SECTION—C

DERMATOLOGY IN MIDEAVAL INDIA (A.D. 800--A.D. 1700)
Introduction

The history of medieval period of India in this work starts with the entry of the Muslims from Arabian countries to this country.

During A.D.800 the reign and control of the Caliphs of Baghdad gradually weakened and in A.D.871, the then Caliph handed over the charge of ruling Sind to famous Saffrid leader Ya’qub-ibn-Lais. After his death the Sind province was divided into two independent parts—Mansurah and Multan; but this territory did not generate any threat to the neighbouring Indian Territory; rather they had to live under the constant threat of neighbour, particularly from the powerful Pratihars of the Kanauj. So it may be said that that presence of the Arabs in Sind did not result in any immediate effect as also stated by the famous historian Stanley Lane-Poole as “an episode in the history of India and of Islam, a triumph without result”. From the other point of view, the matter was not the same if we look at the phenomenon of exchange of ideologies between the two separate cultures. Arabs learnt astronomy, Indian religion, Medicine, Philosophy and many other things which they disseminated not only to their own part of the globe, but upto the Europe.

With the conquest of the region around the lower Indus valley by the Sultans of Ghajni, the final path of the Arabs to India was paved. This was again consolidated by the repeated attacks by Mohammad of Ghur; the first attack came into force during A.D. 1175. The political scenario changed even more during the period of Sultan Mahmud.

Though the Islamic force changed the political picture of the North India, some parts of the country were still under the reign of Hindu and Buddhist forces like, Palas of the
Bihar, Sen of Bengal, Chandellas of Bundelkhand, Gahadbalas of Kanauj, Chauhans of Delhi and Ajmer and so on.

These gradual entries of the Islamic culture into India lead to a far reaching impact on the different social as well as cultural aspect of the coming days of the Indian history. As about the medicine although no new theory and material added to the existing structures, further consolidation was done as was evident from the work of authors like Chakrapanidutta, Shrangadhara etc. They, particularly Chakrapanidutta brought the medical culture of the rasavaidyas and Buddhists into the mainstream from the side line. Along with the indigenous system of the Ayurveda, the medical system of the Arabs, which in the later days would emerge as Unani and Tibb enjoined and enriched the country's medical knowledge.

In this section, the major work of the Ayurveda and a review on Unani system of Medicine, particularly on dermatology will be discussed.
CHAPTER I DERMATOLOGY IN MAJOR AYURVEDIC WORKS

During the medieval period the Ayurvedic works that appeared are mainly compilation of the existing methods and systems. No new theory or practice emerged. The most painful fact about Ayurveda of this time was loss of patronage from the state on which the nourishment of any culture depends. The Muslim invaders of this period were busy with capturing the territory and improving their personal assets by plundering the wealth of the rival power. During this period many priceless literature were ruined during war which left an irrecoverable scar on the system. Many of the precious works were taken away to other country. Even after these misfortunes of the Ayurvedic system which it had to face, there were some positive developments too. Authors like Chakrapanidutta, collected the major works available at that period and along with it blended the methodology of the Rasavidya which enriched the subject further.

The most important authorities of this period are Chakrapanidutta and Shrangadhara. Other famous authors were Dalbanacharya, Vijaya Rakshit, Srikantha Dutta, Arun Dutta, Shibdas Sen, Bangasen, Bhabamishra etc.

CHAKRAPANIDUTTA AND HIS WORKS ON AYURVEDA:

Chakrapanidutta was one of the very celebrated commentators of different Ayurvedic texts. He lived about 1066A.D. He wrote many renowned commentaries on medicine. The most important was Charaka taparya tika or Ayurveda dipika. His work on Susruta Samhita was known as Bhanumati. He not only did his work on Charaka and Susruta, but also added much information from Vagbhata and siddhayogas of Brinda Kundu. His
other works were ‘Dravyasamgraha’, ‘Sarbasarasamgraha’, ‘Gurhabakyabodhak’, yagradaridraesubhankar, ‘Chikitsadthanatippan’ etc. Chakrapanidutta was the first to break the barrier of the classical Ayurvedic scholars to include theories and practices of the Rasavaidyas into the mainstream of the Ayurveda, which otherwise was considered outcast till then. Another fascinating feature of his work was use of metals in the treatment of various diseases, e.g., Navayas rasayan in leprosy. In addition to these methods of treatment, he also blended various procedures which were from Tantras. The work of Chakrapanidutta’s was mainly an assemblage of the existing methods of treatment, but he added some new treatments that were also worth mentioning, e.g., Simhanada guggulu and Rasonsura in urticaria.

Chakrapanidutta authored a compendium on treatment arranged according to the diseases after reviewing Charaka, Susruta, Vagbhata, and Vrindamadhava etc. This very important compendium is now known as ‘Chikitsa samgraha’ or ‘Chakradutta’.

**Treatment of different skin diseases in Chakradutta:**

(a) Urticaria: an entire chapter has been devoted in the treatment of urticaria. In addition to medicines like Rasnadashamula Rasnapanchak, Rasnasaptak, Vaiswanarchurna, Alambusadyachurna, Aamodadyabotak, Simhanada guggulu, Shatapuspadya churna, Rasonasura etc., fomentation was also advised on the lesions. (Chakradutta: Aambat Chikitsa: 1-34)

(b) Kustha (Leprosy and some other similar skin diseases): the term kustha was used in the past to describe many skin diseases which may not be related with leprosy directly. Dermatophytoses, pityriasis versicolor, pyoderma and many such diseases were amongst them. In addition to the medicines, surgical intervention like incising a lesion, blood letting etc. were applied as treatment. (Chakradutta: Kustha-Chikitsa: 1). Treatment of the leucoderma has also been mentioned in the same chapter with kustha.
(e) **Furunculosis/folliculitis in diabetes:** treatment of furunculosis and/or folliculitis has been described in the chapter devoted to the management of diabetes. (Chakradutta: *Prameha-Chikitsa*: 19, 28-30). This shows that not only the main disease but also the complications which could arise out of it were taken care of.

(d) **Treatment of genital disorders-** has been given an extra importance by ear marking two separate chapters on it (Chakradutta: *Upadamsa Chikitsa* and *Shukadosa Chikitsa*). The treatment not only describes about genital ulcerative disorders but also included tumours, naevus paraphimosis etc.

(e) **Bromhidrosis:** treatments of bromhidrosis with various combinations of different herbal products with the activity of perfumes were described. (Chakradutta: *Sthaulya Chikitsa*: 11-16)

(f) **Hyperhidrosis-** *Panchatikta guggulu* or *Panchatikta ghrita* were advised as a treatment of hyperhydrosis from palms and plantar regions. (Chakradutta: *Sthaulya Chikitsa*: 11-16)

(g) **Glandular enlargement including tumourous growth:** both topical as well as systemic treatments were prescribed in these disorders. Cauterization of the tumours and of the ulcers infested with maggots with heat or chemicals have also been advocated. (Chakrapanidutta: *Galagandadi Chikitsa*: 44-46)

(h) **Treatment of the other skin diseases:** amongst the various skin diseases the mention of ulcers(*Vrana*), sinuses, cellulites, boils, pox(*masurika*), measles or morbilliform disorders(*Romantika*), corns, paroychia, brast abscess etc. are found in the compendium of Chakradutta. Treatment and prevention of graying of hairs and alopecia were described at length in this work (Chakradutta: *Ksudraroga Chikitsa*: 53-75)
SHRANGADHARA AND HIS WORKS ON AYURVEDA: 139

Shrangadhara was another legendary in the field of Ayurveda in the medieval India. During this period almost there was no new addition to the subject, but compilation of various works which were scattered led to the definite shape of the subject. Everyone of this period tried to amass whole thing into a single work so that the task of comprehending the subject becomes trouble-free. In that way Shrangadhara followed the footsteps of Chakrapanidutta. He was supposed to exist during a period between 11th and 13th century A.D. Most probably his period was 13th century.

When we go through his work we come across that the work is a very organized compilation of the existing work. Shrangadhara also acknowledged that he has only assembled the works of Charaka, Susruta and other famous physicians and has followed the numbers of diseases in describing them as done by the sages:

Prasiddhayogamunibhihprayuktaschikitsakairshrashabhusohanbhuhah.

Vidhiyate Shrangadharenateshangsusamgrahah saijanaranjaya.

(Shrangadhara Chikitsa samgraha: Purvoddhyaya:1:2)

Roganam gananapurbam munibhirshapakirtita

mayatra prochyatesaibattadvedabahavomatah.

(Shrangadhara Chikitsa samgraha: Purvoddhyaya:7:1)
This mammoth work was composed of thirty chapters and twenty-six hundred slokas:

dwatringshatsammitadhyoiyurktena samita smrita.

Sarabingshatishatanyatra slokanam ganitai cha.

(Shrangadhara Chikitsa samgraha: Purvoddyaya:I:13)

Dermatology in Shrangadhara’s compendium:

• About anatomy and physiology of the skin: Shangadhara gave description of the thickness and layers of the skin and had also mentioned the places of origin of different skin diseases:

Jnayababhashinin purbbam siddhmasthanancha sa mata

Dwitiya lohita jnaya tilakalakajanmabhuh.

Swata tritiya samkhata sthanam charmadalasya cha.

Tamarac chaturthi bijnaya kilasaswitra bhumika.

Panchanmi vedini khyata sarvakusthotbhabamstatang.

Vikhyata rohini sasthi granthigandapachisthitih.

Sthulatwaka saptami khyatavidradhyadyeh sthitischa sa

Eti sapta twacha proktamsthula brihidwimatraya.

(Shrangadhara Chikitsa samgraha: Purvoddyaya:5:15-18)
He has also mentioned that there were many pores on the skin:

*Sukshmachhidrani chayani matani twachi janminam.*

*(Shrangadhara Chikitsa samgraha: Purvoddhyaya:5:37)*

Shrangadhar had also noticed the ageing of the skin. He opined that the skin starts ageing at the age of fifty years. *(Shrangadhara Chikitsa Samgraha: Purvoddhyaya: 6:19)*

- **Dermatological disorders in Shrangadhar’s work:**

  (a) *Charmakeel* *(warts/growth):* they are of three types according to the perturbed *dosas.* *(Purvoddhyaya:7:12)*

  (b) *Krimiroga:* there are mention of several types of *krimi* *(small creatures)* which are divided into two major types: external and internal. Pediculosis corporis and pediculosis capitis were considered as external *krimis.* *(Purvoddhyaya:7:13)*

  (c) *Jaundice:* This was considered as a sub type of anemia or blood related disorder. *(Purvoddhyaya:7:17)*

  (d) *Urticaria:* aetiologically was divided into four types:

  *Chatwaraschamvatahsyrvatpittakaphaistridha.*

  *Chaturthah sannipatenashulyanasdtou buha jaguh.* *(Purvoddhyaya: 7:38)*
(e) **Pidaka** (different types of boils): there are descriptions of different types of boils and furunculoses, particularly those occur in a patient of diabetes.  
*(Purvoddhyaya: 7:59-60)*

(f) **Genital diseases:** there have been different types of genital ulcerative disorders. Many other disorders, like paraphimosis, phimosis, haemangioma, tumours, and melanocytic naevus have even been mentioned in the same section with genital ulcerative diseases.  
*(Purvoddhyaya: 7:76-79)*

(g) **Kustha** (Leprosy and related diseases): Shragadhara had divided these diseases into 18 different varieties. He also incorporated vitiligo in these divisions.  
*(Purvoddhyaya: 7:80-83)*

(h) **Smaller diseases** (mainly of the skin): there were 60 different types of *Ksudra roga* or smaller diseases—most of which were of the skin. These included Paronychia, phrynoderma, intertrigo, pruritus scroti, melasma etc.  
*(Purvoddhyaya: 7:84-92)*

**Treatment of different skin diseases in Shrangadhara’s work:**

As for the treatment of different diseases, Shrangadhara’s work is mainly the compilation of different methods of treatments already described by his predecessors. He also added some treatment not described in the orthodox literatures of the Ayurveda, mainly those using metals and their compounds. Here are treatments of some skin diseases in brief:

(a) **Kamala** (jaundice): it had been said that the extract of *gulancha*, along with honey or extracts of *amalaki* with honey and pulverized turmeric could ameliorate jaundice. Similar preparation composed of *vasaka* along with honey is also effective. *(Madhya khanda: I: 7-8)* Falatrikadi is a preparation made of *trifala, gulancha, katki, neem,*
chirata; vasaka admixed with honey effective in jaundice. \textit{(Madhya khanda: I: 55)}

\textit{Mandur batak} is a composite preparation made for the treatment of jaundice and many other diseases. \textit{(Madhya khanda: VII: 31-33)}

\textbf{(b) Aamvaat (Urticaria): \textit{Dwitiyasunthipuptapaka} is a preparation when taken with honey is a very effective remedy of this problem. \textit{(Madhya khanda: II: 38)}}

\textbf{(e) Ring worm: \textit{Kaseesadyaghrita} is a combination of different herbs, sulfur, was and some metallic compounds mixed in \textit{ghrita}, which when applied are effective in the management of ring worms, intertrigo, cellulites. \textit{(Madhya khanda: IX: 49-55)}}

\textbf{(d) Boils and cellulitis: \textit{Goudaryya Ghrita} is a preparation that is effective in the treatment of different types of boils, cellulitis, leprosy etc. \textit{(Madhya khanda: IX: 69-71)}}

\textbf{(e) Pruritus and other skin diseases: \textit{Marchadyatailya} is described to have curative effect on ring worm, intertrigo and pruritus. \textit{(Madhya khanda: X: 49-52)}}

\textbf{(f) Kustha (leprosy and similar other skin diseases): amongst the different skin diseases \textit{kustha} was given utmost importance. The term ‘\textit{kustha}’ comprised of many diseases which might not be interrelated. Many skin diseases like ring worm, intertrigo, pruritic disorders of varying etiology, ichthyosis, psoriasis etc. were described under the wide terminology of \textit{kustha}. It is one of the very few diseases whose treatment had been mentioned several times in this compendium. Few of them are mentioned here:}

\textit{Vrihatmanjisthadi} is a preparation composed of various herbs, mentioned in the second chapter of the \textit{Madhyakhanda (sloka 114-119)} which is capable of curing all the eighteen types of \textit{kusthas}. In the fifth chapter of the same section of the book mentions about \textit{nimbapatradi kalka} which is an effective remedy for any injured site, is also a medicine for \textit{kustha}. \textit{(Sloka 5-6)} The sixth chapter of the same book cites the powdered preparations like \textit{narayan churna}, \textit{habusadya churna}, \textit{bhaskarlaban churna}, \textit{panchanimba churna} etc. for the cure of this disease. Some \textit{gutikas} (tablets) like
*chandraprabhagutika* is effective in the management of *kustha*. (*Madhya khanda*: VII: 34-42)

**Switra (leucoderma):** had been dealt with in the same place with *kustha*. It was probably considered as a variant or a closely related disease. *Dhatryadhikwath* is a preparation composed of *amlaki, khadirasara* which has to be taken daily for the treatment of leucoderma. (*Madhya khanda*: II:112) Again *Udayaditya rasa* is composed of mercury, sulphur along with some herbal products effective in *switra*. (*Madhya khanda*: XII:249-258)

**Hair disorders:** premature graying, baldness and hypertricosis and removal of unwanted hairs showed that treatment of hairs was not only restricted to the disease, but cosmetic aspect was given equal importance. Pulverised preparation of *aswagandha* and some other herbs were used to prevent graying of hairs. (*Madhya khanda*: VI:138-139) *Nimbaveecho taila* is a compound used in the treatment of premature graying of hairs. (*Madhya khanda*: X:54) *Sastimadhuk* taila and *Bhringaraja taila* were preparations which were used for the treatment and improvement of alopecia of scalp hairs as well as beard hairs. (*Madhya khanda*: X:55 & 61) Wherever there were any need of removal of unwanted hairs *karabiradya taila* was used. (*Madhya khanda*: X:83) In the XI *th* chapter of the *Uttarakhanda* there was mention of a preparation composed of *sankhachurna, haritala, manchhal, sarjikshar* etc. which was used for the removal of hairs (sloka38-39). There was also the use of dying of gray hairs using preparation composed of *trifala, iron dust, bhimraja, neelpatra* etc. (*Uttara khanda*: XI:28-31)

**Bromhidrosis:** was treated with a medication made up of *jatamansi, swetchandana* and other materials. (*Uttara khanda*: XI: 109)

**Dermatology in the works of other famous authors:**

The work of innovating and adding new materials to the Ayurvedic medicine was mainly limited up to the period of Charaka, Susruta and Vagbhata. Later authors were mainly engaged with the task of compilation of the existing works though they added some newer materials at times and combined thoughts of the different systems and sects into
the main stream which reinforced the subject further. An example in this matter has been discussed in the section of Chakrapanidutta who first added the methodology utilized by

the Rasavaidyas who were left outside the arena till that time. Here we are enumerating the authors who were engaged in the improvement of the subject at a period after Chakrapanidutta and Shrangadhara.

Acharyya Vijaya Rakshit lived during 13th century and wrote a commentary on Chakradutta. Srikantadutta appeared after Vijayarakshit and wrote a commentary on Madhavanidana. Acharyya Arunadutta and Acharya Shibdas Sen wrote annotations on Vagbhata. Acharyya Bhavmishra in his work *Bhavprakash* wrote about ‘Firanga roga’ (disease of the Europeans—syphilis) and told about various herbs of Arabian origin. Acharyya Bhavmishra lived during the period of 16th century. The next three hundred years in the history of Ayurveda is the reminiscent of the past as no new addition appeared in the horizon of this subject. The whole system of medicine in India witnessed the decline of the Ayurveda and the rise of the Unani and Tibb system which again later would be replaced by the Modern Allopathic system by the patronization of the state in the course of time.
Unani system of medicine is practiced in this country in wide area serving the people for the mitigation of diseases and restoration of health for the last one millennium or so. It has many remedies for different skin diseases. Before we go into the discussion of the same we should have brief look at the history of this system of medicine.

**History of Unani system of Medicine —its origin:**

Greek medical system was based on superstitions and magic till 5th century B.C. The famous Greek philosopher-physician Hippocrates (460-377 B.C.) was the first to establish the medicine as a rational and scientific subject. His views incorporated a great deal of medical concepts from the Mesopotamian tradition. The Unani system of Medicine is based on the principle laid by the Hippocrates. Therefore it may be assumed that the origin of the Unani system of medicine is almost 6000 year old. Later on many Greek scholars enriched the subject. Galen (131-210A.D.) was the one whose work has remained another most significant step towards the stabilization of the Greek medical system. From Greece this system propagated to Rome, Alexandria, Byzantine and finally to Jundaishapur. This system of medicine was adopted by the Arab and Iranian scholars, who again gave the subject a more ornamental look and finally the Unani and Tibb system came into a definite shape. Thus this system is also known as Greco-Arabic system of Medicine.
Of the famous Islamic physicians, the contribution of Al-Razi (Rhazes) (850-925 AD), Abu Ali Ibn Sina (Avicenna) (980-1037 AD) Al Zahravi (Albucasis), Ibn-Nafis, Ibn Rushd (Averroes), Abu Merwan ben Zohr (Avenzoar) are unforgettable. There are many very old books on this system of medicine like *Kitab-ul-Hashaish* (1st century B.C) *Kamil-Us-Sana*(10th century A.D.), *Canon of Medicine* (11th century A.D.), to name a few.

Unani medicine was not restricted to any particular geographic territory, rather it enriched itself by imbibing knowledge from the other contemporary medical system prevalent in the different periods of the history. The system was enriched by the admixture of knowledge from contemporary systems of traditional medicine in Egypt, Syria, Iraq, Persia, India, China and other Middle East and Far East countries. The system got its glory during the period of the Abbasids in Baghdad. The first physician of this system was Asclepedeus who learned it from Hazrat Idrees. 

**Unani medicine in India:**

With the ingress of the Arabs in India, Unani system also found its way into the soil of this country. With the assault and rampage of the Mongols in the then well established cities like Shiraz, Geelan, Tabrez etc., of the Central Asia and Persia many scholars took refuge to India and on the return India received the knowledge of the system. The history of entry of the Unani system of medicine thus followed the path of the central Asian forces to this continent. For the convenience the whole period is divided into four sessions

- **From 7th century A.D. to 1220 A.D.** --- in this period Arabian conquest of the Central Asia started and at later part it witnessed the overthrowing of the sitting power of the Central Asian states like Bukhara by Chingez Khan (1220 A.D.)
• From 1220 A.D. to 1370 A.D.— this period starts with the conquest of Chengiz Khan in 1220 and continued up to the rise if the Timur.

• From 1370 A.D. to 1526 A.D. — this is the period which started with the rise of Timur and continued up to the beginning of the Mogul empire with the Babur’s triumph in the 1st war of Panipath.

• From the beginning of the 16th century up to the mid 17th century— when the history witnessed the periods of the Moguls in India.

The state authorities of that period like Khiljis, Tughlaqs and Moguls provided patronage to the system of Unani medicine. During the Mogul period Unani system in India witnessed the crest of its grandeur. Many great physicians like Abu Bakr Bin Ali Usman Ksahani, Sadruddin Damashqui, Bahwa bin Khwas Khan, Ali Geelani, Akbar Arzani and Mohammad Hashim Alvi Khan contributed their wisdom to the subject. There were many celebrated Hakims in the court of the Mogul emperors. A brief mention of name of some of them is as below:145

**During the reign of Emperor Babur (A.D.1526-A.D.1530)**


**During the reign of Emperor Akbar (A.D.1556-A.D.1605)**

(i) Hakim Sams Al-din Gilani, (ii) Hakim Amir Fathullah Shirazi, (iii) Hakim Masih Al-Din Abul Fath Gilani, (iv) Hakim Ayn Al-mulk Shirazi, Hakim Nazib Al-Din
Humam,(v)Hakim Nur Al-Din Qarari, (vi)Hakim Lutfullah,(vii)Hakim Ali Gilani, 
(viii)Hakim Faghfur Lahijani, (ix)Hakim Mujaffar Bin Muhammad Al-hussaayani Al-
Shafa I, (x)Hakim Hadhiq,(xii)Hakim Muhammad Amin Gilani,(xiii)Hakim Muhammad 
Nafis Gilani, (xiv)Hakim Zanbil, (xv)Hakim Hasan Gilani,(xvi)Hakim Dawai, 
(xvi)Hakim Muhammad Baqar,(xv)Hakim Jabrail.

During the reign of Emperor Jahangir (A.D.1605-A.D.1627)

(i)Hakim Momina Shirazi,(ii)Hakim Sadra,(iii)Hakim Rukna, (iv)Hakim Ruhulah,(v)
Hakim Fathullah Gilani etc.

During the reign of Emperor Shahjahan (A.D.1627-A.D.1658)

(i)Hakim Nizam Al-din Ahmad Gilani,(ii)Hakim Dawud Taqarrub Khan, (iii)Hakim 
Masih Al-Mulk Shirazi,(iv) Hakim Sati Al- Nisa.

During the reign of Emperor Aurangzeb (A.D.1658-A.D.1707)

Hakim Saleh Shirazi,(ii) hakim Abd Al Razzak Mashrab,(iii) Hakim Muhammad Amin 
Shirazi,(iv)Hakim Alawi Khan,(V)Hakim Shyakh Hussayn Shirazi,(vi) Hakim Dawud 
Isfahani.

After this glorious period of Unani during Mughal reign, the history of Unani system is 
highly indebted to two families of Tabibs in this country, namely Sharafi family of Delhi 
and Azizi family of Lucknow. These two families have offered the subject a number of 
distinguished authorities on the subject and provided momentum in the continuation and 
up gradation of the system in the country.

As the scholars who settled in this country were not getting all the drugs they were using 
in their homeland, they started trying many of the drugs that were readily available in 
this country and as a result of this trials they found many new drugs which could be used 
as a substitute and also as newer manner of therapy for the treatment. This enriched the 
treasure of the subject further.
As already discussed the Unani system is solely based on the principle laid by the famous Hippocrates and consolidated by Galen. Hippocrates first described diseases as a natural process. He also put forward that there are different humors in the body in a balanced state. Disease is a result of the perturbation of these humors. To maintain the proper health another important parameters are *Um ør-e-tabiyya* and few other things including a proper environment. These are discussed below:

The Humors

The humoral theory mentions about the presence of four humors—*Dam* (blood), *Balgham* (phlegm), *Safra* (yellow bile) and *Sauda* (black bile) - in the body. Every human being has its own type of humoral constitution and the humoral balance stays in a steady state in healthy condition by a power of self-preservation or adjustment called *Quurrat-e-Mudabbira*. When there is any shift of this power there is turbulence in the balanced state of the body and the end result is the disease.

*Um ør-e-Tabiyya*

According to the Unani medicine the body is composed of seven basic natural components. These important components are also responsible of the maintenance of the healthy state of the body. These are called *Um ør-e-Tabiyya*.146

*Al-arkan* or *an asir* (elements)

- *Al-mizaj* (temperament)
- *Al-akhlat* (body fluids)
- *Al-aza* (organs)
- *Al-arwah* (soul)
- *Al-quwa* (powers) and
- *Al-afa`a`a* (functions)
Essentials of Health

This system has put more significance on the prevention of a disease than cure. It has also emphasized that the environment as well as the surroundings has an immense effect on ones health. There is an influence of surroundings and ecological conditions on health of human being. There are six such factors that are essential for the maintenance of good health called Asbab-e- Sittah Zaruriah.

They are as below:

- Hawa (Air)
- Makool-o-Mashroob (Food and Drinks)
- Harkat-wa-Sukoon-e-Badania (Body movement and Repose)
- Harkat-wa-Sukoon-e-Nafsania (Mental movement and Repose)
- Naum-o-Yaqzah (Sleep and Wakefulness)
- Ehtibas-o-Istafraagh (Retention and Evacuation)

Dermatology in Unani and Tibb system of Medicine

As in the other system of ancient medicine, skin diseases were given an important place amongst the diseases that affected the mankind. Examination of the skin and finger nails was an essential part of the diagnosis in this system.147

In the famous "Kitab fi al-jadari wa-al-hasbah", Rhazes gave a very vivid description of the measles and small pox.148
Ghina Muna is an old treatise written during the second half of the 10\textsuperscript{th} century A.D. by Abu Mansoor Bin Nuh al Qamari — the well known teacher of the famous Avicenna. He had mentioned diseases causing fall of eye lids and eyelases.\textsuperscript{149}

There are mention of several skin diseases (\textit{Amraze jild}) in Unani system of medicine. Some of them are enumerated here:

- \textit{Busoor} (boils)
- \textit{Damammel} (acne)
- \textit{Jarb} (scabies)
- \textit{Hikka} (Pruritic skin diseases)
- \textit{Quba} (ring worms)
- \textit{Bahaq} (vitiligo)
- \textit{Bars} (leucodrma)
- \textit{Harq} (burn), salq (scald)
- \textit{Qurooh} (ulcers)
- \textit{Zakhmi} (wound)
- \textit{Amraze shaar} (hair disorders) etc.