

UNANI CONCEPT OF *IMTILA* (CONGESTION) IN THE LIGHT OF KITAB AL MURSHIDDr. Khatiba Aatka Maryam^{*1}, Dr. Md. Nadeem Akhter² and Dr. Kaif Alam³^{1,2}PG Scholar Dept. of Mahiyatul Amraz, Govt. Tibbi College and Hospital, Patna.³PG Scholar Dept. of Kulliyat, Govt. Tibbi College and Hospital, Patna.

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ABSTRACT

In the Unani system of medicine, *Imtila* (also known as plethora or congestion) is a condition characterised by the excessive accumulation of bodily fluids, particularly in the blood or blood vessels, leading to an imbalance in the body's humoral equilibrium. This concept is rooted in Unani medicine, which emphasises the balance of four humours—blood (*Dam*), phlegm (*Balgham*), yellow bile (*Safra*), and black bile (*Sauda*)—to maintain health. *Imtila* disrupts this balance, causing various symptoms and potentially leading to serious health complications.^[1]

KEYWORDS: *Imtila*, Plethora, Congestion, Akhlat.

INTRODUCTION

Kitab al-Murshid is a classical Unani medical text, often attributed to the renowned physician *Mohammad Bin Zakariya Razi*. The title translates to "*The Book of Guidance*" and reflects its purpose as a concise yet comprehensive guide to medical theory and practice within the Unani system. Written in Arabic, it encapsulates the Greco-Arabic principles of humoral medicine, emphasising the balance of the four humours—blood, phlegm, yellow bile, and black bile—for health.

The text covers essential topics such as Etiology and pathology: Causes of diseases based on humoral imbalances. Diagnosis: Methods like pulse examination (*Nabz*), urine analysis (*Baul*), and temperament assessment (*Mizaj*). Therapeutics: Guidelines for treatment, including diet therapy (*Ilaj bil Ghiza*), pharmacotherapy (*Ilaj bil Dawa*), and regimental therapies (*Ilaj bil Tadbir*) like venesection or cupping. Preventive medicine: Emphasis on the six essential factors (*Asbab Sitta Zaruriyya*) for maintaining health. *Kitab al-Murshid* is valued for its clarity and brevity, serving as a practical manual for Unani practitioners. It distils complex medical knowledge into actionable insights, making it a key reference for students and physicians in the Unani tradition. The text remains relevant in Unani medical education, particularly in South Asia and the Middle East, where it is studied for its foundational principles and holistic approach to healthcare.

MATERIAL AND METHOD

Classical Unani sources, *Kitab al Murshid*, are reviewed. The website was browsed on different search engines to explore recent studies. In addition to the above, the present work attempts to analyse the importance of *Imtila* (congestion) because of Unani physicians.

Concept Of Imtila

In the Unani system of medicine, *Imtila* refers to an abnormal accumulation or stagnation of bodily fluids, particularly humours (Akhlat)—blood (*Dam*), phlegm (*Balgham*), yellow bile (*Safra*), and black bile (*Sauda*)—in a specific organ or tissue. *Imtila* (congestion) is classified based on its underlying cause and mechanism. Two specific types, *Imtila' bi Hasbi'l Aw'iyah* and *Imtila' bi Hasbi'l Quwwa*, describe congestion in relation to the body's vessels and faculties, respectively.

Imtila' bi Hasbi'l Aw'iyah

If the blood, spirit, and humours found in the cavities of veins and arteries increase while their proportions remain the same, and if the body becomes healthy and sound, physicians refer to this condition as "*Imtila Bahasbul Aw'iyah*." This term describes congestion caused by an excessive accumulation of humours (such as blood, phlegm, etc.) within the blood vessels or channels (*Aw'iyah*), leading to overfilling or obstruction. The vessels become overloaded due to increased production of humours (e.g., excessive blood from overeating or heat), which can cause narrowing or blockage, preventing proper flow. This indicates weakness in the body's ability to distribute or expel humours, similar to a plethora (overabundance of blood) in the vascular

system, varicose veins, or localised oedema due to blood stagnation.

Symptoms of *Imtila' bi Hasbi'l Aw'iya*

The first type of *Imtila* has the following symptoms

- Body color
- Heaviness and sluggishness in nature
- Expansion in vessels
- Excessive sleep
- Yawning
- Stretching
- Conditions like fatigue
- Premature ageing in thoughts
- Heaviness in the head
- Weakness of vision
- Pulse irregularity

If the patient is not treated with *Fasd* (Venesection), conditions like breathlessness, excessive nosebleeds, suffocation, and similar diseases arise.

Imtila' bi Hasbi'l Quwwa

Refers to congestion resulting from the weakness or dysfunction of the body's faculties (*Quwa*), particularly the expulsive faculty (*Quwwat-e-Dafi'a*), which fails to eliminate excess humours or waste. The body's natural faculties (e.g., digestive, retentive, or expulsive) are unable to process, distribute, or expel humours effectively, leading to their accumulation in organs or tissues. Like the accumulation of phlegm in the lungs due to weak expulsive faculties and toxic buildup in the liver or spleen due to impaired metabolic faculties.

Symptoms of *Imtila' bi Hasbi'l Quwwa*

- Heaviness and sluggishness
- Organ dysfunction
- Systemic symptoms like fatigue, depending on the affected faculty or humour.
- All the symptoms mentioned in *Imtila' bi Hasbi'l Quwwa*

However, in this type, the colour is not red, and there is no expansion in vessels and organs. Often, the disease appears before all the symptoms manifests.

In this condition, the use of food and drink should be reduced. Care should be taken to use things that produce less blood, i.e., foods that are low in nutrition. Strengthening the affected faculty with concoctive (*Mundij*) and evacuative (*Mushil*) drugs.

If phlebotomy is performed, blood should be drawn in small quantities and multiple times. However, in the first type of *Imtila*, *Imtila' bi Hasbi'l Aw'iya*, a large amount of blood should be drawn at once.

Non-medical concept of *Imtila*

Sometimes, *Imtila* is also referred to as the condition when the stomach is full of food and water. But this is

not the *Imtila* that physicians refer to. Its expulsion and treatment through vomiting are easy.

Precautionary measures in the case of *Imtila' bi Hasbi'l Aw'iya*

A person with *Imtila Bahasbul Awiya* should avoid intense movement, shouting, and going to the bathroom. They should take small amounts of food and remain in a state of rest until phlebotomy is performed. Only in this condition can they be protected from diseases.

Precautionary measures in the case of *Imtila' bi Hasbi'l Quwwa*

A person with *Imtila Bahasbul Kuwa* should avoid all situations that weaken strength, such as wakefulness, movement, hunger, and excessive vomiting. They should adopt the mentioned measures.^[2]

CLINICAL RELEVANCE

The concept of *Imtila* resonates with modern medical conditions like oedema, venous insufficiency, and organ-specific congestion (e.g., pulmonary oedema or hepatic dysfunction). For example, *Imtila' bi Hasbi'l Aw'iya*'s description of vascular overload mirrors a plethora of varicose veins, where blood stagnation leads to systemic symptoms such as fatigue or localised swelling. Similarly, *Imtila' bi Hasbi'l Quwwa*'s focus on faculty dysfunction parallels conditions involving impaired clearance, such as chronic obstructive pulmonary disease (phlegm accumulation) or liver cirrhosis (toxic buildup). This parallel suggests that Unani diagnostic criteria could complement modern assessments, particularly in integrative medicine settings where patients seek holistic care. The therapeutic recommendations, especially phlebotomy (*Fasd*), evoke historical practices like bloodletting, which, while largely obsolete in conventional medicine, find analogues in procedures like therapeutic phlebotomy for hemochromatosis or polycythemia. The paper's emphasis on dietary modulation—reducing rich foods or using low-nutrition diets—aligns with modern nutritional strategies for managing conditions such as hyperlipidaemia or fluid retention. Moreover, the use of concoctive (*Mundij*) and evacuative (*Mushil*) drugs to support faculty function highlights Unani's pharmacological sophistication, warranting further research into these herbal formulations for their efficacy and mechanisms.

DISCUSSION

The concept of *Imtila* in Unani medicine, as described, highlights the intricate understanding of humoral pathology central to this traditional system. *Imtila*, or abnormal accumulation of bodily humours (blood, phlegm, yellow bile, and black bile), underscores the Unani emphasis on balance and flow within the body's physiological processes. The paper delineates two distinct types—*Imtila' bi Hasbi'l Aw'iya* and *Imtila' bi Hasbi'l Quwwa*—offering a nuanced classification based on the site and mechanism of humoral congestion. This discussion evaluates the paper's contributions, clinical

relevance, and potential areas for further exploration, situating *Imtila* within both traditional and contemporary medical frameworks.

LIMITATIONS AND AREAS FOR IMPROVEMENT

While comprehensive, the paper lacks empirical data or case studies to substantiate its claims, which limits its applicability in evidence-based practice. For instance, detailing clinical outcomes of phlebotomy or specific drug regimens in treating *Imtila* would strengthen its credibility. Additionally, the paper could elaborate on diagnostic tools beyond symptom observation, such as pulse analysis (*Nabz*) or urine examination (*Baul*), which are integral to Unani diagnostics. This omission may hinder practitioners unfamiliar with Unani's methods from fully operationalising the framework. It also briefly mentions complications like breathlessness or nosebleeds in untreated *Imtila' bi Hasbi'l Aw'iya*, but does not explore their progression or management in depth. A more thorough discussion of sequelae and their prevention could enhance its clinical utility. Furthermore, while the paper differentiates *Imtila* types, it does not address potential overlap—cases where vascular and faculty-related congestion coexist—nor provide guidance on prioritising treatment in such scenarios.

FUTURE DIRECTIONS

To bridge traditional Unani knowledge with modern science, future research could investigate *Imtila*'s pathophysiological correlates using biomedical tools. For instance, imaging studies (e.g., Doppler ultrasound for vascular congestion) or biomarkers (e.g., inflammatory markers for organ dysfunction) could validate Unani observations. Pharmacological analysis of *Mundij* and *Mushil* drugs might reveal active compounds with diuretic, anti-inflammatory, or detoxifying properties, fostering their integration into complementary therapies. Clinical trials evaluating Unani interventions for *Imtila*-like conditions could provide robust evidence. For example, a study comparing phlebotomy-inspired protocols with standard care for venous insufficiency could highlight Unani's efficacy. Additionally, educational initiatives to train practitioners in Unani diagnostics and therapies could promote its adoption in integrative healthcare, particularly in regions where Unani remains prevalent, such as South Asia and the Middle East.^[4]

CONCLUSION

The paper on *Imtila* offers a valuable contribution to Unani medical literature by elucidating a key pathological concept with clarity and precision.^[5] Its detailed classification, symptomology, and therapeutic strategies underscore Unani's holistic approach to health and disease. While its clinical applicability is promising, especially in integrative contexts, the lack of empirical validation and diagnostic specificity calls for further research. By bridging Unani's traditional wisdom with

modern scientific rigour, *Imtila* could inspire novel approaches to managing congestion-related disorders, enriching both Unani and contemporary medical practice.

Declaration by authors

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