.

**Methodology:** This paper reviews classical Unani texts and contemporary literature to outline the principles and practices of *istifragh*. The physiological processes of food consumption, digestion, and waste elimination in Unani medicine are discussed, along with the pathophysiology of abnormal retention (*ghayr taibai ihtibas*) and its implications for disease development. The study also explores the concept of *imala* with or without *istifragh*.

**Key Findings:** *Istifragh* is a vital therapeutic approach in Unani medicine, aimed at eliminating harmful substances and restoring the body's natural balance. The principles of *istifragh* emphasize the importance of timely and moderate elimination, considering factors such as the patient's temperament, strength, and the nature of the disease. Furthermore, the concept of *imala* (diversion of matter) is discussed as a complementary approach to *istifragh*, particularly in cases where complete elimination is not feasible.

**Conclusion:** *Istifragh* is a valuable therapeutic approach in Unani medicine with potential in modern healthcare. Further research is needed to explore its scientific basis and role in preventive and therapeutic medicine, bridging traditional knowledge with modern science for holistic healthcare solutions.

**Keywords:** *Istifragh*; *Unani medicine*; *Imala*; *Munziji Mushil*; *Ihtibas*; *Hijama*.

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## INTRODUCTION

*Istifragh* is a well-known and widely practiced method among Unani philosophers, with its significance continuing in contemporary Unani clinics and hospitals. Even today, practices such as *hijamah*, leeching, *fasd*, *ishal*, and others are integral to Unani prescriptions for promoting well-being and treating various diseases. It is considered one of the six essential factors of life in the Unani system of medicine. Many ancient physicians incorporated *istifragh* as an effective approach for managing health, preventing diseases, preserving well-

being, and controlling disease progression while preventing complications.

*Ibn Rushd*, a renowned scholar, emphasized *istifragh* as a preventive method, advocating its use for both disease prevention and management [1]. Therefore, it is essential to examine this practice in the context of modern prevention strategies, particularly through clinical trials. While abundant historical evidence exists from physicians who practiced *istifragh*, showing its effectiveness at the time, there is a pressing need to evaluate it within the framework of contemporary medical knowledge.

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Although medical advancements have brought new methods and approaches, the fundamental principles of *istifragh* remain relevant and, in some cases, more effective compared to many modern techniques for prevention. However, to validate its efficacy in today's medical landscape, it is crucial to test it according to modern parameters through rigorous clinical trials, whether short-term or long-term.

This paper aims to provide a comprehensive overview of *istifragh*, including its definitions, precautions, principles, indications, contraindications, and methods for cessation. Additionally, it will explore the concept of *imala* as part of this therapeutic approach.

## DEFINITIONS

**Istifragh:** A term referring to the evacuation of waste materials, metabolic by-products, and morbid matter (such as feces, urine, sweat, menstruation blood, etc.) that are formed within the body through metabolism. It emphasizes the need for timely and moderate removal of these substances to maintain bodily health [2].

**Ghayr Tabai Istifragh (Abnormal Elimination):** A condition where substances that should normally be retained within the body begin to excrete prematurely, before their designated time for elimination. This abnormal process is referred to as *ghayr tabai ihtibas* [2].

**Ihtibas (Retention):** The process of retaining substances that are essential for the body's normal functioning, preventing their premature elimination or loss. [2]

**Ghayr Tabai Ihtibas (Abnormal Retention):** A condition where substances that should normally be eliminated from the body are instead retained, deviating from the body's natural processes. This abnormal retention is referred to as *ghayr tabai ihtibas* [2].

## PHYSIOLOGY OF FOOD CONSUMPTION AND WASTE ELIMINATION IN UNANI MEDICINE

When air is inhaled and food and beverages are consumed, the body generates waste that is unnecessary. The body's natural ability (*tabiyat*) removes these wastes through various channels such as sweat, sputum, urine, and feces. However, improper and irregular food consumption can lead to the accumulation of waste in the body's spaces, which can harm tissues and cause diseases. As a result, these wastes must be removed from the body through additional efforts and methods, which should be done after proper consultation [3].

- Food consumption
- Stomach digestion
- Small intestine digestion
- Waste is eliminated in the form of stool, while liquids are absorbed and transported to the liver
- Digestion in the liver
- Blood is produced, and waste generated during this process is eliminated via urine [3].

## PATHOPHYSIOLOGY

When the body is unable to eliminate waste properly, it leads to internal damage and the development of diseases. This occurs when the blood formed in the body enters the muscles, absorbing fluids that align with the body's natural temperament, while leaving behind fluids that are incompatible with it. These unsuitable fluids become thin and disintegrate to facilitate their elimination. However, when these fluids cannot be eliminated, they accumulate in empty spaces within the body. Over time, they may become infected or putrid, leading to various diseases like tuberculosis. Additionally, they can cause imbalances and inflammation in different organs, such as hot-tempered humors resulting in hot inflammations. Diseases caused by this *ghayr tabai ihtibas* can be easily prevented if the imbalance (intemperament) is identified early by a doctor. Timely intervention allows for the elimination of the responsible humors, preventing further complications and the sequential progression of these diseases [3].

To prevent disease before it manifests, a doctor should carefully track the patient's eliminated waste products, such as feces, urine, sweat, menstrual blood, nasal discharge, and throat secretions. Monitoring changes in elimination habits, including variations in the frequency or timing of urine and feces excretion in relation to food and beverage intake, is crucial. If any signs of *ghayr tabai ihtibas* are detected, the doctor must find a way to eliminate these substances, either by targeting the affected organ or addressing the entire body [3].

Following the consumption of food, the body undergoes a process called assimilation, where it absorbs all the nutrients. Any remaining food components are considered waste. The body expels these waste materials through natural pathways, and when this process occurs on time and in the right amount, it indicates good health. However, even small disruptions in this process, such as retention of waste or changes in the site of retention, can lead to health issues. Therefore, it is essential to maintain regular, timely elimination of waste through natural routes to ensure good health [4].

When evacuation or retention mechanisms are disrupted, it can lead to harmful effects on organ systems, causing inflammation and other pathological conditions. Accumulated waste can result in organ inflammation or cause skin diseases such as itching (*kharish*), eczema (*daad*), scabies (*jarb*), or ulcers once it reaches the skin. Waste material can accumulate in an organ for various reasons: it may originate by that organ, be transported there from more powerful organs, or form directly within the organ itself. Stronger organs sometimes discharge waste into weaker ones, particularly when they share the same elimination pathway. A common example of this is the relationship between the stomach and the head [1].

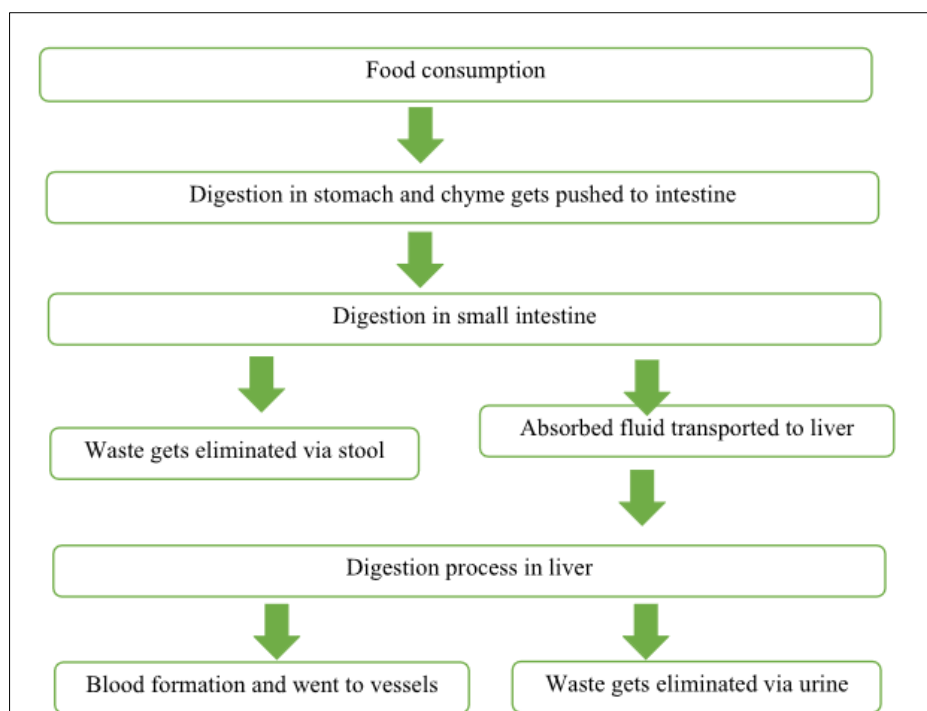


Figure-1: Physiology of food consumption and elimination [9]

**Causes of Abnormal Elimination (*ghayr tabai istifragh*):** These are the causes that leads to eliminate the bodily substances more than needed.

- **Strong expulsive Power (*Quwat-e-Dafiya*):** Insufficient strength or capability of the body's defense mechanisms to resist harmful materials or conditions.
- **Weak Retentive Power (*Quwat-e-Masika*):** Inability of the body to properly retain or hold substances that should remain inside.
- **Harmful Material (*Mozi/Muzir*):** Presence of substances that are inherently harmful or toxic to the body, leading to adverse effects.
- **Harmful Due to Excess Quantity:** Harmful effects resulting from an excessive amount of material, leading to symptoms such as intense pain or heaviness.
- **Reehi Material Causing Stretching:** Substances with gaseous properties that induce stretching sensations, often causing sharp pain.
- **Intensity and Harshness of Material (*Hiddat or Hararat*):** The severity and burning nature of certain materials that cause a stinging or burning sensation in the body.
- **Thinning of Material Consistency:** When substances in the body become thin or diluted, making them more easily excreted or eliminated.
- **Dilatation of Pathways:** The enlargement or widening of bodily channels, leading to the discharge of fluids such as seminal fluid.
- **Rupture of Channels (Horizontal or Longitudinal):** Damage to bodily channels, which may result in conditions like epistaxis

(nose-bleeds), causing rupture either horizontally or longitudinally [2,5,6].

**Causes of Abnormal Retention:** Various conditions can lead to the retention of substances that are normally expelled by the body, including:

- **Impaired Expulsive Function (*Quwate Dafiya*):** When the body's ability to eliminate substances is weakened, it may result in retention.
- **Overactive Retentive Function (*Quwate Masika*):** A hyperactive retention mechanism can also cause substances to remain in the body for extended periods.
- **Impaired Digestion Leading to Prolonged Food Retention (*Quwate Hazima*):** Weak digestion can prevent the proper breakdown of food, leading to its prolonged presence in the digestive system.
- **Constricted or Blocked Pathways:** Narrowed or obstructed channels can hinder the normal passage of substances, leading to retention.
- **Excessively Thick or Sticky Substances:** Matter with abnormal thickness or stickiness can make elimination more difficult, contributing to retention.
- **Lack of Sensitivity, as in Biliary Colic:** Conditions like biliary colic, where sensitivity is reduced, can interfere with normal bodily processes, resulting in retention.
- **Energy Redirection During Crises, such as Fevers:** During events like fevers, the body's energy is redirected, which may temporarily lead to the retention of urine and feces.

Each of these factors may contribute to abnormal retention within the body, depending on the specific situation and context [2,5,6].

### Timing of Normal Excretion:

Once digestion is finished and the body is prepared to eliminate waste, this is the ideal moment for the substances to be expelled [4]. The delicate balance between evacuation and retention is crucial in preventive medicine. Failure to regulate these processes can lead to serious health issues, highlighting the importance of maintaining a proper balance between the expulsion and retention of bodily waste. Therefore, a deep understanding of these concepts is essential for promoting overall health and preventing illness.

In terms of disease management, if the condition is caused solely by *Sue Mizaj* (intemperament), restoring the natural Mizaj will typically be sufficient. However, if the disease is caused by *Sue Mizaj Maddi* (abnormal substantial temperament), elimination of the excess matter is necessary. In some cases, this elimination alone can restore the *Mizaj* to normal; if not, the correction of the *Mizaj* through the principle of *bil-zidd* (opposite treatment) will be needed following the elimination process.

*Sue mizaj maddi* can be present in:

- Whole body
- Particular organ
- Accumulated into empty space of an organ
- Morbid Matter affixed with structure of an organ

When treating a diseased organ, several key factors must be considered. Firstly, the underlying cause of the disease should be eliminated, and waste must be removed or redirected. Additionally, it is important to strengthen the affected organ. For instance, in cases of recurring nasal congestion, it's essential to redirect or eliminate waste from the head towards the stomach [1].

To clear waste from the stomach, methods such as vomiting (*qai*) and diarrhea (*ishal*) are used. For the liver, techniques like vomiting, diarrhea, and diuretics (*mudire bawl*) are applied. To cleanse the intestines, diarrhea and enemas (*huqna*) are commonly used.

When waste becomes attached to an organ's structure, it is necessary to administer medications with strong absorptive qualities, known as *quwa al-jazb*. These medications should also have *muqqawi* properties to prevent future contamination. One example for treating the stomach is "*ayarij feqra*." [1]

Proper treatment of an imbalance in bodily humors, or *Sue mizaj maddi*, involves removing only the excess humors through a process called *istifragh*—neither too much nor too little. To effectively manage this, it is important to examine the factors influencing the

increase or decrease of these humors, as discussed previously. However, there are times when using medications or supplements is contraindicated, even if there are clear indications for them. For instance, while the body may show general signs of *istifragh*, such as *fasd* (bloodletting), the primary organs, like the stomach, may not be able to handle it, making *istifragh* inadvisable [1].

*Istifragh* can be carried out using various methods: *Fasd* involves bloodletting to restore balance; *Irsale Alaq* (leeching) uses leeches to remove toxins; *Hijama* (cupping) involves controlled bleeding through vacuum cups; *Qai* (emesis) induces vomiting to expel toxins; *Ishaal* (purgation) stimulates bowel movements for elimination; *Huqna* (enema) introduces fluids into the rectum to assist with evacuation; *Riyazat* (exercise) promotes sweating and boosts metabolism; *Dalk* (massage) helps release toxins by manipulating tissues; *Hammam* (Turkish Bath/Vapor Bath) encourages sweating and relaxation; *Idrar* (diuresis) increases urine output to remove toxins; *Tareeq* (diaphoresis) stimulates sweating; *Tanfees* (expectoration) aids in clearing mucus from the respiratory system; *Aabzan* (sitz bath) ensures the removal of toxins; *Zimad wa Tila* (paste & liniment) applies medicinal substances topically; *Munzij* (concoction) and *Mushil* (purgative) are specific remedies for addressing imbalances in humors, working to eliminate them through purgation [1-10].

### PRINCIPLES OF ISTIFRAGH [1,5,9,11]

Principles of *Istifragh*: There are several factors that determine whether *istifragh* (elimination) and *bi'l zid* medications should be used, including the body's condition. The appropriate amount and type of medication depend on the following ten key principles:

- **Imtila (Congestion)**: Elimination is not recommended when the body is free from congestion, though mild elimination may still be permissible.
- **Quwat (Power/Faculty)**: If the body's faculties (e.g., physical, mental, or natural strength) are weak, *istifragh* should be avoided, as it could cause negative effects like spasms, dizziness, or fainting. However, in cases of significant build-up of matter, where the risks of not performing *istifragh* outweigh the potential side effects, it may still be necessary.
- **Mizaj (Temperament)**: *Istifragh* should not be done when the temperament is hot and dry (*haar-yabis*) or cold and wet (*barid ratab*). However, it may be employed if the person's temperament is hot and moist (*haar-ratab*) or there is noticeable congestion with accumulated matter.
- **Suhna (Body Condition)**: Individuals who are either excessively lean or obese are not suitable candidates for *istifragh*. For those with a lean, weak physique and an excess of *saфра* (yellow bile), alternative treatments are used to adjust



their temperament, such as "*ilaj bil zidd*" (treatment through opposites), which may help avoid the need for *istifragh* later on.

- **Aaraze Malaima (Mild Symptoms):** *Istifragh* should be avoided in cases where complications like spasms are likely to arise during the elimination process.
- **Age:** Both extreme youth and old age are contraindications for *istifragh*. In children, the organs are still developing, and in older adults, they are deteriorating, making the procedure unsuitable.
- **Season:** Elimination should not be performed during the peak of summer or winter, as these extreme seasons can disrupt the body's balance.
- **Climate:** In extremely hot southern regions, *istifragh* is prohibited due to the following reasons:
- *Mushil* medicines are inherently hot, and adding more heat is inadvisable.
- People in these areas often have a weaker constitution.
- The hot environment causes the body to push matter to the periphery, while *mushil* medicines pull matter inward, particularly in the intestines, leading to opposing forces that make *istifragh* unsafe.
- **Habit:** Those who are not accustomed to *istifragh* should avoid it.
- **Occupation:** People engaged in occupations where elimination occurs naturally, such as working in a *hammam*, labour-intensive jobs, or blacksmithing, should not undergo *istifragh*.

Additionally, the nature of an individual's temperament (*tabiat*) and the health of affected organs must be considered when planning *istifragh*. Each organ's position, relationship with others, nerve involvement, benefits, structure, and overall role in the body must be taken into account [1].

#### PURPOSE OF ISTIFRAGH [5,6,9,11]

There are five key purposes for performing *istifragh*, and at least one of these purposes must apply to the individual undergoing the procedure.

##### ▪ Eliminating Harmful Substances:

The primary goal is to remove substances that are disrupting the body's normal functions. It's important to monitor the body closely as mild side effects may arise from the process, such as fatigue, fever, or mild abrasions in the intestine or bladder. However, these side effects typically subside quickly, and the individual will feel significantly better after they have eliminated. For instance, when using purgatives to detoxify, the patient may initially experience discomfort, such as abdominal pain or intestinal abrasions, due to the herb's strong, hot nature. However, the beneficial effects will only manifest once these initial discomforts fade.

##### ▪ Considering the Direction of Waste:

The method of elimination should align with the symptoms. For example, if nausea is present, vomiting is the preferred method to expel the harmful substances. If intestinal spasms are occurring, diarrhea is the appropriate way to expel the toxins.

##### ▪ Evaluating the Organ's Condition:

The affected organ's disease, its connection to other organs, and its natural elimination route must be taken into account. The liver, for example, is more closely connected to the right basilic vein than other veins, so its waste removal route should be carefully considered. If an organ doesn't have a natural pathway for eliminating waste, it may need to divert this waste to another organ. The direction in which this waste is diverted should also be examined to avoid overburdening weaker organs that may be susceptible to additional illnesses. This approach is aligned with the principles of *tabiyat*, which aims to prevent further diseases from developing.

##### ▪ Timing of Istifragh:

For chronic conditions, *istifragh* should generally be performed after the process of *nuzj* (the resolution of the disease). However, for acute conditions, it may be more beneficial to proceed with *istifragh* immediately rather than waiting for *nuzj*, as delaying treatment can worsen the condition, especially if the harmful matter is already in an active state.

##### ▪ Assessing the Amount of Elimination:

The quantity of material to be eliminated depends on the amount of harmful matter causing the disease, the person's strength, and the potential complications that could arise after the procedure. The amount of elimination should be adjusted accordingly. For instance, if purging yellow bile (*safra*), the passing of mucus in the stool indicates the body is correctly expelling *safra*. If the stool contains black bile (*sauda*), it may indicate an Excess of elimination from body. If blood is present in the stool, *istifragh* should be stopped immediately as this is a dangerous sign. After vomiting or diarrhoea, signs like thirst or yawning suggest that the body has successfully rid itself of harmful substances.

##### ▪ Patient's Tolerance:

*Istifragh* should be done according to the individual's tolerance level. There's no need to be concerned about excessive discharge as long as the patient can tolerate it. As long as the discharge is ongoing and the patient can handle it, the process should continue without fear.

#### INDICATIONS FOR ISTIFRAGH [6]

- **Obstruction (Sudda):** *Istifragh* is used to treat obstructions caused by either the quantity or quality of substances in the body. For quantitative obstructions, methods like *Ishal* or *Fasd* are sufficient. If the obstruction is due to thick or

viscous humors, anti-inflammatory drugs with detergent properties should be used to break down and eliminate the fluid.

- **Swelling (*Awram*):** Treatment depends on the cause. If swelling is not caused by accumulated material (*madda*), astringent and anti-inflammatory drugs can be used. If *madda* is involved, approaches like draining the area, wet cupping, or *Fasd* may be necessary.
- **Incision Treatment:** Proper anatomical understanding is essential. The physician must be aware of nearby veins, arteries, and nerves before making an incision. Emergency supplies, including painkillers and appropriate medications, should be available, and precautions must be taken when pus is draining.
- **Amputation:** Amputation is necessary when an organ becomes irreparably damaged and cannot be treated through other methods like *hijamah* or *Fasd*. It's better to avoid using iron tools as they can harm the tissues. After amputation, the area should be treated with boiling oil and protected to prevent further harm.
- **Discontinuity (*Tafarruqe Ittisal*):** For soft tissue discontinuity, the underlying cause must be addressed, and treatments like muscle-growth promoting foods or medications can be used. For bone discontinuity, proper alignment and immobilization are necessary.
- **Pain Relief (*Taskeene Alam*):** Pain management is based on the underlying cause, which could be related to any of the issues above.

### RELATION BETWEEN *ISTIFRAGH* AND HABIT<sup>3</sup>

Another crucial factor to consider in the management and prevention of a disease is habit. If a habit persists for a long period, it becomes one of the crucial factors (*umoor*) influencing the person's health. According to *Buqrat*, it becomes the second most important factor after an individual's *tabiyat*. Thus, it became a crucial factor that doctors had to take into account for each patient when it came to illness prevention. Certain diseases are easily avoidable by giving up habits like drinking and smoking, while other congestive diseases can be avoided by adopting a straightforward method of *istifragh* as a controlled habit like exercising or wearing a headscarf on time, among other things.

- Therefore, the habit of *istifragh* also plays an important role in the occurrence of many diseases which is going to be discussed here.
- If someone has a history of hemorrhoidal bleeding, epistaxis, timely *hijama* or *fasd*, then it is best to follow their usual habit. Deviation may result in a fever and body heaviness. And there is no fear in performing bloodletting procedures on these individuals if they become involved in any *amraze damwiya* or congestive diseases (*ghayr tabai ihtibas*), and there will also be no adverse effects. If

hemorrhoidal bleeding stops suddenly it also leads to similar diseases. While some people are not accustomed to having their blood drawn. If this is the case, a small amount of blood should be extracted while the patient is under close observation because they tend to become weak and dizzy.

- Frequent bloodletting demands a larger volume of blood to be drawn during a *fasd* can be highly dangerous for an individual as it increases the risk of contracting diseases brought on by cold temperaments (*baroodat*), such as ascites, paralysis, epilepsy, and weakness of the stomach, liver, or heart. Yet abstaining from bloodletting entirely is also not a good habit to have because it can also lead to some fatal illnesses like *amraze damwiya* (*hummiyate mutbiqa*/continuous fever) and also causes hemoptysis, *garm warm* (inflammation), *khwaneeq* etc.
- Young people of *Haar Mizaj* should be habitual for bloodletting procedures as a preventive measure from all congestive diseases (*ghayr tabai ihtibas*) and *amraaze damwi* specially in the spring season (*rabi'e*).
- Before passing feces, some people use purgatives or other items like tea or cigarettes. This can develop into a habit for them, making it harder to defecate without them. Although it is not a good habit to have, stopping them abruptly is also not a good idea. Additionally, it is best to give them the same purgative that they are accustomed to take, if a purgative is required as a medication to treat or prevent congestive diseases. It is not a good routine to continue, especially for thin and lean people, as it makes them even more dry and lean. Additionally, it is essential to pay careful attention to the conditions when administering purgatives as medicine to an individual who has never taken any kind of purgative before.
- When a person's routine involves abstinence from the purgatives use, physical activity and *hammam* instead of having a healthy overweight body, they might indulge in diseases caused by *ghayr tabai ihtibas* (or even with a healthy overweight body, a person may develop diseases caused by *ghayr tabai ihtibas* if their routine involves refraining from using purgatives, exercise, and *hammam*). Thus, it is advantageous to incorporate purgative as a means of expulsion of matter into their regimen during the spring and autumn seasons.
- A frequent vomiting habit is not good for a person since it can cause a number of illnesses, such as visual impairment, stomach muscle wasting, and lung and chest injuries that result in blood leaking into the vomit. Furthermore, it is not advantageous for them to abstain from vomiting altogether if they have never done so before, as vomiting is a medical procedure that can help prevent diseases due to increased *balgham* and *saфра* in the stomach, as well

as lower body illnesses. Vomiting can be done once a month or every two months.

- **NOTE:** If a physician wants to change a patient's bad habit of frequently having a particular *istifragh* into a good habit that can be used for the prevention of health, then it should be done gradually over time rather than all at once because, according to *Buqrat*, doing so could cause serious harm to the body.
- When someone gets unwell because of abruptly stopping *istifragh* that they have become accustomed to then it can be simply treated by getting them back into the habit [5].

#### PRECAUTIONS OF *ISTIFRAGH* [6]

- **Difficulties in Expelling Morbid Matter from Joints:** While the body can easily expel morbid matter from vessels, it is more challenging to remove it from joints. In such cases, there is a risk that beneficial humors may also be expelled along with the harmful ones.
- **Dietary Precautions:** After undergoing *istifragh*, especially with purgative drugs, individuals should avoid overeating or consuming improperly cooked or raw food for a while. This helps prevent the body from absorbing *ghayr munhazim ghiza* that could lead to the creation of faulty humors and new diseases. If necessary, food intake can be gradually reintroduced.
- **Humor Balance:** If one of the four humors is predominant in the body, *Fasd* should be used to remove each humor proportionately. However, if a humor is dominant or morbid, alternative treatments should be considered.
- **Risk of Humma Yaum:** Excessive *istifragh* can cause *humma yaum*, which may arise from extreme levels of expulsion.

- **Philosophical Consideration:** Philosophers suggest that not all morbid matter needs to be eliminated, as the body's natural healing power (*tabiyat*) may suffice. Over-eliminating can be harmful, potentially weakening the individual's strength (*quwa*).
- **Natural Expulsion Process:** The physician should allow the body to expel matter naturally, as long as the patient's strength (*quwa*) supports it. In some cases, expulsion is acceptable even if it leads to unconsciousness, as long as it remains within safe limits.
- **Gradual Approach for Weak Individuals:** For individuals who are weak or have a large amount of morbid matter, *istifragh* should be administered gradually over multiple sessions. For conditions like cancer, chronic joint pain, or ulcers, where the matter is sticky or difficult to expel, a similar slow and steady approach should be followed.

#### Route of Excretion:

Certain food components are considered waste (*fuzla*) and must be eliminated from the body through their designated natural channels, as not all food substances are absorbed by the cells for nourishment. The waste from the stomach is expelled through the intestines as feces. Surplus waste from the liver is processed by the kidneys and excreted as urine, while some of it travels to the gall bladder and spleen, where it is converted into yellow and black bile (*safra* and *sauda*). The body's waste is also expelled through the skin in the form of sweat, dead cells, and vapors. Waste from the brain is released as nasal mucus, oral mucus, and earwax. Finally, waste from the chest is expelled as sputum [4].

**Table-1: Natural route of excretion**

Organ	Natural route (through)	Waste
Stomach	Intestine	Feces
Liver	Kidneys & Bladder	Urine
	Gall bladder & Spleen	<i>Safra and Sauda</i>
Organs	Skin	Sweat, Dead cells & Vapors
Brain	Ear, Nose & Mouth	Ear wax & Mucous
Chest	Nose or Mouth	Sputum

**How to Stop *Istifragh* [5,6,11]:** There are situations where it is necessary to halt the process of *istifragh* (such as *ishaal*, *qai*, *nuzj*, *tareeq*, or *idrar*), whether it was initiated intentionally by a physician for treatment or prevention, or occurred spontaneously due to the body's natural processes. The methods to stop *istifragh* include:

- ***Imala bila istifragh* (diversion without elimination):** Change the direction of the flow of matter without expelling it. For example, applying dry cups below the chest for menorrhagia; pain should be controlled before performing the diversion procedure.

- ***Imala ma istifragh* (diversion with elimination):** Redirect the flow of matter to another area, accompanied by elimination. For instance, for menorrhagia, divert the issue to the upper body through *fasd* of the basilic vein. Similarly, use *ishaal* to stop vomiting, or diaphoresis to halt both vomiting and diarrhea.
- **Sustenance of *istifragh*:** In some cases, you may need to support the elimination process, such as using *ayarij* to address laceration and *ishal* caused by thick or viscous substances in the stomach and intestines.

### ■ With the help of drugs:

- *Adviae Mubarrida* (cooling drugs): These drugs, due to their cold properties, help constrict blood vessels and increase fluid viscosity. Examples include ice, camphor, and sandalwood for controlling epistaxis.
- *Adviae Qabiza* (astringent drugs): They help to contract both the matter and the blood vessels.
- *Adviae Mughaiyyara* (altering drugs): These medications block vessels or create an obstruction in the elimination channels, often using sticky substances. It is best for these to be warm and drying.
- *Adviae Kaviya* (corrosive): These drugs help create scarring or act as a replacement for the elimination process to stop it. However, removing the scar can sometimes lead to more elimination, as it can cause the passage to dilate again.

### ■ With outer support or bandaging:

Two techniques are used to stop elimination through bandaging: the first is blocking the path of elimination, and the second is applying a tight bandage, cloth, or stitches to replace the process of elimination.

**Note:** According to *Kulliyat Qanoon*, there are specific guidelines for stopping blood flow. Use drugs with astringent (*qabiz*) properties when blood is leaking from vessels. If vessels are damaged, medications with both astringent and Blocking (*suddad*) properties should be used. For eroded tissues, drugs that promote tissue regeneration (*munbit laham*) and those that clear dead cells (*jaali*) are recommended [5].

## IMALA (DIVERSION OF MATTER)

Imala refers to the process of relocating bodily matter (*mawad*) from one area to another, which broadly aligns with the method of *istifragh*. It is considered when the quantity of harmful matter is minimal. There are two main types of *imala*:

### ■ *Khilaf Bae'ed*:

This involves diverting or absorbing the matter to a distant organ. For example, in cases of nose-bleeds, the harmful matter is directed to the lower body, such as the uterus or lower limbs, using *fasd* to remove it. The distant organ chosen is based on a single parameter, either length or width. For instance, if the affected area is in the left upper body, *imala* should be directed either to the opposite right upper body (in terms of width) or to the right lower body (in terms of length), ensuring the distance between the two organs is equivalent to the distance between the shoulders.

### ■ *Khilaf Qareeb*:

This type focuses on diverting the matter to a nearby organ. For example, in the case of hemorrhoidal bleeding, the matter is directed to the uterus or the *fasd* is performed in the vessels of the lower limbs. Another example is using *muhammir* drugs on the skin over the affected area, such as applying them to the forehead for

headaches or to the right or left hypochondrium for liver or spleen inflammation, respectively.

Pain can act as a force that draws blood, spirit (*rooh*), and other matter towards the affected area. Therefore, if *imala* is necessary when pain is present, it is advised to first address the pain before proceeding with the procedure. *Imala* can be achieved in two ways: either by eliminating bodily fluids to redirect the matter from the diseased organ to the elimination organ, or by simply redirecting the matter without eliminating it. This can be done through the use of *muhammir* drugs, such as *raai* and *suddab*, applied to the site of pain, or by using *hijama* (cupping) or fire cupping (*hijama bi'l naar*) on a distant or nearby site [5,9].

### *Imala with the Assistance of Istifragh* [11]:

When abnormal elimination occurs within the body, it becomes essential to redirect the humors either to nearby or distant organs to prevent complications. This can be accomplished through two primary methods. The first method involves redirecting the humors by eliminating them from the body. For example, if a man is experiencing bleeding from the mouth or ears, the matter can be redirected to the nose through epistaxis, a process that involves elimination via nearby organs. Alternatively, when elimination needs to be facilitated from distant organs, this can be achieved through *fasd* (venesection) in the lower limbs.

Similarly, if a female is dealing with hemorrhoidal bleeding, it can be controlled by redirecting the humors to nearby organs like the uterus, or to distant organs through *fasd* in the upper limbs.

When the body accumulates excess material that must be promptly eliminated to avoid further congestion or complications, the removal of this material is often facilitated by distant organs using a pulling action, ensuring that the material is swiftly extracted. In cases where the material becomes more active during the pulling process, elimination should occur through nearby organs to prevent the spread of potentially harmful substances to other organs.

### Precautions to Consider When Diverting Humors to Organs:

- The selected organs should not be of superior (*shareef*).
- Avoid directing humors toward highly sensitive organs.
- Steer clear of weak organs that cannot handle the diverted material.
- If there is pain in the affected area, it should be alleviated first, as pain can attract substances due to increased circulation.



**Imala Without Istifragh [11]:** The second method of *imala* is performed without the need for *istifragh*. Various techniques can be used for this process:

- **Pain Stimulation:** Pain can attract substances toward the affected area. By strategically applying pain stimuli, the body can be directed to move the harmful substances away from the diseased organ toward the site of pain.
- **Hijama Bila Shurt (Dry Cupping):** This method also facilitates the redirection of humors.
- **Topical Application of Temperamentally Hot Medicines:** These can Help to move the humors away from the affected areas.
- If harmful matter is located in the right hand, excessive work or lifting heavy objects with the left hand can help shift the matter to other organs.
- **Localized Medications for the Head or Eyes:** In cases where the harmful substances are located in the head or eyes, localized treatment can ease pain. A foot bath with warm water or a decoction of *mulayyin* herbs may assist in moving the matter away from the head and toward the lower limbs. This approach is particularly helpful when the usual method of

*istifragh*, which involves removing matter from narrow passages, is less effective.

- **Mushil Drugs:** These help in moving accumulated substances from the upper body to the lower body. For example, emesis can assist in redirecting substances upward, while purgation, enema, or suppositories are more effective when the material needs to move downward.

When substances tend to accumulate in the lower body, emesis can be used to redirect them. Conversely, purgation, enema, or suppositories are beneficial for moving materials from the upper body. In cases where the matter moves towards the chest or stomach, it is useful to redirect it to the periphery using means such as diaphoresis, diuretics, or purgation.

#### METHODS OF ISTIFRAGH [2,3,6,7,9,11]

There are nearly 14 methods of *istifragh* outlined in various Unani texts, as detailed in table-4. These texts contain extensive information on each of these methods, which goes beyond the scope of this paper. A separate research paper will be dedicated to discussing these methods, providing fundamental information about each, along with their applicability, as well as the research and clinical trials conducted on them.

**Table-2: Method of istifragh**

1	<i>Hijamah</i>	Cupping
2	<i>Fasd</i>	Venesection
3	<i>Irsale alaq</i>	Leeching
4	<i>Qai</i>	Emesis
5	<i>Dalk</i>	Therapeutic massage
6	<i>Hammam</i>	Turkish bath
7	<i>Zimad</i>	Paste
8	<i>Idrar</i>	Diuresis
9	<i>Munzij mushil</i>	Concoction and purgation
10	<i>Huqna</i>	Enema
11	<i>Tareeq</i>	Diaphoresis
12	<i>Mushil</i>	Purgative
13	<i>Riyazat</i>	Exercise
14	<i>Imala</i>	Diversion of matter

## CONCLUSION

*Istifragh* remains a relevant and effective therapeutic strategy in Unani medicine, with potential applications in modern healthcare. However, its integration into contemporary medical practice requires rigorous clinical trials to validate its efficacy and safety. This paper underscores the need for further research to explore the scientific basis of *istifragh* and its potential role in preventive and therapeutic medicine. By bridging the gap between traditional knowledge and modern science, *istifragh* can contribute to holistic healthcare solutions.

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