



**QŪBĀ (DERMATOPHYTOSIS): CONCEPTUAL FRAMEWORK, CLINICAL
MANIFESTATIONS, AND THERAPEUTIC MANAGEMENT IN UNANI MEDICINE**

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ABSTRACT

Background: Qūbā is a well-documented dermatological disorder in the Unani System of Medicine, described extensively in classical Greco-Arab medical literature. The Unani understanding of Qūbā is grounded in the theory of Akhlāṭ-i-Arba‘a (Four Humours), which explains health and disease as a result of balance or imbalance among the humours. Classical physicians such as Hippocrates, Zakariya Razi, Ibn Sina, and Ismail Jurjani provided systematic accounts of Qūbā, encompassing its etiology, clinical features, classification, and principles of management based on humoral pathology. **Objective:** The objective of this review is to present a structured and comprehensive overview of Qūbā from a Unani perspective, highlighting its humoral basis, clinical spectrum, and traditional management strategies, while correlating classical concepts with contemporary medical understanding. **Methods:** Classical Unani texts were reviewed to analyze descriptions related to the definition, etiopathogenesis, clinical manifestations, and classification of Qūbā. Emphasis was placed on the role of morbid humours, particularly Sawdā (black bile), and the principles of treatment advocated by eminent Unani scholars. Relevant modern medical literature was also consulted to establish conceptual correlation. **Results:** According to Unani doctrine, Qūbā arises due to derangement of humoral equilibrium, primarily involving Sawdā along with thin, irritating humours. These morbid materials are diverted toward the skin by the body’s natural protective force, resulting in characteristic cutaneous manifestations. Clinically, Qūbā presents with itching, burning, scaling, and sometimes discharge, depending on the dominant humour. In modern medical terminology, Qūbā closely corresponds to dermatophytosis, a superficial fungal infection of keratinized tissues caused by dermatophytes. **Conclusion:** Qūbā represents a classical example of a skin disorder with a well-defined humoral explanation and a holistic therapeutic approach in Unani medicine. Understanding its classical framework provides valuable insight into individualized management and facilitates meaningful correlation with modern dermatology.

KEYWORDS: Qūbā; Unani System of Medicine; Akhlāṭ-i-Arba‘a; Sawdā; Dermatophytosis; Humoral Theory; Classical Unani Literature; Skin Disorders.

INTRODUCTION

The Unani System of Medicine is a comprehensive and holistic medical tradition rooted in the principles of natural philosophy and humoral pathology.^[1] It is fundamentally based on the theory of Akhlāṭ-i-Arba‘a (Four Humours), which was first systematized by Hippocrates, widely revered as the Father of Medicine.

This theory postulates that the human body is governed by four primary humours—Dam (blood), Balgham (phlegm), Ṣafṛā (yellow bile), and Sawdā (black bile)—each possessing specific temperamental qualities. Health (Ṣiḥḥat) is achieved when these humours remain in a state of qualitative and quantitative equilibrium (I‘tidāl-i-

Akhlāt), whereas disease arises from their imbalance i.e. Sū'-i-Mizāj wa Sū'-i-Tarkīb.^[1,2]

In Unani medicine, the skin (Jild) is regarded as an important organ that reflects both internal humoral disturbances and the overall temperamental state of the body. Dermatological disorders are therefore not viewed as isolated local conditions but as manifestations of systemic pathological changes, particularly derangements of humours and faculties (Quwā).^[3] Among such conditions, Qūbā occupies a distinct position in classical Unani literature. It has been described since the Greco-Arab period as a chronic, superficial skin disorder characterized by discoloration, dryness, scaling, and pruritus, often resistant to quick resolution.^[2,3]

Classical Unani physicians emphasized that Qūbā predominantly results from the fasād (morbid alteration) of Sawdā, either alone or in combination with other humours, especially Balgham. The morbid humour, when rendered thick, viscid, and abnormal in quality, tends to localize in the skin, impairing its normal nutrition and temperament. This leads to alteration in skin color, texture, and sensation. Environmental factors, dietary indiscretions, poor digestive power (Du'f-e-Hazm), sedentary lifestyle, and psychological stress were also recognized as contributory elements that predispose an individual to the development of Qūbā by promoting humoral imbalance.^[2]

Renowned Unani scholars such as Buqrāt (Hippocrates), Jālīnūs (Galen), Rāzī, Ibn Sīnā, and Jurjānī provided detailed descriptions of Qūbā, discussing its etiology (Asbāb), pathogenesis (Takwīn-e-Marḍ), clinical features ('Alāmāt), and principles of management (Uṣūl-e-Ilāj).^[3] Their observations highlight the chronic and recurrent nature of the disease and stress the importance of correcting the underlying humoral derangement rather than merely treating the cutaneous manifestations.

Thus, Qūbā exemplifies the Unani approach to disease, where emphasis is placed on identifying the root cause within the internal milieu of the body. Understanding Qūbā through the lens of humoral theory not only provides insight into its chronicity and resistance to treatment but also underscores the relevance of Unani principles in the holistic management of dermatological disorders.^[4]

DEFINITION

Unani medicine, Qūbā is described as a chronic dermatological disorder characterized by roughness, dryness, scaling, and discoloration of the skin. Classical Unani texts define Qūbā as a condition in which the skin becomes khashin (rough) and mutaqashshir (scaly), often appearing blackish, reddish, or dark brown in color. According to Unani scholars, it is caused by the presence of an ḥādd wa lāzi' mādda (acrid, pungent morbid fluid) mixed predominantly with Sawdā (black bile). This

morbid mixture is considered more ghalīz (viscous and thick) than the humour responsible for Jarab (scabies), thereby explaining the comparatively chronic, stubborn, and recurrent nature of Qūbā.^[4,5]

From a humoral standpoint, Sawdā possesses cold and dry qualities, and when it becomes morbid (Sawdā'-e-fāsida), it loses its normal physiological role and produces dryness, constriction, discoloration, and roughness in tissues. When such altered Sawdā mixes with a pungent or corrosive fluid (mādda ḥārra wa lāzi'a), it localizes in the skin due to its thickness and poor mobility. This results in impaired cutaneous nutrition (sū'-e-taghdhiya), leading to scaling, fissuring, and altered pigmentation of the affected area.^[6] This concept has been elaborated by classical physicians such as Ibn Sina and Zakariya Razi, who emphasized the dominance of morbid Sawdā in chronic scaly dermatoses.

Clinically, Qūbā presents as an itchy rash (ḥikka) accompanied by variable degrees of burning sensation (ḥarqān), scaling (taqashshur), and sometimes oozing or discharge (ruṭūbat ya rasūb), depending upon the nature and combination of the involved humours.^[15] When Sawdā predominates, the lesions are typically dry, dark-colored, thickened, and intensely pruritic.^[6,7] If Ṣafṛā is associated, redness, burning, and irritation become more prominent, whereas admixture with Balgham may lead to relatively pale lesions with mild itching and occasional discharge.

Unani scholars also distinguished Qūbā from other dermatological conditions such as Jarab and Sa'fa by its greater dryness, deeper discoloration, and chronicity. Ismail Jurjani noted that Qūbā often persists for long durations and tends to recur if the underlying humoral imbalance is not corrected. He stressed that topical therapy alone is insufficient unless accompanied by systemic measures aimed at correcting Sawdā'-e-fāsida and improving digestive and metabolic functions.^[8]

Thus, in Unani medicine, Qūbā is not merely a superficial skin disease but a manifestation of deep-seated humoral pathology, particularly involving morbid black bile. Its clinical features, chronic course, and resistance to treatment are all explained within the framework of humoral theory, underscoring the Unani emphasis on addressing the root cause rather than focusing solely on symptomatic relief.^[9]

UNANI CONCEPT OF QUBA

According to Unani principles, Qūbā and Sa'fa share similar etiological factors. The condition primarily arises from Tez Ruṭūbat associated with increased Ḥiddat, combined with thick and viscous morbid matter, predominantly Sawdā, which is denser than the matter causing Jarab.^[26] Qūbā may also develop from Balgham that undergoes Iḥtirāq (burning) due to heat and is transformed into Sawdā.^[10]

In Dhakhīra Khawārizm Shāhī, Ismail Jurjani described Khilṭ-i-Bad as the primary causative factor and classified it into.

Khilṭ-i-Tez aur Raqīq, characterized by burning, pricking sensation, and occasional discharge.^[10] Khilṭ-i-Ghalīz aur Sawdāwī, marked by dry lesions with minimal burning and itching.^[10]

The role of Quwwat-e-Ṭabī‘iyya (Natural Power) is central in the pathogenesis of Qūbā. To protect the vital organs, this force diverts morbid matter toward the skin, resulting in the manifestation of the disease.^[11] Blood mixed with Sawdā or blood transformed into Sawdā, as well as a mixture of thick Sawdā and saline phlegm (Balgham Māliḥ), can also precipitate Qūbā.^[10] Dietary factors leading to the formation of Mirrah-i-Sawdā have also been implicated.^[11]

CLINICAL FEATURES

The clinical manifestations of Qūbā vary according to the predominant humour involved. The condition generally presents with roughness of the skin accompanied by itching. When caused by Khilṭ-e-Raṭab, oozing of fluid is observed, whereas Khilṭ-e-Yābis is associated with scaling and dryness. Tez Raqīq Khilṭ produces burning, itching, and discharge, while Ghalīz Sawdāwī Khilṭ results in dry, rough lesions with moderate itching and burning. Involvement of Safrā leads to severe burning and discomfort, whereas Khilṭ-i-Ḥirriḥ causes intense itching. Lesions due to Hād Lāzi‘ Khilṭ may be painful without marked pruritus.^[12]

CLASSIFICATION

Classification according to Zakariya Razi^[12,13]

Qūbā Raṭb (Damwī): Crimson lesions with oozing on itching, associated with blood that is burned and transformed into Sawdā; readily curable.

Qūbā Yābis (Sawdāwī): Whitish lesions due to saline phlegm burned and converted into Sawdā.

Classification according to Ibn Sīnā^[14]

Ibn Sina classified Qūbā based on etiology and morphology into Damwī, Sawdāwī, Mutaqashshir, Ghayr Mutaqashshir, Sā‘ī Khabīth, Wāqif, Ḥād, and Radī types.

Classification according to Rabban Ṭabari^[15]

Rabban Tabari categorized Qūbā into Jins Damwī, Jins Raṭūbī, and Jins Sawdāwī based on the dominant causative humour.

DIAGNOSIS

Diagnosis of Qūbā in the Unani system is primarily clinical and based on assessment of Mizāj, identification of the involved humour, nature of lesions, presence of itching, burning, discharge, and differentiation from similar conditions such as Jarab, Baraş, and Sharā.^[15]

MANAGEMENT:(19)

The management of Qūbā in Unani medicine is directed toward elimination of morbid humours, particularly Sawdā. The primary line of treatment is Tanqīya-e-Badan, preceded by Nūḍaj wa Istifrāgh.^[13] Thick morbid matter is eliminated using drugs with Ṭahlīl, Talṭīf, and Taqṭī‘ properties, whereas heated and thin morbid matter is treated with Taskīn and Tarṭīb drugs.^[13,16]

Treatment of Qūbā (Ilāj-e-Qūbā) in Unani Medicine^[13]

The treatment of Qūbā is based on correction of the underlying humoral imbalance (i‘tidāl-e-akhlāṭ) and elimination of the morbid matter (istifrāgh-e-mādda). Management is individualized according to the dominant humour—Jins Damwī, Raṭūbī, or Sawdāwī—and is guided by principles described in classical Unani texts. The therapeutic approach includes the following components.^[13,16]

ILĀJ BIL-TADBĪR (REGIMENAL THERAPY)

Regimenal measures are employed to facilitate expulsion of morbid humours and to restore humoral balance. These may include mild purgation (ishāl), blood-letting (faṣḍ) in selected cases, and general measures to reduce excessive heat and moisture, depending on the patient’s mizāj.^[16]

ILĀJ BIL-GHIDHĀ (DIETOTHERAPY)

Dietary regulation plays a crucial role in management. Patients are advised to avoid ghidhā-e-ḥār wa raṭb (hot and moist foods), fermented items, excessive sweets, and oily foods. A light, easily digestible diet with cooling and drying properties is recommended to support treatment and prevent recurrence.^[19]

ILĀJ BIL-DAWĀ (PHARMACOTHERAPY)

ILĀJ BIL-DAWĀ (PHARMACOTHERAPY) Oral Medications: Munaffith-e-balgham, musaffī-e-dam, and mu‘addil-e-akhlāṭ drugs are prescribed according to the dominant humour to correct systemic derangement and purify the blood.^[19]

TOPICAL APPLICATIONS

Local treatment includes the application of mujaffif, qābiḍ, and dāfi‘-e-ta‘affun formulations in the form of marham, ṭīlā, or lā‘ūq to relieve itching, reduce scaling, and promote healing of lesions.^[18]

GENERAL MEASURES

Maintenance of personal hygiene, keeping the affected area clean and dry, and avoidance of excessive sweating and occlusive clothing are emphasized to enhance therapeutic outcomes. Thus, the Unani management of Qūbā is holistic, addressing both systemic humoral imbalance and local cutaneous manifestations through individualized oral and topical therapies.

CONCLUSION

Qūbā, as described in the Unani system of medicine, represents a well-defined dermatological entity with a sound theoretical foundation rooted in humoral pathology and temperament theory. The classical explanations provided by Unani scholars such as Ibn Sina emphasize that cutaneous manifestations are not merely local phenomena but reflections of deeper systemic imbalances, particularly involving morbid humours and altered mizāj of the skin.

The close clinical resemblance between Qūbā and modern dermatophytosis highlights a meaningful convergence between traditional and contemporary medical understanding, despite differences in etiological interpretation. While modern medicine focuses on fungal pathogens, Unani medicine broadens the perspective by addressing host susceptibility, internal derangements, and lifestyle factors that contribute to chronicity and recurrence.

The holistic therapeutic approach of Unani medicine—integrating regimenal measures, dietary regulation, and pharmacotherapy—aims not only at symptomatic relief but also at correcting the underlying cause and restoring overall balance. Therefore, the Unani concept of Qūbā remains clinically relevant and offers valuable insights for integrative dermatological care, reinforcing the importance of individualized, systemic, and preventive strategies in the management of skin disorders.

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