



EPILEPSY (ŞAR'): A HOLISTIC APPROACH

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ABSTRACT

One of the oldest neurological conditions known to science, epilepsy (Şar') affects almost 50 million people globally, with low- and middle-income nations being disproportionately affected. It is characterized by frequent, unprovoked seizures and has been documented in philosophical and medical traditions throughout history. According to Unani medicine, epilepsy, which literally translates as "to fall suddenly," is a disorder caused by obstruction in the brain and an imbalance of humors (*Akhlāṭ*), especially phlegm and black bile, which affects the flow of vital spirit (*Rūḥ-i-Nafsānī*). In-depth clinical observations of epilepsy were made by classical scholars like Buqrāt, Jālīnūs, Ibn Sīnā, Al-Razī, and Ajmal Khan. They recognized the condition's natural origin, brain involvement, aura, systemic associations, and episodic nature—concepts that are similar to current neurological understanding. Unani literature emphasizes individualized diagnosis through clinical signs, pulse, and urine examination and categorizes epilepsy according to humoral predominance, site of origin, and systemic involvement. Evacuation (*Tanqiya*), temperament correction (*Ta'dīl-i-Mizāj*), regimenal therapies, diet therapy (*Ilāj bi'l Taghdhiya*), and pharmacotherapy (*Ilāj bi'l Dawā*) are all part of the holistic management approach used in Unani medicine. For both long-term prevention and acute seizure management, a variety of single and compound formulations are advised. Numerous Unani medications, such as *Nigella sativa* L., *Anacyclus pyrethrum*, *Ferula asafoetida*, *Terminalia chebula*, and *Cannabis sativa*, have shown encouraging anticonvulsant and neuroprotective effects in recent scientific studies, offering preliminary scientific validation to traditional claims. This review demonstrates the breadth of Unani perspectives on epilepsy and emphasizes the potential of an integrative approach that connects contemporary neuroscience with traditional knowledge. In order to close the treatment gap and advance all-encompassing, culturally aware epilepsy care, clinical evidence may be strengthened through carefully planned trials and formulation standardization.

KEYWORDS: Epilepsy, Şar', seizures, aura, *rūḥ-i-nafsānī*, antiepileptic herbs, holistic management.

INTRODUCTION

With records going back to 4000 BCE, epilepsy is one of the earliest known medical conditions. Recurrent seizures, brief episodes of involuntary movement that may affect the entire body (generalized) or just a portion of it (partial), and a brief loss of consciousness and control over bowel or bladder function are its defining characteristics.^[1]

The Arabic word *Şar'* literally means "to fall suddenly," which reflects the sudden loss of control over one's body that occurs during epileptic episodes.^[2] Convulsions and oral foaming occur when the patient collapses. The most common cause is *Ghalīḍ khilṭ-e-Balgham* (Derangement in Phlegm), but other potential causes include stomach problems, *Dīdān al-Am'ā* (Helminthiasis), and *Ghalīḍ khilṭ-i-Sawdā* (Derangement in Black Bile). People of all

ages are affected by epilepsy, the most prevalent chronic brain disease.^[3,4]

Epilepsy was referred to by Unani doctors as *Ṣar'Qāzūn/Abrāqalsā/Maraḍ-i-Kāhīni*, which means the falling sickness.^[5] The word epilepsy, which means "to attack," was first used by Unani doctors. In his book *Ebizemia (The Sacred Disease)*, Buqrāt (Hippocrates) talked about epilepsy and said that it has a natural cause rather than being divine or more sacred than other illnesses. According to Buqrāt, who developed the theory of the four humors, epilepsy, like other illnesses, is caused by both qualitative and quantitative shifts in the humoral balance. According to Aristotle (384-322 BC), bad vapours called *Raddi Bukhārāt*, which are produced during digestion and travel through the veins to the brain, are the cause of epilepsy. According to Soranus (98–138 AD), epilepsy can also result from mechanical factors like brain contusions or head injuries.^[6]

According to Jālīnūs (129–199 AD), epilepsy is caused by involvement of the brain; whereas sympathetic epilepsy starts in other parts of the body and then spreads to the brain, epilepsy originates from the cerebral ventricles that are affected by phlegmatic and melancholic humors. He was the first to define the 'aura', which he defined as the symptoms that precede an epileptic seizure.^[5]

Rāzī describes epilepsy, or *Ṣar'*, as a seizure-like condition that shakes the whole body but doesn't drag on—attacks come and go fast. The harm it does, especially to the head and elsewhere, points straight to the brain as the source. It fades quickly because a thick, unhealthy fluid clogs the channels carrying the vital spirit (*rūh*).

Ibn Sīnā (Avicenna) sees epilepsy through a more body-focused lens: it's when some material buildup blocks the mind-related organs (*A'dā Nafsāniya*), messing up their sensing and moving abilities—people might struggle to stay upright, but not completely.^[8]

Akbar Arzani, in *Tibb-e-Akbar*, calls it a condition where sensing and movement go haywire and falter, throwing off the body's natural balance and knocking the person down.^[9]

Hakim Azam Khan sees epilepsy as a condition that partly shuts down sensing, moving, and standing steady, sparking sudden blackouts and falls. It shows up with mouth and limb twisting, shaking fits, and mouth foam, hitting at steady times or out of nowhere, blending brain glitches with clear signs.^[10]

Ajmal Khan paints a full picture of epilepsy as a notorious, risky illness that strikes in bursts, scrambling senses and motions. Folks black out, drop, and flop around foaming—nailing its sudden, chaotic punch much like today's brain scans.^[11]

Epidemiology

Epilepsy is a long-term neurological condition that affects the brain and can occur at any stage of life. Globally, nearly 50 million people are living with epilepsy, making it one of the most widespread neurological disorders. A significant majority—about 80%—reside in low- and middle-income countries, where access to healthcare is often limited.

With timely diagnosis and appropriate treatment, up to 70% of individuals with epilepsy could become seizure-free and lead healthy, productive lives. However, the condition still carries serious risks. People with epilepsy face a threefold higher risk of premature death compared to the general population. In many low- and middle-income countries, almost three-quarters of affected individuals do not receive the treatment they need. Beyond medical challenges, epilepsy is often accompanied by social stigma and discrimination, which deeply affect individuals and their families.^[12]

Etiopathology of Epilepsy

According to classical Unani understanding, epilepsy develops due to partial obstructions in the origin or pathways of the cerebral nerves, arising from various internal disturbances within the body. The renowned physician Jālīnūs explained that epilepsy occurs when an impure *chymous*—a byproduct of digestion formed in the liver—accumulates and blocks the brain's ventricles and the channels of the vital spirit. He described this substance as thick and phlegmatic in nature.^[13]

These partial blockages, whether present in the brain's ventricles, nerve roots, or neural pathways, disrupt the normal flow of *Rūh-i-Nafsānī* (the psychic or vital spirit), preventing it from properly reaching the organs of the body and carrying out its functions.^[14]

Furthermore, epilepsy may also arise from the retention of harmful substances that are usually expelled from the body, such as menstrual waste. In such situations, epilepsy is considered secondary, while the primary imbalance may originate in organs like the stomach, uterus, or other parts of the body.^[15]

As described by Ibn Sīnā (Avicenna), epilepsy occurs when a partial obstruction develops at the origin of the nerves, stopping the vital spirit from reaching the organs. This interruption expresses itself physically through trembling, shivering, and intense bodily disturbance—what we recognize as convulsions.^[16]

Similarly, Aristotle suggested that thick vapors can rise and block the brain's ventricles. Such obstructions weaken the brain's functions and disturb the proper flow of *Rūh-i-Nafsānī* (the psychic or vital spirit), ultimately leading to epileptic manifestations.^[17]

Unani scholars also emphasize the role of diet and temperament. Regular intake of cold and moist foods is

believed to increase phlegmatic humors and promote a cold, wet temperament. When these humors accumulate excessively, they may create blockages within the brain's ventricles, disrupting the natural movement of the vital spirit. As a result, the person may experience involuntary movements, sudden falls, and loss of control.

In addition, epilepsy can be influenced by internal factors such as hormonal changes—particularly during pregnancy—where seizures may appear but sometimes subside after childbirth. Other precipitating factors, including head trauma or birth injuries, can also raise the likelihood of developing epilepsy.^[5,15]

Classification of Epilepsy (Şar')

In Unani medicine, epilepsy (Şar') is broadly divided into two main types based on its origin.

Şar' Aslī (Primary Epilepsy) refers to cases where the disorder begins within the brain itself. This type is further classified according to the dominant causative humor involved. Accordingly, it includes:

- Şar' Dimāghī Balghamī (phlegmatic epilepsy)
- Şar' Dimāghī Sawdāwī (melancholic epilepsy)
- Şar' Dimāghī Damawī (sanguineous epilepsy)
- Şar' Dimāghī Şafrawī (bilious epilepsy)

On the other hand, **Şar' Shirkī (Secondary Epilepsy)** occurs when seizures arise as a consequence of disorders in other organs of the body. In such cases, the primary disease lies outside the brain. This form is categorized according to the organ involved—for example, epilepsy related to splenic disorders (Şar' Tihālī) or intestinal conditions (Şar' Am'ā'ī). Each of these subtypes is again identified based on the underlying humor—whether phlegmatic, melancholic, sanguineous, or bilious in nature.^[18]

Based on the Onset of the Disease

- The first type is characterized by the onset of epileptic symptoms that initially appear in the legs, especially the calves, before progressing further.
- The second type has its origin in the stomach, where underlying disturbances give rise to epileptic manifestations.
- The third type develops due to the buildup of harmful waste substances throughout the body, with a particular concentration in the head.^[17]

Based on the Origin of the Disease

- **Cerebral epilepsy** – A form in which the primary cause is located entirely within the brain.
- **Gastric epilepsy (Şar' Ma'dī)** – Develops due to disturbances originating in the stomach.
- **Uterine epilepsy (Şar' Raḥmī)** – Arises from the uterus, where harmful vapors are believed to ascend to the brain and trigger seizures.
- **Splenic epilepsy (Şar' Tihālī)** – Begins in the spleen and subsequently affects the brain

- **Hypochondriacal epilepsy (Şar' Marāqī)** – Linked to disorders in the hypochondrium, the region beneath the ribs.
- A particular type in which the causative material is thought to accumulate in the seminal vessels or the uterus.
- **Hepatic epilepsy (Şar' Kabidī)** – Originates from pathological changes in the liver.
- **Intestinal epilepsy (Şar' Am'ā'ī)** – Results from disturbances in the intestines.
- **Peripheral epilepsy (Şar' Aṭrāfī)** – Associated with peripheral organs, with classical texts often relating it again to splenic involvement.^[9,13]

Based on Humoral Causes

In this category, the brain is the sole site of pathology, and epilepsy is divided into four types based on humoral imbalance:

- Phlegmatic epilepsy (Şar' Balghamī) - Caused by an excess of phlegm.
 - Melancholic epilepsy (Şar' Saudaawī) - Caused by black bile.
 - Sanguineous epilepsy (Şar' Damawī) - Due to an excess of blood.^[9,13]
- (Note: The fourth humor, yellow bile or Şafrā'awī, is often debated or combined with other types in various texts.)

Signs and Symptoms of Epilepsy

The renowned physician Rabbān Ṭabarī observed that at the onset of a seizure, the patient suddenly falls to the ground.^[19] This may be accompanied by frothing at the mouth and, in some cases, loss of bladder or bowel control.^[5]

Before the actual seizure, some individuals experience warning signs, or *aura*. These may include a feeling of heaviness in the head, dizziness, low mood, yellowish discoloration of the face, tingling sensations in the tongue or limbs, difficulty speaking clearly, disturbing dreams, sadness, or discomfort in the upper abdomen.^[5,15,20]

Unani scholars emphasized that the nature and intensity of symptoms often depend on the dominant humor, which helps determine both the cause and the line of treatment. For instance, when morbid black bile (Şawdā' Ghayr Ṭabī'ī) develops due to depletion of blood (dam), the person may appear cheerful, playful, and unusually exhilarated. If it arises from depletion of yellow bile (Şafrā'), the patient tends to be mentally overactive, irritable, and prone to insomnia, with seizures often occurring on an empty stomach. When phlegm (balgham) predominates, seizures are generally shorter and milder, though excessive frothy salivation may be seen. Such patients often appear dull, lethargic, and withdrawn. In the melancholic (Şawdāwī) type, seizures are typically more severe, and the individual prefers isolation and speaks very little.^[15]

After the seizure, a post-ictal phase may follow. During this period, as consciousness returns, the patient may complain of headache, low mood, pain in the lower back and sacral region, along with hiccups or tremors.^[15,20] In severe cases, repeated or prolonged seizures—what is now recognized as status epilepticus—can become life-threatening if not managed promptly.^[5]

Diagnosis of Epilepsy

In Unani medicine, the diagnosis of epilepsy is primarily based on careful history taking, along with detailed examination of the pulse and urine. Physicians observe that the pulse in epileptic patients is often irregular, prolonged, and variable in both strength and rhythm. Changes in urine are also considered significant. It may appear clear yet thick in consistency, and bubbles can sometimes be seen on its surface.^[15,21] After a seizure, a bluish discoloration of the veins beneath the tongue is commonly noted, and these sublingual veins may appear more prominent than usual.^[5]

Additionally, identifying signs related to the dominant humor in the body plays an important role in determining the specific type of epilepsy, which further guides appropriate management.^[21]

Uşul-i-'Ilāj (Principles of Treatment)

Below is a structured summary of the Unani principles of treatment and practical guidelines for better understanding this holistic system.

1. Evacuation of the Body (*Tanqiya 'i-Badan*)
2. Brain purification (*Tanqiya 'i-Dimāgh*)
3. Temperament correction (*Ta 'dīl-i-Mizāj*)
4. Regimen for moderation of humoral abnormality (*Tadbīr-i-Taltīf*).^[5,21,22]

Treatment of Epilepsy in Unani Medicine

The epileptic treatment strategy is the treatment of epileptic convulsions at the time of a panic attack and prophylactic and preventive measures for recurrent attacks.^[20,21]

Immediate Care During a Seizure

The following steps are important during a seizure

- **Protecting the tongue:** A soft cloth or cotton pad may be carefully placed between the teeth to help prevent tongue biting and to keep the mouth safely positioned.
- **Protecting the limbs:** The patient's arms and legs should be gently supported to reduce the risk of injury caused by uncontrolled movements.^[20,21]

During Attack

- Keep the sharp and harmful objects away from the patient.
- Avoid tongue bite by keeping soft cloth or cotton in the mouth.^[5,21]

Remedies traditionally considered helpful during convulsions

- Gently massaging the body with lukewarm *Ravghan Gul* (rose oil).
- Applying *Ravghan Banafsha* (violet oil) mixed with milk over the forehead.
- Using a *Shamūm* (aromatic preparation for inhalation) made with *Hiltūt* (*Ferula assafoetida*).
- Instilling a mixture of *Hiltūt* (*Ferula assafoetida*) and *Jundbedastar* (castoreum) blended with vinegar into the nostrils.
- Administering nasal drops of *Aab-i- marzanjūsh* (juice of *Origanum majorana*).
- Blowing powdered '*ūd Ṣalīb* (*Paeonia officinalis*) gently into the nose.
- Encouraging the patient to smell *Suddab* (*Ruta graveolens*).
- Performing *Hijāma* (cupping therapy) below the rib region.^[5,9,21,23,24]

During rest

- *Iyārāj-i Rofas* is administered as a purgative and is regarded as particularly beneficial.
- *Iyārāj-i Jalīnūs*, *Iyārāj-i Loghaziya*, or *Iyārāj-i Fayqra* are prescribed to help cleanse and detoxify the body.
- *Shaham Ḥanzal* is given orally to facilitate the elimination of excess morbid phlegm.
- A *Majūn* prepared by mixing equal parts of powdered *Aqarqarhā* (root of *Anacyclus pyrethrum*) with honey is taken orally.
- A combination of *Sirka 'Unsuli* and *Iyārāj-i Fayqra* is used as a gargle.^[5,12,21,23]

Management of Loss of Consciousness

- Administer nasal preparations such as *Sa 'ūt* (nasal drops) and *Shumūm* (aromatic inhalants) to stimulate recovery.
- In cases of gastric epilepsy, a traditional method involves dipping a rooster's feather in lily oil, coating it with a preparation such as *iyārāj*, and gently introducing it into the throat to provoke vomiting.
- **Soothing and warming the brain:** As described by Askandar (Alexander), gently warming the head may provide prompt relief. This is achieved through fomentation using warm materials like millet, salt, and wheat bran applied to the head.^[21,23]

Special steps for children

- Adopt methods to dry excess moisture.
- Feed light meats like baby chicken (*Chūzah*), partridge, skylark, and sparrow.
- Drop *marzanjūsh* water in the nose and administer nasal treatments (*sa 'ūt*).
- Before breastfeeding, stimulate movement; as the child grows, make them walk before feeding.

- Feed leavened bread mixed with coriander, as coriander helps prevent vapors from rising to the brain.^[13,25]

List of single drugs used in Epilepsy in the Unani system.^[26]

Serial No.	Unani name	Botanical name	Parts used	Actions
1.	Āsrōl	<i>Rauwolfia serpentina</i> L. Benth. ex Kurz	Root	Antiepileptic, Anesthetic, Hypnotic Sedative, Antidote, Tranquilizers, Antihypertensive
2.	‘Ūd Ṣalīb	<i>Paeonia emodi</i>	Tuber	Nervine Tonic, Sedative, Resolving, Deobstruent,
3.	Ustukhuddūs	<i>Lavandula stoechas</i>	Flowers, leaves	Useful in amnesia, nerve and joint pain, cold, liver inflammation, dropsy; useful in epilepsy when used with Aqarqarha and vinegar
4.	‘Ūd Balsān	<i>Balsamodendron opobalsamum</i>	Oil, fruit, and wood	Stomachic, Nervine Tonic, Soporific, Resolving, Demulcent, Emmenagogue, Expectorant, Deobstruent, Liver tonic, Antidote, Abortifacient, Antiseptic
5.	Waj	<i>Acorus calamus</i> L.	Root	Nervine tonic, Diuretic, Emmenagogue, Detergent, Digestive, Carminative
6.	Ḥiltūt	<i>Ferula foetida</i> Regel.	Resin	Carminative, Antiseptic, Diuretic
7.	Shūnīz	<i>Nigella sativa</i>	Seed	Stomachic, Carminative, Resolving, Vermicide, Expectorant, Nervine tonic, Emmenagogue
8.	Bālchār	<i>Valeriana officinalis</i>	Root /rhizomes	Useful in hysteria, epilepsy, palpitations, headaches, inflammation of uterus/bladder
9.	Ḥabb-i-Balsān	<i>Balsamodendron opobalsamum</i>	Oil, fruit, and wood	Stomachic, Nervine Tonic, Soporific, Resolving, Demulcent, Emmenagogue, Expectorant, Deobstruent, Liver tonic, Antidote, Abortifacient, Antiseptic
10.	Rīṭhā	<i>Sapindus trifolius</i>	Fruit	Detergent, Resolving, Irritant, Emmenagogue, carminative, Blood purifier, Emetic, Purgative,
11.	Post Halīla Zard	<i>Terminalia chebula</i>	Bark	Purgative, Brain tonic, Stomachic, Astringent, Hair blackener.

List of compound drugs used in Epilepsy in the Unani system.^[27]

Serial No.	Compound Name	Ingredients	Indications
1.	Ḥabb Ṣar‘	<i>Fiqrah, Aftīmūn, Bisfāy, Ustukhuddūs, Namak Hindī, Ghāriqūn, Turbud Mujawwaf, Post Ḥalīlā Zard, Shaham Ḥanzal, Katīrā, Saqmūniyā</i>	Excellent for epilepsy
2.	<i>Sikanjabīn Aftīmūnī</i>	<i>Aftīmūn Darm, Bisfāy Fustaqī, Turbud Safed, Gāozabān, Parsiyāvashān, Irṣā, Tukhm Kasnī, Tukhm Kasūth, Post Bīkh Kasnī, Ḥashā, Barg Gul Surkh, Behman Safed, Sajz Hindī, Qāqlā, Sunbul, Gulqand Aftābī</i>	Useful in melancholia, psychosis, and epilepsy
3.	<i>Majūn Fiqrāh</i>	<i>Jundbīdastar, Rub-us-Sūs, Sulaykhā, Qust Talkh, Filfil Sīyāh, Afyūn, Mīyā, Za‘frān, Bālchār, Jawshūr, Dāuranj ‘Aqrabī, Marwārīd Nāsaftā, Zarnabād, Mushk, Honey</i>	Useful for epilepsy, paralysis, palpitation, stomach pain, and hiccup due to fullness
4.	<i>Majūn Najāḥ</i>	<i>Post Ḥalīlā Kābulī, Amlā Muqashshar, Halīlā Sīyāh, Turbud Mujawwaf, Bisfāy, Aftīmūn, Ustukhuddūs</i>	Melancholia, epilepsy, and all brain disorders caused by black bile
5.	<i>Majūn Zabīb</i>	<i>Post Ḥalīlā Zard, Post Ḥalīlā Kābulī, Post Balīlā, Amlā Munaqqā, Ustukhuddūs, ‘Ūd Ṣalīb, ‘Aqarqarhā, Munaqqā</i>	Especially beneficial for epilepsy patients.
6.	<i>Anqarūyā-e-Kabīr</i>	<i>‘Aqarqarhā, Kalonjī, Qust, Filfil, Dārfilfil, Waj, Sadāb, Jūntiānā, Hīng, Zarāwand Mudahraj, Ḥabb-ul-Ghār, Jundrayī, Shīṭraj, Honey</i>	Paralysis, facial palsy, flaccidity, numbness, epilepsy, amnesia, and other cold-temperature diseases
7.	<i>Anqarūyā-e-Ṣaghīr</i>	<i>Halīlā Sīyāh, Post Balīlā, Amlā Muqashshar, Bālchār Safed, Kundur, Waj, Filfil, Sūnth, Bhalanwān, Roghan Akhrot, Honey</i>	Paralysis, facial palsy, flaccidity, numbness, epilepsy, amnesia, and other cold-temperature diseases
8.	<i>Iyārāj Jalīnūs</i>	<i>Shaham Ḥanzal, Ghāriqūn, Bahrkanda Mushwī, Saqmūniyā Mushwā, Kutkī Sīyāh, Farfiyūn, Bisfāy, Kamāzrīyūs, Aftīmūn, Sulaykhā, Mur, Siqbīnj, Zarāwand</i>	Useful for epilepsy, melancholia, apoplexy, tremor, facial palsy, Convulsions, headache, migraine,

		<i>Tawīl, Mudahraj, Filfil Sīyāh, Filfil Safed, Dārḥīnī, Jawshīr, Jundbīdastar, Fitrāsāliyūn, Honey</i>	deafness, ear pain, kidney and bladder pain, gout, sciatica, chronic wounds, initial muscle weakness, urinary incontinence, alopecia, ringworm, and respiratory tightness
9.	<i>Barshā 'shā</i>	<i>Filfil Sīyāh, Filfil Safed, Buzr-ul-Banj Safed, Afyūn Miṣrī, Za 'frān, Bālchār, 'Aqarqarhā, Farfiyūn</i>	Cold, catarrh, eye darkness, facial palsy, paralysis, epilepsy, tremor, insomnia, melancholia, obsession, delirium, nervous weakness, gum relaxation, dull mind, bad breath, salivation, haemoptysis, colic, stomach and liver pain, liver obstruction, body weakness, heart weakness, palpitation, sexual strength, kidney stones, urination
10.	<i>Hab Istirkhā wa Ṣar'</i>	<i>Fiqrah, Turbud Mujawwaf, Ghāriqūn, Būzīdān, Ustukhuddūs, 'ūd Ṣalīb, Shaham Hanzal, Mastag</i>	Useful in epilepsy
11.	<i>Sharbat Ustukhuddūs</i>	<i>Ustukhuddūs, Parsiyāvashān, 'ūd Ṣalīb, Gāozabān, Asl-us-Sūs, Rāziyānah, Post Bīkh Karafs, Tukhm Khatmī, Banafshā, Gul Surkh, Munaqqā, Sapistān</i>	Useful for epilepsy, melancholia, headache, and all cold-related brain diseases
12.	<i>Majūn Fiqrah</i>	<i>Jundbīdastar, Rub-us-Sūs, Sulaykhā, Qust Talkh, Filfil Sīyāh, Afyūn, Mīyā, Za 'frān, Bālchār, Jawshīr, Dāuranj 'Aqrabī, Marwārīd Nāsaftā, Zarnabād, Mushk, Honey</i>	Useful for epilepsy, paralysis, palpitation, stomach pain, and hiccup due to fullness
13.	<i>Majūn Suqrāt</i>	<i>Jundbīdastar, Habb Balsān, Sulaykhā, Asārūn, Mastagī Rūmī, Marwaj, Zarnabād, Dāuranj 'Aqrabī, Tukhm Karafs, Tukhm Piyāz, Tukhm Gandanā, Sibr Suqūṭrī, Turbud, 'ūd Khām, Jozbuwā, Rewand Chīnī, Lōng, Bābsā, Ushnā, Bālchār, Za 'frān, Isqīl Baryān, Zanāb, Shīṭraj, Gulāb, Bādarnajbūyā, Lak Maghsūl, Sā 'd, Habb al-Baṭm, Halīlā Sīyāh, Post Halīlā, Amlā, Ravghan Badam</i>	Amnesia, melancholia, epilepsy, headache, obsession, brain weakness, vitiligo, leprosy, joint pain, stomach pain, liver pain, alopecia, ringworm, elephantiasis, chronic cough, quartan fever, phlegmatic fever, difficulty urinating, piles, jaundice, spleen diseases, heaviness of ear and tongue, useful in phlegmatic and melancholic conditions
14.	<i>Murabbā' Waj</i>	<i>Waj Turkī</i>	Useful for paralysis, facial palsy, epilepsy, stomach pain, colic, spleen hardness, and intestinal twisting. Laxative for yellow bile and phlegm. Strengthens memory.
15.	<i>Mufarriḥ A 'zam</i>	<i>Shahtarā, Bādarnajbūyā, Gul Gāozabān, Tambūl, Behman Surkh, Behman Safed, Lājward Maghsūl, 'Anbar, Gul Makhtūm, Za 'frān, Dāuranj, Zarnab, Kabāb, Halīlā Kābulī, Abrīsham Muqarrāz, Sandal Safed, Post Bairūn Pistā, Dāna Hīl, Waraq Nuqrā, Yāqūt Surkh, Marjān, Marwārīd Nāsaftā, Kahrubā, 'ūd, Shakar Āb Behī Shūrīn, Gulāb, Āb Anār Mīkhōsh, Āb Turanj, Zīrishk, Sharbat Rībās</i>	Reduces blood heat, purifies blood, and strengthens vital organs and senses. Useful for melancholia, obsession, madness, epilepsy, terror, palpitations, weak heart, laziness, increases intellect and understanding, improves appetite, aids digestion, aphrodisiac.
16.	<i>Ma' al-Usool</i>	<i>Post Bīkh Karafs, Post Bīkh Rāziyānah, Post Bīkh Kabar, Tukhm Karafs, Anīsūn, Rāziyānah, Bīkh Azkhar, Asārūn, Habb Balsān, Jūntiyānā, Sulaykhā, 'ūd Balsān, Būzīdān, Hazāra Spand, Munaqqā</i>	Useful for facial palsy, epilepsy, all phlegmatic and melancholic diseases, opens liver obstructions, breaks kidney and bladder stones, useful in joint pain, dropsy.
17.	<i>Mufarriḥ Bārid az Jālīnūs</i>	<i>Amlā, Gul Gāozabān, Tukhm Kharfā, Sandal Safed, Sandal Surkh, Bīkh Rāziyānah, Bālchār, Behman Safed, Dārḥīnī, Kishnīz Khushk, Post Nārang, Post Turanj, Abrīsham Muqarrāz, Kahrubā, Tabāshūr, Marjān, Marwārīd, Ṭalā Maḥlūl, Nuqrā Maḥlūl, Yāqūt, Zumurrud, Sharbat Sīb, Sharbat Zīrishk, Sharbat Anārīn</i>	Prevents the upward movement of heat to the brain. Beneficial for vertigo, dizziness, epilepsy, migraine, melancholia, palpitation, fever, thirst, and poisonous anguish
18.	<i>Shamūm</i>	<i>Sadāb, Shibt, Marzanjōsh</i>	Useful in epilepsy
19.	<i>Ḍimād Digar</i>	<i>Mastagī, Post Kundur</i>	Epilepsy caused by stomach disturbance
20.	<i>Wajūr</i>	<i>Hīng, Jundbīdastar, Sikanjabīn</i>	Useful in epilepsy

Ma'mūlāt-i-Maṭab of Different Unani Physicians and Institutions for the Treatment of Ṣar' (Epilepsy)

Here is some *Ma'mūlāt-i-Maṭab*, which were used by various Hakims and Institutions of Unani Tibb for the Treatment of Ṣar'.^[28]

Hamdard Maṭab

Nuskha No 1

Asrofin or *Iksir Shifa* 1 pill twice daily

Habb-i- Ṣar' 1 twice daily

Decoction of *Ustukhuddūs* 3 gram, *Baranjāsif* 4 gram, *Tukhm-i-Kasūs* 4 gram, *Aftīmūn vilāyti* 3gram twice daily.

Nuskha No 2

Iksir Shifa 1 tab with *Sharbat-i-Nānkhawāh* 20 ml at morning

Qurs 'ūd Tha'lib 2 tab at evening

Namak Jalīnūs 2 tab after meal twice daily

Mujarrabāt-i- Takmīl

Regimenal Therapy ('Ilāj bi'l Tadbīr)

- **Induced vomiting (Qay')**: In young patients, especially when excess phlegm accumulates in the stomach, treatment may begin with therapeutic emesis to help expel the offending phlegmatic matter.
- **Venesection (Faṣḍ)**: When signs of excessive heat and congestion (*Harārat wa Imtilā'*) are present, controlled bloodletting from veins such as the cephalic, saphenous, or certain cranial vessels is advised to remove the morbid material (*Fāsīd Maddah*) from the body.
- **Cupping (Hijāma)**: Particularly when performed on the calves, cupping is believed to enhance circulation and assist in eliminating harmful humors.
- **Head irrigation (Naṭūl)**: In phlegmatic epilepsy, pouring medicated or cool water over the head is recommended to help restore balance in temperament.
- **Massage (Dalk)**: Firm rubbing of the hands, feet, and head with a coarse cloth is practiced to stimulate the nerves and promote better blood flow.
- **Exercise (Riyāḍat)**: Gentle to moderate physical activity is encouraged to maintain bodily balance, while avoiding overexertion.
- **Therapeutic bath (Ḥammām)**: After proper detoxification (*Tanqiyah*), bathing is considered beneficial as it relaxes the body and facilitates the elimination of vapors (*Bukhārāt*).
- **Vinegar and rose oil**: These are traditionally used to strengthen and support brain function.
- **Fruit syrups and decoction of Ḥalīlā**: Prescribed to balance temperament and relieve constipation.
- **'ūd Ṣalīb and Fāwāniyā**: Powdered *Fāwāniyā* may be blown into the nose to induce sneezing, while *Ood Ṣaleeb* is regarded as particularly helpful in epilepsy. In children, even wearing it around the neck is traditionally believed to offer benefits.^[13,29,30]

Dietary Guidelines

Recommended Foods

According to Unani Medicine, foods for epilepsy patients should be moderate and moistening.

The following are considered beneficial:

- Wheat flatbread (chapati)
- Goat broth
- Roasted meat of chicken
- Roasted lentils (pigeon peas or mung beans)
- Lightly spiced meat or stew (qorma)
- Mint chutney consumed with meals.^[31]

Foods to Avoid

The following items should be avoided as they produce impure humors or stimulate cerebral vapors, both of which can worsen epilepsy:

- Very sweet and greasy foods.
- Meat from large or lean animals.
- All types of milk and dairy products.
- Excessive consumption of goat meat.
- Fried, oily, or heavily spiced foods.
- Alcohol.
- Onions, garlic, and wild garlic (*gandana*).
- Fresh fruits (especially vapor-producing ones).
- Light or delicate foods that cause fermentation.
- Excessive use of hammam (bathing).^[9,11,13,31]

Research Studies on Selected Unani Drugs

Some modern scientific investigations have explored the potential antiepileptic effects of traditional Unani medicines, providing supportive evidence for their classical use.

- **Qinnab (*Cannabis sativa*)**: The principal psychoactive constituents, Δ9-tetrahydrocannabinol (THC) and Δ9-tetrahydrocannabivarin (THCV), have shown anticonvulsant activity in experimental models of acute generalized seizures, including maximal electroshock (MES) and pentylenetetrazol (PTZ)-induced seizures.^[32]
- **Kalonjī (*Nigella sativa* L.)**: In a double-blind crossover clinical trial, Akhondian et al. demonstrated that the aqueous extract of *Nigella sativa* significantly reduced seizure frequency in children with refractory epilepsy when used as an adjunct therapy compared to placebo.^[33] Additionally, İlhan et al. reported that *Nigella sativa* oil exhibited antiepileptogenic effects against PTZ-induced kindling in mice.^[35]
- **'Aqarqarḥā (*Anacyclus pyrethrum*)**: Experimental studies in rat models have shown that the hydroalcoholic extract of its root possesses promising anticonvulsant effects against both PTZ-induced and MES-induced seizures.^[34]
- **Hilūt (*Ferula asafoetida*)**: Research on male mice using the PTZ-induced kindling model revealed that the hydroalcoholic extract of *Ferula asafoetida* gum reduced seizure activity, possibly through antioxidant mechanisms mediated by enzymatic pathways.^[36]

- **Ḥalīlā (*Terminalia chebula* Retz.):** Debnath et al. found that the ethanolic extract of *Terminalia chebula* exhibited significant anticonvulsant effects at doses of 200 and 500 mg/kg in MES, PTZ, and picrotoxin-induced seizure models in albino mice.^[37]
- **Ma'jūn Najāh:** This classical Unani compound formulation, traditionally used in epilepsy, has also been evaluated experimentally. Studies in Swiss albino mice have demonstrated its anticonvulsant activity, supporting its therapeutic relevance in Unani practice.^[38]

CONCLUSION

Epilepsy (*Ṣar'*) continues to be one of the most challenging neurological disorders worldwide, affecting millions of individuals and carrying profound medical, social, and economic consequences. The Unani system of medicine offers a deeply rooted and holistic understanding of this condition, shaped by centuries of careful observation and scholarly reflection. Eminent physicians such as Hippocrates, Galen, Ibn Sina, Al-Razi, and Ajmal Khan described epilepsy in remarkable detail. They recognized its natural (rather than supernatural) origin, highlighted the central role of the brain, emphasized humoral imbalance, and acknowledged its association with systemic disturbances. Interestingly, many of their observations resonate with modern neurological concepts such as cerebral pathology, aura, secondary epilepsy, and systemic triggers.

In Unani philosophy, *Ṣar'* is understood through a comprehensive framework that links cause, classification, symptoms, and treatment. Central to this approach are the principles of humoral balance (*Akhḷāt*), temperament (*Mizāj*), and the proper flow of *Rūḥ-i-Nafsānī*. Management strategies—including *Tanqiya'-i-Badan* (systemic evacuation), *Tanqiya'-i-Dimāgh* (brain purification), *Ta'dīl-i-Mizāj* (correction of temperament), regimenal therapies, dietary regulation, and pharmacological interventions—aim not only to control seizures but also to address the root imbalance responsible for the disorder. The rich Unani materia medica, comprising both single drugs and compound formulations, reflects a thoughtful and individualized therapeutic approach.

Encouragingly, modern experimental and clinical research has begun to validate several traditional remedies. Studies on *Nigella sativa* L., *Anacyclus pyrethrum*, *Ferula asafoetida*, *Terminalia chebula*, and *Cannabis sativa* suggest potential antiepileptic and neuroprotective properties. Such findings provide scientific grounding to classical knowledge and create promising opportunities for integrative research.

In summary, epilepsy (*Ṣar'*) may be approached effectively through a model that harmonizes classical Unani wisdom with contemporary neurological science. To strengthen this integrative pathway, well-designed

clinical trials, standardized formulations, and rigorous pharmacological evaluations are essential. This collaborative approach holds the potential to reduce the treatment gap—especially in low- and middle-income countries—while preserving and advancing the valuable heritage of Unani medicine.

Conflict of Interest

None.

REFERENCES

1. World Health Organization. Epilepsy [Internet]. Geneva: WHO; 2023 [cited 2025 Oct 3]. Available from: <https://www.who.int/news-room/fact-sheets/detail/epilepsy>
2. Arzani HM. Tibb-e-Akbar. New Delhi: Idarah Kitab al Shifa; 58.
3. Arzani A. Tibb-e-Akbar. Urdu translation by Allama Hkm Mohammad Husain. Deoband, UP: Faisal Publication; 58-59.
4. Baghdadi ABI. Kitab al-Mukhtarat Fil Tib (Urdu translation by CCRUM), Vol. III, New Delhi, 2004; 45-49.
5. Razi MBZ. Kitab al-Hawi, Volume I (Urdu Translation), CCRUM, New Delhi, 1997; 106-130.
6. Chaudhary UJ., et al. "A dialogue with historical concepts of epilepsy from the Babylonians to Hughlings Jackson: persistent beliefs". Epilepsy Behavior, 2011; 21(2): 109-114.
7. Razi ABMZ. Kitab al-Hawi fi al-Tibb. Part 3. Urdu translation: CCRUM. New Delhi: Central Council for Research in Unani Medicine; 106.
8. Ibn Sina (Avicenna) AHB. Al-Qanun fi al-Tibb. Urdu translation: Hakim Syed Ghulam Hasnain Kintoori. New Delhi: Idarah Kitab al-Shifa; 566.
9. Arzani HM. Tibb-e-Akbar. New Delhi: Idarah Kitab al Shifa; 58.
10. Khan HMA. Aksir-e-Azam. New Delhi: Idarah Kitab al-Shifa; 151.
11. Khan H (Masiḥ al-Mulk). Haziq. Karachi: Publishing Company.
12. WHO updates fact sheet on Epilepsy (7 February 2024).
13. Qamari AMHN. Ghunyat al-Munya. Part 3. Urdu translation: CCRUM. New Delhi: Central Council for Research in Unani Medicine.
14. Razi ABMZ. Kitab al-Fakhir fi al-Tibb. Vol. 1, Part 1. Urdu translation: CCRUM. New Delhi: Central Council for Research in Unani Medicine; 2008. Ref Code: 124 DFF121.
15. Ibn Sina. Al-Qanun fi'l-Tibb, Volume III, Part I (Arabic), Jamia Hamdard, New Delhi, (1411 H); 114 123.
16. Ibn Sina (Avicenna) AHB. Al-Qanun fi al-Tibb. Urdu translation: Hakim Syed Ghulam Hasnain Kintoori. New Delhi: Idarah Kitab al-Shifa; 566.
17. Tabari AHAM. Al-Mu'alajat al-Buqratiya. Part 3. Urdu translation: CCRUM. New Delhi: Central Council for Research in Unani Medicine; 351.

18. Khan M A. Iksir-i Azam, Volume I (Urdu), Idara kitab us shifa, Daryaganj New Delhi, 162-163.
19. Tabri R. Firdaws al-Hikmat (Urdu translation by Rasheed Ashraf Nadvi), CCRUM, New Delhi, 2010; 306-308. 313.
20. Qamri A M H. Ghina Muna (Arabic), CCRUM, New Delhi, 2008; 18-24.
21. Khan M A. Iksir-i Azam, Volume II, (Persian), Matba Nami Naw al Kishor, Lucknow, 1906; 238-265.
22. Nafis b. Iwaz. Sharah al-Asbab wa-al-Alamat, part I (Arabic), Matba' Nami Munshi Naval Kishor, Lucknow, 1326H: 86-87.
23. Baghdadi H. Kitab al-Mukhtarat, Vol-III, (Urdu Translation), CCRUM, New Delhi, 2004; 45-49.
24. Ibn Hubal, Kitab al-Mukhtarat, Vol-II, (A), Daira Ma'arifa Us mania, Hyderabad 16, 53, 67, 68-69, 89, 108, 115, 138, 195, 204 5.218, 222,255.
25. Razi ABMZ. Kitab al-Fakhir fi al-Tibb. Vol. 1, Part 1.
26. Abdul Haleem HM. Mufradat-e-Azizi. New Delhi: Central Council for Research in Unani Medicine (CCRUM).
27. Arzani HM. Qarabadin Qadri. New Delhi: Central Council for Research in Unani Medicine (CCRUM).
28. Kalam M A, Khan Nida Epilepsy: Concept and Modes of Treatment in Unani System of Medicine; First Edition @2021 INSC international Publishers Chikkaamagaluru, Karnatka
29. Khan HMS. Sharh-e-Asbab. Vol. 1. New Delhi: Central Council for Research in Unani Medicine (CCRUM).
30. Majusi ABA. Kamal al-San'ah. Part 2. Urdu translation: Hakim Syed Ghulam Hasnain Kintoori. New Delhi: Idarah Kitab al-Shifa, 2010; 312.
31. Khan HMA. Aksir-e-Azam. New Delhi: Idarah Kitab al-Shifa; 151.
32. Wei Liu., et al. "Effects of herbal medicine on epilepsy". Oncotarget, 2017; 8(29): 48385-48397.
33. J Akhondian., et al. "The effect of Nigella sativa L. (black cumin seed) on intractable peditric seizures". Medical Science Monitor, 2007; 13(12): 555-CR559.
34. MA Kalam., et al. "Evaluation of anticonvulsant activity of Aqar qerha root in experimental animals". Hippocratic Journal of Unani medicine, 2015; 10(4): 1-12.
35. Ilhan A., et al. "Antiepileptogenic and antioxidant effects of Nigella sativa oil against pentylenetetrazol induced kindling in mice". Journal of Neuropharmacology, 2005; 49(4): 456-464.
36. Z Kiasalari., et al. "Investigation of Anti-convulsant effect of alcoholic Ferula asafoetida Gum extract ptz-induced kindling model in mice". Daneshvar Medicine, 2010; 18(10): 25-32.
37. J Debnath., et al. "Anticonvulsant activity of ethanolic extract of fruits of Terminalia chebula on experimental animals". International Journal of Drug Development and Research, 2010; 2(4): 764-768.
38. Zeba Afreen., et al. "Evaluation of anticonvulsant activity of Majoon Najah in experimental animal model". Asian Journal of Pharmacy and Pharmacology, 2019; 5(4): 660-668.