

Ishal (Purgation) an Important Regimen in Unani Medicine and its Relevance in Present and Future

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Abstract

Review Article

Background: Ishal (Purgation), a well-described Regimen in the Unani system of medicine, corresponds closely to process of Purgation in Contemporary System of Medicine that means process of removing waste or undesirable things from the body, usually through the bowels. **Objective:** This paper aims to critically review the concept of Ishal (Purgation) through the lens of Unani classical test books and Manuscripts and do comparison of it with modern medical understanding. It underscores the etiology, pathophysiology, clinical features, diagnostic approaches, and treatment strategies in the condition of excessive Ishal (Purgation) in Unani Medicine and Contemporary Updated Modern Medical System. Modern references include textbooks like Textbook of Pathology, and peer-reviewed clinical guidelines. A comparative evaluation was performed to highlight similarities and differences in diagnosis and treatment. **Conclusion:** It reflects that Ishal (Purgation) is a comprehensive and an important regimen in Unani Medicine with its vast use in prevention of various diseases and a simultaneously occurrence of various ill effects on Human body if it is used injudiciously may lead to various adverse reactions on different systems of Human body.

Keywords: Unani Medicine, Humoral theory, Ilāj bit Tadbeer, Purgation, Decoction, Dehydration.

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Ishal (Purgation): It is the regimen used to excrete abnormal matter that not only comes from the intestines and their surroundings but also from other places such as lung phlegm, splenic black bile, bloody portions or other materials that need to be cleared through anal route. *Ishal* is sometimes referred to as phlegm purgative, yellow bile purgative and black bile purgative depending on the situation. Purgation also makes it possible to get rid of humours like phlegm, yellow bile and black bile. A variety of mechanisms such as increasing the intestine's water content, promoting peristaltic movement or lubricating the intestines contribute to this increased frequency of stool production [1]. Purgatives are categorized further into:

Mamuli Mushila't or mild purgatives: While the frequency of loose motion is enhanced by these medicines, the severity is not raised. One or two loose motions are discharged after taking mild purgatives like Senna, Khiyarshambar, Erand, etc.

Qawi Mushila't (strong purgatives): The frequency and intensity of loose motion are increased by these medicines. Thus, there is a strong purgative effect and watery stools are passed. Death from dehydration can happen occasionally. These cause a regular passing of loose, watery motion. For example, Revancheeni and Jamalgota [2].

Goals and Objectives of Ishal:

- To get rid of phlegm, black bile and extra bile.
- To remove the pathological humours that are the source of the issue from the body.
- To eliminate excess fluid from the body, such as ascites fluid.
- To reduce blood pressure in hypertensive patients.
- To lower body temperature when hyperpyrexia is present.
- To prevent occurrences of certain illnesses in advance.

Ideal time of *Ishal*:

- The ideal seasons for purgation are fall and spring.
- It is advisable to avoid purgation in extremely hot or cold conditions.

General Rules of *Ishal*: Before beginning of *Ishal* it is important to consider the following guidelines:**Eat little meal before starting a purgation.**

There's no need to prepare if the intestines are ready for a purgation if they are simple interventions like exercise, massages and baths will suffice.

Due to discomfort purging should be avoided in situations of inflammatory bowel diseases.

Before purging a mixture should be used to produce the annoying humour. Prior to using the potent purgative, the body must be prepared. *Hammam* given at predetermined intervals before to purgation aid in effectively liquifying the vitiated materials.

Purgatives should not be used in the treatment of scybala which are hardened masses of faeces, unless the scybala has been eliminated using an enema or an emollient.

If a purgative does not work even after a long enough period of time, then in the absence of any unexpected symptoms developing in the patient no additional action should be done.

It is advisable to get enough sleep the night before starting the purgation.

Before beginning the *Ishal* the patient should be advised to take a sitz bath in lukewarm water. This will relax the anus and surrounding structures and make it easier for the infected materials to pass.

Before taking the purgatives people with bilious stomachs those on diets or those fasting should eat bread soaked in wine. Guidelines should be adhered to both during and following purging [1].

It is best to avoid physical activity immediately after taking purgatives to ensure optimal absorption.

If the purgatives taste awful, it is best to recommend that patients chew Aqarqarha (*Anacyclus pyrethrum*). If the patient vomits because purgatives taste or smell awful Sirka, Arq Gulab, Pudina, Karafs and Gule Khurasani should be administered.

Decoctions used for purgatives should be taken lukewarm. It is best taken with lukewarm water if it comes in pill or powder form.

For people with hot temperaments barley water or pomegranate juice should be administered before purgatives this is because it is ideal to provide purgatives on an empty stomach.

It is preferable to avoid taking a bath immediately away after using purgatives. Fatty foods should be given before a strong purgative like hellebore for someone with a dry temperament. It is better to sleep after using strong purgatives because sleep intensifies the effects of purgation.

Weak purgative users shouldn't be allowed to fall asleep. After purging, those with chilly dispositions should consume a decoction of haloon or water cress mixed with olive oil.

Those with hot dispositions should take *Banafsha* oil (oil of violets) with Naba't Safed (white sugar) or *Luab-e-Ispagol* (ispaghula) with cold water after using purgatives. *Tukhm-e-Katan* is recommended for those with moderate temperaments. Oil rubs and massages also help with purging. Drinking barley water is advised if someone has a fever after purging. If the effects of purgatives do not appear immediately use *Ma'ul asl* [1].

Signs of an Effective *Ishal*:

- There is no anxiousness or restlessness after purging.
- The appearance of a new kind of matter indicates the successful elimination of an offensive material.
- A strong desire to sleep.

Signs of Severe *Ishal*:

- Increased thirst is an indication that it's time to quit purging as does the type of faeces indicated.
- Blood spurts after purging signify a potential danger.
- Additional signs of severe purgation include loss of skin turgidity, cold skin and a dry tongue.
- Dark foul-smelling material in the stools and the passage of shredded intestinal lining membranes are indicators that purgative therapy should be discontinued [1].
- Medical Consultation or in-patient care are in Severely Dehydrated Patients:
- The caregiver's description of symptoms that point to dehydration.
- Modifying their mental state.
- A history of concurrent illnesses, chronic medical issues or preterm births.
- Young age (weight under 8 kg or less than 6 months).
- Fever above 38⁰ Celsius in babies under three months old or 39⁰ Celsius in children between three to thirty six months old.
- Evident blood in the stool.
- Frequent and large volumes of diarrhea with high output.

- Severe dehydration persistent fever and persistent vomiting.
- Inadequate reaction to ORT or caregiver incapacity to deliver ORT.
- If there is no change in forty eight hours the illness worsens overall and the symptoms worsen.
- No urine in the last twelve hours [3].

The process of purgation involves using the anal opening to remove vitiated *Akhla't* (humours) from the body. Medication known as *Mushilat* (purgatives) is used to eliminate material from the intestines and surrounding areas. This material can include the blood in the form of water the spleen in the form of black bile the lungs in the form of phlegm itself. It produces dehydration or pure water deficiency which is no loss of electrolytes and is manifested clinically as intense thirst, mental confusion, fever and oliguria due to plasma changes. It also increases the frequency of stool production in a number of ways including by making the intestines more fluid and encouraging peristaltic movement and lubrication. Packed Cell Volume (PCV), plasma protein levels and sodium levels are all unaltered in the early stages however in the later stages blood urea, serum sodium, and Packed Cell Volume all rise [4]. If excess Fluid is excreted by *Ishal* it leads to and various harmful effect are seen in human body. The impact and overall effect are mentioned below:

Dehydration: Most individuals who have mild to moderate dehydration due to *Ishal* (purgation) when the body loses more water than it gains-mostly from the intra-cellular volume (ICV), dehydration results. Low intake dehydration arises from a diet low in pure water consumption, raising the osmolality of both compartments and causing intra-cellular and extracellular fluid loss [5].

Malnutrition: The typical definition of persistent diarrhea is, diarrhea that lasts more than fourteen days. Regardless of the reason, malnutrition is still a major complication in diarrhea. Moderate to severe malnutrition, arising from many reasons is a common complication after *Ishal* [6].

Electrolyte Imbalance: Common electrolyte and acid-base abnormalities in children with diarrhea and dehydration include hyponatremia, hypokalemia and metabolic acidosis which is sometimes fatal [7].

Hypotension: In younger people, hypotension is a tardy and concerning symptom because of excessive diarrhea. Hypovolaemia/hypotension occurs and that should be taken seriously in a patient with a three-day history of diarrhea [8].

Hypernatremia: When a child has acute diarrhea they can develop hypernatremia, a severe and potentially fatal electrolyte imbalance with a serum sodium content above 150 mmol/l. To prevent serious neurological consequences, hypernatremia must be properly diagnosed and carefully treated [9].

Systemic Reactions: Systemic reactions to *Ishal* can include dizziness, fainting and hypo-tension, particularly

if the procedure results in significant water loss or dehydration. These complications may be more severe in individuals with underlying health conditions [10].

Micro-nutrient Deficiency: Zinc is a micro nutrient which catalyzes more than Hundred enzymes and is necessary mineral for human metabolism that also helps fold proteins and control gene expression. Zinc deficiency is more common in patients with malnourishment, alcoholism, inflammatory bowel disease and malabsorption Syndromes. Growth retardation, diarrhea and other non-specific symptoms are common signs of zinc deficiency [11].

CONCLUSION AND FUTURE SCOPE

Its crystal clear that *Ishal* (Purgation) is a comprehensive and an important regimen which is discussed in various Classical Unani Medicine textbooks with its wide range of its careful use in prevention of various diseases and with many simultaneously occurrence of various ill effects on Human body when used injudiciously. So one must be extra careful while employing this regimen to avoid its various adverse reactions on different systems of Human body.

REFERENCES

1. Kausar V, Khan F, Tehseen A, Nayab M, Ansari AN: Understanding the concept of purgation in Unani Medicine: A Review. *Journal of drug Delivery and Therapeutics* 2021;11(2):241-46.
2. Sapra MSF, Riffae MMM. A review on Unani concept of purgative drugs. *International Journal of Unani and Integrative Medicine* 2021;5(1):24-29.
3. Farthing M, Salam MA, Lindberg G, Diet P, Khalif I, Lindo ES *et al*. Acute Diarrhoea in Adults and Children- A Global Perspective. *J Clin Gastroenterol*. 2013;47(1);13-20.
4. Mohan H. *Morphological Features of Dehydration*. Edi.7th. Chandigarh: The Health Sciences publishers; 2015:87.
5. Srivastav Y, Hameed A, Srivastav A. Rudimentary Overview: Dehydration (Loss Of Body Water) Recognition And Management. *Int J. Alter Comple Medi*. 2024;5(1)7-11.
6. Lee WS, Harun FI. Outcome of moderate to severe malnutrition following persistent diarrhoea-A hospital-based retrospective study. *The Medical journal of Malaysia* 2008; 63(3):229-36.
7. Shah GS. Das BK, Kumar S, Singh MK. Bhandari GP. Acid base and electrolyte disturbance in diarrhoea. *Kathmandu University Medical Journal* 2007; 5(1):60-2.
8. Farne H, Norris-Cervetto E, Warbrick-Smith J. 'Diarrhoea', *Oxford Cases in Medicine and Surgery* (New York, 2015; online edn, Oxford Academic, 12 Nov. 2020), <https://doi.org/10.1093/oso/9780198716228.003.0026>, accessed 28 Aug. 2024.
9. Słowińska DS, Wysocki J. Hypernatraemic dehydration caused by acute diarrhoea in a Seven

- Month old infant - Case report. *Pediatrics Polska* 2006; 81(11):858-61.
10. Mustafa ZR, Sheiko SK. Effectiveness of wet cupping versus blood donation in reducing hyperlipidaemia among hyperlipidemic individuals. *Biochem. Cell. Arch.* 2020; 20(1):2735-44.
11. Saper RB, Rash R. Zinc:an essential micronutrient. *Am Fam Physician.* 2009;79(9):768-72.