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UNANI PERSPECTIVE AND MANAGEMENT OF URTICARIA (*SHARĀ*): A LITERARY INSIGHT

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ABSTRACT

Urticaria, commonly known as hives, is a prevalent allergic skin disorder characterized by sudden, itchy, raised wheals that vary in size and shape. It manifests due to transient increased capillary permeability, resulting in localized dermal swelling. Clinically, urticaria is classified into acute and chronic types, with further subclassifications such as inducible and spontaneous forms. From the Unani medicine perspective, Urticaria is identified as *Sharā*, described historically by Hippocrates and elaborated by eminent Unani scholars. *Sharā* arises from an imbalance and exaggeration of the four humours, specifically sanguine (*Damawī*), bilious (*Ṣafrāwi*), phlegmatic (*Balghamī*), and melancholic (*Sawdāwi*) vapours, which migrate to the skin surface causing characteristic wheals. Unani texts classify *Sharā* into types based on the dominating humour, each presenting distinct clinical features and etiologies. The management of urticaria in Unani medicine involves principles of evacuation (*Istifrāgh*), phlegm and black bile purification (*Tanqiya Balgham* and *Sawdā*), and correction of blood temperament (*Ta'dil-i Dam*). Treatment modalities include herbal pharmacotherapy, topical applications, regimental therapies such as bloodletting (*Faṣd*), and dietary modifications. This review provides a detailed literary insight into the Unani understanding of urticaria, correlating historical descriptions with modern clinical and pathophysiological knowledge, emphasizing integrative management strategies and preventive care.

KEYWORDS: Urticaria, *Sharā,* Hippocrates, Unani Medicine.

INTRODUCTION

Urticaria is the most frequent allergic skin condition, presenting as a sudden outbreak of itchy, raised areas on the skin known as wheals. These wheals can differ in size and shape, ranging from tiny circular spots to large, irregular patches.[1] The condition results from localized swelling in the dermis due to a temporary increase in capillary permeability.[2] Each individual wheal is short-lived, typically disappearing within 12 to 24 hours, and often within just a few hours. Urticaria can affect any region of the body—from the scalp to the soles of the feet—but is most commonly seen on the face and limbs. It may occur alone or alongside angioedema**,** which involves deeper tissue swelling.[3]

Urticaria is primarily classified by duration: acute urticaria**,** which lasts 6 weeks or less, and chronic urticaria**,** which persists for more than 6 weeks.[4] It is further divided into two forms—inducible and spontaneous**.** In inducible urticaria, symptoms are triggered by specific, identifiable stimuli, such as exposure to cold in cold urticaria. In contrast, spontaneous urticaria occurs without an obvious trigger, though factors like stress, infections, or other aggravating conditions can intensify symptoms in some individuals. Spontaneous urticaria is more common than the inducible type, though both can occur in the same patient.[4,5,6] Acute urticaria is more frequently seen in younger individuals, whereas chronic urticaria is more common in middle-aged women. Although not life-threatening, urticaria can be debilitating, significantly impacting quality of life and contributing to socioeconomic burden.[7,8]

A distinct form, cholinergic urticaria, is characterized by very small, itchy wheals (1–2 mm in diameter) surrounded by widespread redness. This type is typically triggered by increased body temperature—such as from fever, hot showers, or physical exertion.[9]

Unani Perspective on *Sharā* (Urticaria)

Unani medicine, also known as Greco-Arabic medicine, originated in ancient Greece and was later shaped by Islamic scholars like Avicenna. Rooted in the teachings of Hippocrates and Galen, it emphasizes balance among four humours—blood, phlegm, yellow bile and black bile—to maintain health. Rather than focusing only on disease, Unani physicians stress understanding each person's unique temperament and lifestyle.[10] Scholars such as *Razi*, *Majusi*, and *Tabri* believed that individual temperament plays a key role in diagnosis and treatment.[11]

In Unani medicine, *Urticaria* is referred to as *Sharā*, a term historically traced back to Hippocrates, who was the first to describe the condition.[12] Commonly known as *pitti uchalna*,[13] Shara is characterized by the sudden appearance of raised lesions on the skin. It is believed to result from an overactivity or imbalance of *Ḥād Damawī*, *Balghamī*, and *Sawdāwī Bukhārāt*—the intense vapours of sanguineous (blood), phlegmatic (phlegm), and melancholic (black bile) humours—that migrate toward the skin or body surface.[14,15,16]

Types of *Sharā* (Urticaria) Based on *Akhlat* (Humoural Involvement)[14,18,19,40]

1. ***Sharā Damawī*** **(Sanguineous Urticaria)**

- Caused by the predominance of *Khilt-e-Dam* (blood).
- According to *Shaikh*, it typically occurs at night and may be worsened by emotional distress.
- *Allama Najeebuddin Samarqandi* describes it as red, hot in nature, and more commonly observed during the daytime.

2. *Sharā Ṣafrāwi* (Bilious Urticaria)

- Involves the excessive presence of *yellow bile* and sometimes salty phlegm (*Balgham Boraqi*).
- Rashes appear suddenly and are often accompanied by fever.
- Lesions are usually red and warm.
- Shaikh Abu Ali Sina (*Avicenna*) notes this form tends to occur more frequently at night.

3. *Sharā Balghamī* (Phlegmatic Urticaria)

- Described by *Allama Najeebuddin Samarqandi* as presenting with whitish lesions.
- Typically arises during the night.

4. *Sharā Sawdāwi* (Melancholic Urticaria)

- Characterized by blackish wheals and signs of *Ghalba-e-Sawdā* (dominance of black bile).
- Patients may report episodes of fainting.
- It is usually chronic and may persist lifelong.

According to *Ali Ibn Abbas Majoosi***,** he once treated a patient suffering from *Muzmin Sharā* (chronic urticaria), which was attributed to the dominance of *Sawdāwi Khilt* (melancholic humour) affecting the patient's blood. Observing this melancholic imbalance, *Majoosi* applied the treatment principles typically used for *Juzaam* (leprosy), given the similarity in chronicity and underlying humoural disturbance. As a result of this approach, the patient experienced significant relief from symptoms.

Historical Descriptions of Urticaria

Ancient Era

- **Hippocrates (460–377 BC)** Hippocrates referred to urticaria as "knidosis", a term derived from the Greek word *knido* (meaning nettle). He described it as a condition marked by raised, itchy lesions resembling those caused by nettle stings or mosquito bites. He also observed that such wheals might appear in patients with gastrointestinal disturbances, although typically accompanied by only mild itching.[20]
- **Galen (*Jalinus*, 129–200 AD)** In his medical text *Heelatul Barra*, Galen referred to urticaria as "Nabatul Lai'l", meaning "eruption of the night," emphasizing the nocturnal onset of symptoms—a feature also noted by Razi.[21]

Middle Age Era

- ***Rabban Tabri* (810–895 AD)** In *Firdausul Hikmat*, Tabri distinguished between the itching of *Hasaf* (miliaria), which occurs during the day, and *Shara* (urticaria). He also recommended tila (liniment) as an effective remedy for Shara.[22]
- ***Zakariya Razi* (850–923 AD)** In *Kitabul Mansoori*, Razi classified Shara into two types:

1. Caused by the mixing of *Khalis Safra* (pure bile) with blood—this type is more severe.
2. Caused by Namkeen Balgham (saline phlegm) mixing with blood.[23]

- ***Ibn Sina* (Avicenna, 980–1037 AD)** In *Al-Qanoon Fil Tib (The Canon of Medicine)*, Ibn Sina identified Shara as primarily a *Damwi* (sanguineous) disorder but noted that it can also result from *Safrawi Khoon* (bilious blood) or *Balgham-e-Boraqi* (acidic phlegm). He provided comprehensive guidance on *fasd* (venesection) as part of Shara's management.[14]

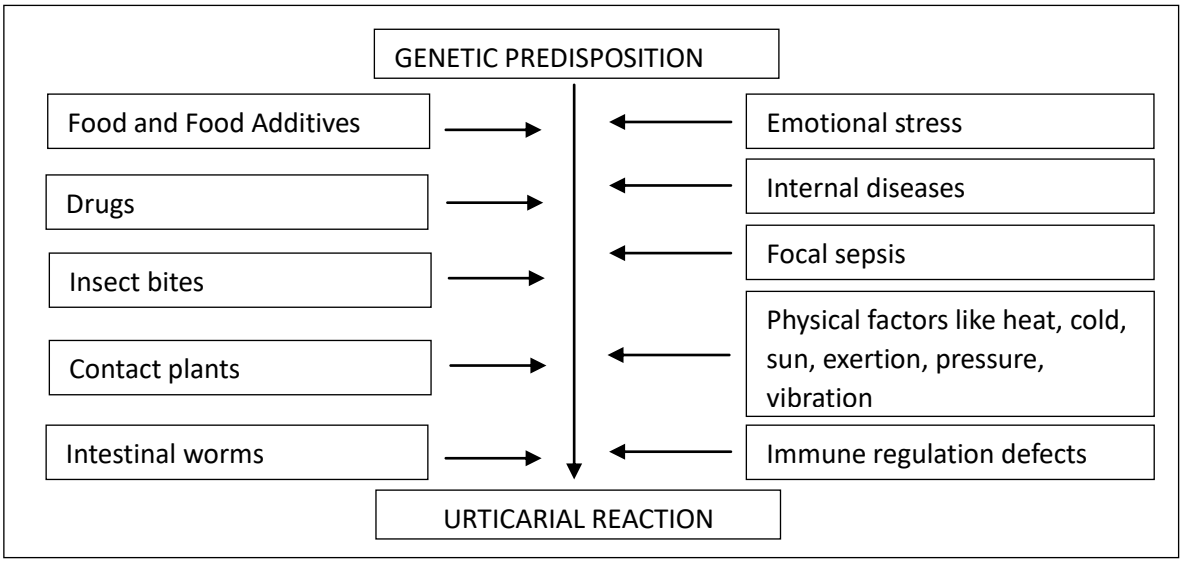
Modern Era

- **Thomas More (1480 AD)** In his work *King Richard III*, More described a condition resembling urticaria, though unnamed, in an account where a nobleman experiences symptoms following poisoning with strawberries, which mirrors an allergic urticarial reaction.[24]
- **Hartford (1740)** Introduced the term "Nettle Rash" to describe urticaria-like symptoms.[25]
- **Zedler (1740)** In his encyclopedia *Grosses vollständige Universallexikon*, Zedler coined the term "*Urticatio*", derived from the Latin *urere* (to burn), evolving the earlier term *uredo* to better reflect the burning, stinging sensations associated with the condition.[25,26]

Epidemiology

Urticaria is a common skin condition, affecting approximately 20% of the general population at some point in their lives. It occurs more frequently in women and can develop at any age, though it is most commonly seen during puberty and middle age.[27,28]

Etiology



Urticaria (hives) and hypersensitivity reactions can be triggered by a wide range of factors. Medications such as antibiotics (especially penicillin, even in trace amounts found in dairy) and non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin, salicylates, and indomethacin are common culprits. Cross-sensitization may also occur with certain food and drink additives, including tartrazine and benzoic acid. Dietary triggers include protein-rich foods such as nuts, shellfish (e.g., oysters and prawns), eggs, milk, and dairy products, as well as fruits and vegetables like strawberries, yam (Zaminkand), and mushrooms. Food additives such as preservatives, artificial dyes (e.g., tartrazine, azodyes), flavouring agents, salicylates, yeast, benzoic acid, and saccharin can also provoke reactions. Contact with plants from the Urticaceae family (e.g., nettles or *Bichhu Buti*) may lead to contact urticaria. Insect and animal stings or bites from wasps, jellyfish, weaver fish, caterpillars, harvest mites (*Trombicula irritans*), and even nettles are known triggers. Internal systemic disorders including autoimmune conditions like rheumatic fever and systemic lupus erythematosus (SLE), and immunological conditions such as reticulosis and hypogammaglobulinemia, can also be associated. Genetic factors play a role, notably in hereditary angioedema and familial cold urticaria. Focal infections (focal sepsis) in areas such as the teeth, nose, throat, ears, sinuses, lungs, liver, intestines, kidneys, bladder, and vagina

may contribute to persistent symptoms. Parasitic infections caused by organisms like roundworms, tapeworms, hookworms, threadworms, hydatid cysts, and filariasis are also potential causes. Additionally, psychogenic factors such as emotional stress, overwork, frustration, or resentment may exacerbate symptoms. Finally, physical triggers like pressure, vibration, heat, cold, sunlight, and physical exertion are well-documented stimuli for urticarial reactions.[28,29]

Unani View on the *Asbāb* (Etiology) of *Sharā* (Urticaria)

In Unani medicine, *Shara* (Urticaria) is attributed to the accumulation of a hot and acrid fluid, produced due to disturbed metabolic processes. This pathological substance irritates the skin, leading to the appearance of characteristic wheals and itching.

Predisposing Factors

- Digestive disturbances such as indigestion and constipation.
- Dietary habits, particularly the excessive intake of heavy foods.
- Physiological conditions like:
  - Teething in children
  - Menstruation in women.[30,31]

Seasonal and Dietary Causes

Traditional Unani scholars have also contributed significantly to the understanding of *Sharā* (a condition comparable to urticaria or skin eruptions) in children. Hakeem Khursheed Ahmad, in his work *Amrazul Atfal*, identified the hot season and the consumption of fresh fruits as major triggers for Shara in children, suggesting a strong environmental and dietary influence.[32] Hakeem Ghulam Jeelani, in *Makhzanul Ilaj*, emphasized that heavy and slow-digesting foods, along with hot-natured items such as brinjal (eggplant), mango, and meat, could aggravate the condition.[33] Furthermore, in *Makhzan-e-Hikmat*, he expanded on this by pointing to hot and dry foods like salty meat and fish, as well as the use of certain irritant drugs, such as turpentine oil, as additional contributing factors.[34] These insights highlight the importance of considering seasonal, dietary, and medicinal influences in the traditional management of *Sharā*.

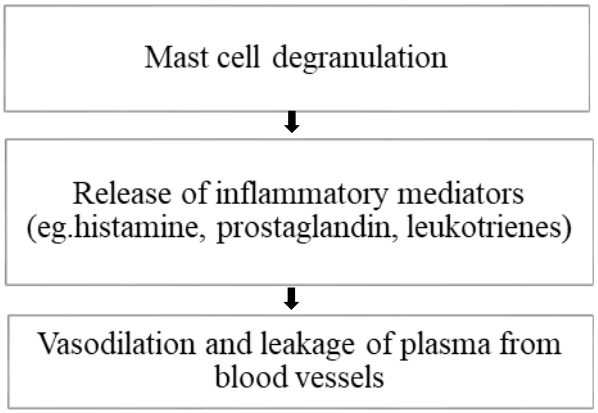
Pathophysiology

The term “urticaria” originates from the Latin word *urtica*, meaning stinging nettle**,** named due to the rash’s resemblance to a nettle sting reaction. Interestingly, the nettle plant itself contains histamine, a key mediator involved in the pathogenesis of urticaria. The underlying mechanism of urticaria primarily involves the release of histamine**,** along with other inflammatory mediators such as:

- Tryptase
- Heparin
- Proteoglycans
- Chondroitin sulfate A & B
- Leukotrienes (LTB4, LTC4)

These substances are predominantly released by mast cells—found mostly in tissues—and basophils**,** which are present in both tissues and circulating blood. These two cell types are central to the development of urticarial symptoms. Additionally, mast cells also release, Prostaglandin D2 (PGD2) and Cytokines such as IL-5**,** IL-6**,** and TNF-α.

Moreover, various soluble serum factors and cytokines can stimulate basophils, prompting them to release histamine and further amplifying the inflammatory response. The process known as mast cell degranulation results in the discharge of these mediators, causing vasodilation and increased vascular permeability**,** which leads to plasma leakage and the formation of wheals on the skin. In cases of autoimmune urticaria**,** IgG autoantibodies are believed to play a role. However, despite extensive research, the exact role of mast cells and basophils in the full spectrum of urticaria pathogenesis—especially in chronic and autoimmune forms—remains not entirely established.[27,35,36]



Clinical Presentation

The symptoms of urticaria can vary depending on the severity and duration of the condition.

In acute cases**,** patients may first experience systemic symptoms such as:

- Fever
- Headache
- Fatigue
- Nausea
- Neck pain
- A greasy, inflamed tongue

These initial symptoms are often followed within two to three days by the appearance of inflamed, intensely itchy rashes**.** The itching is typically severe enough that patients frequently scratch to the point of peeling their skin, with symptoms generally worsening in the evening. In some instances, rashes may develop on the body accompanied by additional signs such as:

- Cervical pain
- Nausea
- Fainting (syncope)
- Facial swelling (oedema)

When the rash affects the mucous membranes of the mouth and throat, swelling and inflammation can occur in those areas as well. In its chronic form, urticaria symptoms tend to be milder. The rashes are more persistent and prominent, sometimes presenting as flat lesions that recur frequently. Other associated symptoms are generally less intense compared to the acute form.[31]

Complications

Urticaria often disrupts sleep because of intense itching. In severe cases, it can cause anaphylactic reactions, including laryngeal oedema and airway obstruction, which may lead to asphyxiation or asthma due to swelling of the tracheobronchial tree. The sedative effects of antihistamines**,** commonly used to treat urticaria, can cause drowsiness that may interfere with daily activities and work.[27]

Diagnosis

Investigations should be tailored based on the patient's history and suspected causes, though results are often normal, especially in acute urticaria. The following tests may be considered when appropriate

- **Complete Blood Count (CBC):** To detect eosinophilia, which may suggest parasitic infection or drug-induced urticaria.
- **Erythrocyte Sedimentation Rate (ESR) or Plasma Viscosity:** Elevated levels can indicate vasculitis.
- **Biochemical Tests:** Including urea and electrolytes, thyroid and liver function tests, and iron studies, to identify any underlying systemic illness.
- **Total IgE and Specific IgE Testing:** For allergens such as shellfish, peanuts, and house dust mites. This is especially relevant in cases accompanied by angioedema.
- **Autoantibody Screening:** Testing for antinuclear antibodies (ANA**)** can help diagnose systemic lupus erythematosus (SLE) and urticarial vasculitis. Other autoimmune conditions like rheumatoid arthritis, autoimmune hepatitis, or thyroid diseases may also be linked.
- **Complement Levels (C3 and C4):** Low levels suggest complement consumption; in such cases, C1 esterase inhibitor activity should be assessed to evaluate for hereditary angioedema.
- **Infection Screening:** Tests for hepatitis viruses and HIV may be warranted.
- **Skin Biopsy:** Recommended if urticarial vasculitis is suspected to confirm diagnosis.
- **Challenge Tests:** Useful for confirming physical urticarias, including reactions to dermographism, pressure, heat, and cold.[2]

Dermographism

- Normally, firm stroking of the skin with a blunt object produces the "triple response of Lewis" in almost everyone.
- In some patients with dermographism, even light stroking causes urticarial wheals that match the shape of the stroked area, often appearing as linear wheals.[1]

Management of Urticaria in Unani Medicine

***Usūl-i 'Ilāj* (Principles of Treatment)**

1. ***Istifrāgh* (Evacuation):** General removal of harmful substances.
2. ***Tanqiya-i Balgham*:** Evacuation of excess phlegm.
3. ***Tanqiya-i Sawdā*:** Removal of black bile.
4. ***Ta'dīl-i Dam*:** Correction or balancing of sanguine (blood).[37,38]

***Ilāj bi'l-Dawā'* (Pharmacotherapy)**

- **Oral Medications**
  - *Lu'āb-i Behīdāna* (Cydonia oblonga)
  - *Shīra-i Unnāb* (Zizyphus vulgaris)

- *Shīra-i Sandal* (Santalum album)
- *Sharbat-i Nīlofar* (Lotus syrup)

- **Topical Applications**
- Mixture of *Roghan-i Gul* (rose oil), vinegar, and *'Arq-i Gulāb* (rose water) applied on the body.
- Paste made from *Gerū* (red earth) and *Phitkarī* (alum).

- **Decoction for Phlegm Evacuation (10.5 g dose)**
- *Halayla* (Terminalia chebula) – 1 part
- *Turbud* (Ipomoea turpethum) – ½ part

- **Other Oral Remedies**
- *Gulqand* (rose petal preserve) and *Sikanjabīn* (syrup of sugar and vinegar) with *'Arq-i Gulāb* and *'Arq-i Mako*.
- Paste of *Ārd-i Jaw* (barley flour), *Tukhm-i Karaf* (Apium graveolens/seeds of celery), and vinegar.
- *Joshānda-i Aftīmūn* (decoction of chamomile).
- *Joshānda-i Halayla* (decoction of Terminalia chebula).
- Powder of *Ajwā'in* (Trachyspermum ammi) 10.5 g mixed with sugar 17.5 g, taken in the morning on an empty stomach.
- *Itrīfal Shāhtra* (7–12 g) in the morning or at bedtime with *'Arq-i Chobchīnī* (144 ml).
- *Itrīfal Aftīmūn* (9 g) at bedtime with *'Arq-i Chobchīnī* (144 ml).
- *'Arq-i Shāhtra* (60–144 ml) and *Qurs-i Kāfur* (3 g).[38,39]

***'Ilāj bi'l-Tadbīr* (Regimenal Therapy)**

- ***Fasd-i Haft Andām*:** Bloodletting from seven specified veins.
- ***Hammām*:** Therapeutic bath.[37,38]

Dietary Recommendations

- **Recommended**
- *Mā' al-Jubn* (whey water), especially if caused by melancholic vapours.
- Vinegar
- Buttermilk
- Pomegranate juice.[38,39]

- **Dietary Restrictions**
- Avoid spicy and pungent foods.
- Avoid sweet dishes.
- Avoid meat[40]

Preventive aspects (*Hifzane-e-Sehat*)

Unani medicine emphasizes prevention:

- Maintain digestive health
- Seasonal detoxification (eg. *Fasd* in spring)

- Avoid known allergen
- Follow temperament-specific diet[30]

CONCLUSION

Urticaria, known as Shara in Unani medicine, is understood as a disorder arising from an imbalance of the body's humours, particularly involving sanguine, bilious, phlegmatic, and melancholic vapours. Unani treatment emphasizes restoring this balance through evacuation therapies, pharmacotherapy using herbal formulations, regimental therapies like bloodletting and baths, and dietary modifications. This integrative approach not only alleviates symptoms but also addresses underlying causes, offering a comprehensive and personalized management strategy. Incorporating Unani principles alongside modern treatments can enhance patient outcomes and quality of life.

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