EJPMR, 2026, 13(8), 246-256 **Research Article** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211
ISSN (P): 3051-2573
Coden USA: EJPMAG

THE EFFICACY OF WET CUPPING & DIETO-THERAPY IN THE MANAGEMENT OF ACNE VULGARIS (BUSOOR-LABANIYA) IN DIFFERENT TEMPERAMENT INDIVIDUALS -A RANDOMISED OBSERVATIONAL STUDY

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How to cite this Article: [*1]Dr. Shaik Huda Naz, [2]Dr. Mubeena Nazneen. (2026). The Efficacy of Wet Cupping & Dieto-Therapy In The Management of Acne Vulgaris (Busoor-Labaniya) In Different Temperament Individuals - A Randomised Observational Study. European Journal of Pharmaceutical and Medical Research, 13(8), 246–256.

Article Received on 23/06/2026 **Article Revised on 13/07/2026** **Article Published on 01/08/2026**

ABSTRACT

Acne vulgaris (BasooreLabniya) is a chronic inflammatory disorder of the pilosebaceous unit, commonly affecting adolescents and young adults. In the Unani system of medicine, it is associated with imbalance in temperament (Mizaj) and accumulation of morbid matter (Madda-e-Sadeediya). The present study aimed to evaluate the incidence of acne vulgaris among individuals of different temperaments and to assess the efficacy of dietotherapy (Ilaj-bil-Ghiza) and wet cupping (Hijama) in its management. A total of 40 female patients aged 15–35 years were enrolled and treated with a structured dietary regimen followed by Hijama sessions. The results indicated a higher prevalence of acne in individuals with Damavi and Safravi temperaments. The combined approach of dieto-therapy and cupping showed improvement in clinical symptoms, suggesting that Unani regimens can be effective, safe, and holistic alternatives in acne management.

KEYWORDS: Acne vulgaris; BasooreLabniya; Unani medicine; Mizaj (Temperament); Dietotherapy (Ilaj-bil-Ghiza); Hijama (Wet cupping)

I. 1 INTRODUCTION OF ACNE VULGARIS (*BASOORE LABNIYA)*

The skin and its appendages constitute a fantastic organ; it acts as a first line of defense against a wide range of bacterial invaders. When the integrity of the skin is compromised accidentally or intentionally, natural defense of skin weakens, and disease occurs.

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit and is characterized by seborrhea, the formation of comedons, erythematous papules and pustules, less frequently by nodules, deep pustules, or pseudocysts and in some cases is accompanied byscarring. The condition usually starts in adolescence, peaks at the ages of 14 to 19 years and frequently resolves by mid-twenties.

The etiology is *Madda sadeediya* (suppurative material), which comes towards the skin surface due to Bukharat (vapours) of the body and is not resolved in the skin dueto its viscosity. And it comes under the category of Aourame Haarra.

I.2 Acne is an inflammation of the pilosebaceous units of certain body areas (face and trunk) that occur most frequently in adolescence and manifests itself as comedones (comedonal acne). papulopustule (papulopustular acne), or nodules plus cysts (nodulocystic acne and acne conglobata). Pitted depressed, or hypertrophic scars may follow all types but especially nodulocystic acne and acne conglobata. Severe acne includes one or more of the following: persistent or recurrent inflammatory nodules, extensive papulopustular lesions, active scarring, and/or presence of sinus tracts. [colour atlas and synopsis of clinical dermatology.

Acne vulgaris is a disease in which the pilosebaceous follicle becomes oversensitive to normal levels of testosterone.

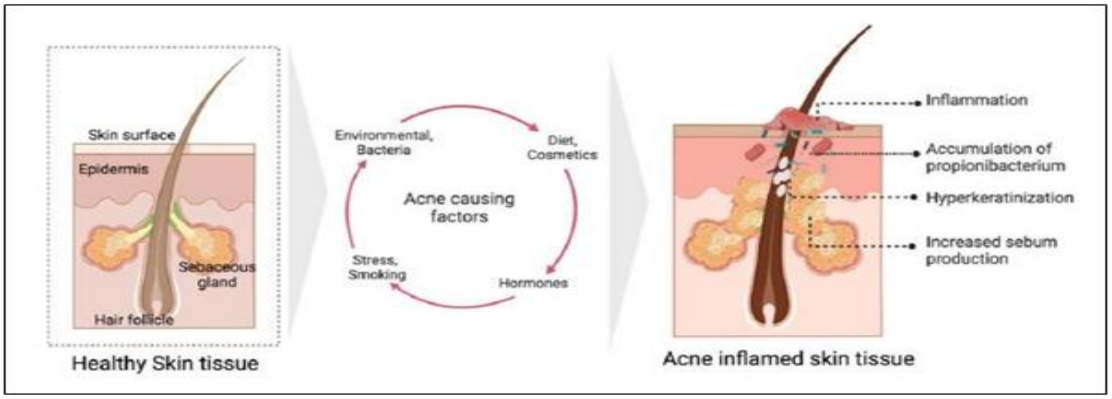


Fig. 01 Anatomy of skin in Acne Vulgaris.

3 Pathogenesis of AcneVulgaris

Four major factors are involved in the pathogenesis.

A. Increased Sebum Production

Acne patients, male and female, excrete on average more sebum than normal subjects and the level of secretion correlate with the acne severity.

B. Ductal Hyper-cornification

Hyper-cornification of pilosebaceous ducts presents histologically as microcomedones and clinically as blackheads and whiteheads. Thus, comedones represent the retention of hyper proliferating ductal keratinocytes in the duct.

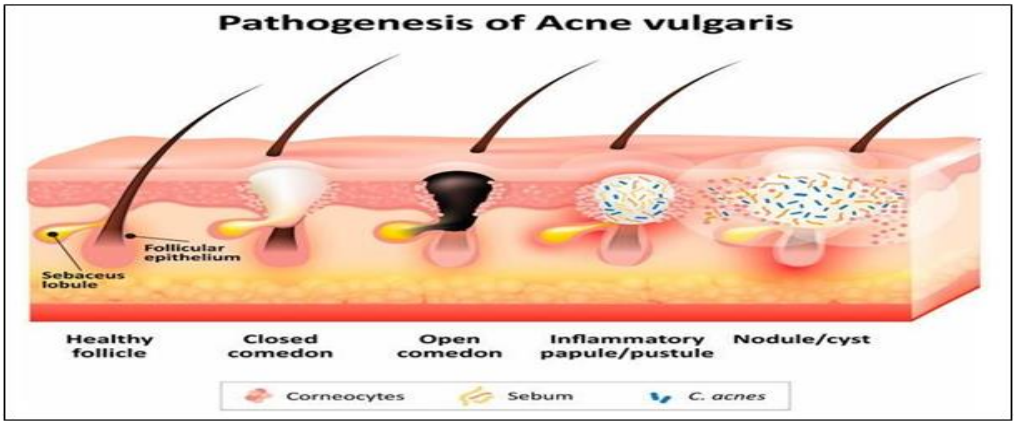


Fig. 02 Anatomy of skin during Acne Vulgaris.

C. Bacteria

Acne is not infectious. However, three major organisms isolated –Propionibacteria (P. acnes, P. granulosum, P. avidum), Staphylococcus epidermid is and Malassezia furfur. Environment of bacteria (i.e. low pH, reduced oxygen tension and bacterial lipases, proteases, etc.) more important than absolute numbers.

D. Inflammation

The dermal inflammation is not caused by bacteria in the dermis but from inflammatory mediators that diffuse from the follicle where they are produced by P. acnes.

E. Natural History

Usually starts in adolescence and resolves by mid-twenties. Atleast some degree of acne affects 95 % and 83 % of adolescent boys and girls. Acne develops earlier in females than in males. At the age of 40 years, acne may persist in 1% of males and 5 % of females.

F. Drugs

Lithium, hydantoin, topical and systemic corticosteroids, and oral contraceptives may cause exacerbation.

G. Genetic Aspects Multi-factorial: severe acne is associated with XYY syndrome.

H. Other Factors

Endocrine factors, Emotional stress definitely can cause exacerbations. Occlusion and pressure on the skin by leaning face on hands or on atelephone are very important and often un- recognized exacerbating factors. Acne is not caused by chocolate or fatty foods or, in fact, by any kind of food.

Two types of lesions

i. Non-inflammatory(comedones)

ii. Inflammatory

Comedones are the pathognomonic lesions of acne. They are conical, raised lesions with a broad base and a plugged apex. Two types of comedones blackheads /open comedones (black color due to oxidation of melanin) and white heads /closed comedones. 25% of the white heads resolve within three days while another 75% develop into inflamed lesions.

Inflammatory lesions include papules, pustules, and nodules or nodulocystic lesions. Nodules occur more frequently in males and may be interconnected with sinuses. In its most severe variant, acne can present with cysts and abscesses. Some amount of scarring in 90%. These could be hypertrophic scars, keloids, atrophic scars or ice-pick scars.

Grading of Severity

Mild disease: Open (black heads) and closed (white heads) comedones with sparse inflammatory lesions some comedones are deep seated (submarine comedones.)

Moderate: Numerous papules and pustules.

Severe: Polymorphiceruption with comedones, papules, pustules, nodules, and cysts.

II. Pathophysiology of AcneVulgaris

The lesions of acne (comedones) are the result of complex interaction between hormones (androgens) and bacteria (Propionibacterium acnes) in the pilosebaceous units of individuals with appropriate genetic backgrounds. Androgens (which are qualitatively and quantitatively normal) stimulate sebaceous glands to produce larger amounts of sebum; bacteria contain lipase that converts lipid into fatty acids. Both sebum and fatty acids cause a sterile inflammatory response in the pilosebaceous unit; this results in hyper-keratinization of the lining of the follicle with resultant plugging.

The enlarged follicular lumen contains inspissated keratin and lipid debris (the whitehead). When the follicle has a portal of entry at the skin, the semisolid mass protrudes, forming a plug (the blackhead). The black color is due to oxidation of tyrosine, contained in the follicular orifice, to melanin. The distended follicle walls may break, and the contents (sebum, lipid, fatty acids, keratin, etc.) may enter the dermis, provoking foreign-body response (papule, pustule, nodule). Rupture plus intense inflammation leads to scars.

III. Unani concept of Acne Vulgaris

Acne sometimes appears as white spots on the surface of the nose and cheeks like mik spots, when they are pressed something like solidified ghee comes out from inside, which occurs due to Swelling of Sebaceous glands of the skin.

These bumps are usually small pointed, and their roots are red and hard, when they get ripeni-pressing them releases little pus (like milk) and a nail (keel], and after that bump heals on its own. These bumps donot come out once and close, rather they come out continuously and get better.

If the amount of pus in them is large, then a permanent scar remains after the end of swelling. These bumps usually appears on the face, neck, Should and back in youth.

Causes

1. Imtila-e-badan [Congestion of body]
2. Consumption of hot foods, Alcohol.
3. Digestive disorders, Blood disorders.
4. Being Constipated.
5. Sudden stoppage of bleeding from haemorrhoid
6. Menstrual disorders in women.
7. Genetic predisposition.
8. Excess humidity in the enviroment.

According to renowned Tabeeb Samarqandi, The Matter of Busoor is purulent in nature, which reaches the surface of the skin due to high heat and does not dissolve after the reaching the pores.

Pathophysiology: One of the cause of Acne is the over activity of the sebaceous glands resulting in the secretion of excess Sebum, and this increased Sebum accumulates in the pores leading to formation of inflammation, of followed by Stage of pustulation. Resulting in Acne.

The other cause for the formation of Acne is the suppurative material which comes towards Skin due to un-dissolved viscous gaseous matter of body.

The another Cause for the formation of Acne is when body disposes the waste material of the body towards Skin

- This disease is commonly seen in 17 to 25 rs age group. individuals.
- Busoor / Acne which are sharp, pointed, pus filled seen over face, neck, Shoulders and back.
- The root of Acne is hard & red, when pressed over Acne Busoor pus and nail [kal] is discharged
- -The size of the rash can range from the size of a poppy seed to the size of a Pea Seed

IV. Pathophysiology

One of the causes of Acne is the over activity of the sebaceous glands resulting in the excretion of excess Sebum, and this increased Sebum accumulates in the pores leading to formation of inflamation, of followed by 8 Stage of pustulation. Resulting in Acne. The other cause for the formation of Acne is the Suppurative material which comes towards Skin due to undissolved viscous caseous matter of body. The another Cause for the formation of Acne is when body disposes the waste material of the body towards Skin.

V. Clinical symptoms

This disease is commonly seen in 17 to 25 yrs age group. induvial. Busoor acne which are shap, pointed, pus filled seen over face, neck, Shoulders and back. The root of Acne is hard, red, when pressed Over Acne Busoorapus, and nail [kul] is discharged.

The size of the rash can range from the size of a poppy seed to the size of a Pea Seed.

The mainstay for thet reatment of acneis use of topical or systemic antibiotics and retinoids but the long-term use of these drugs produces significant side effects like erythema, peeling, burning, and drying of the skin.

Therefore, there is a dire need to develop herbal therapeutic modalities for the treatment of acne so that it can cure internally and externally for long term relief.

The management of the disease in Unani system of medicine is largely based on the holistic approach with an aim to treat body, mind, and soul.

Four treatment are employed such as

1. Ilajbit-tadbeer [Regimenal therapy]
2. Ilaj bilghiza [Dieto-therapy]
3. Ilaj biddawa [Pharmacology-therapy]
4. Ilaj bilyad [Surgery]

Which in turn depends on concept of Ilaj Biz–zid, and this Ilaj biz– zid is completely based on theory of Mizaj that is normal Mizaj of the body, Mizaj of organ, Mizaj of disease.

Mizaj (Temperament) is one of the basic concepts of Unani system of medicine upon which diagnosis and line of treatments of a disease are based. Every human being has been furnished with a specific temperament. According to Unani classics, health depends on Ete 'dal in Mizaj and proper proportions of Akhlaat. It is the only thing which imparts a suitable shape and structure to human body and makes capable an individual to perform his functions properly. For maintenance of health of an individual and avoidance of disease, it is necessary to be acquainted with Mizaj of individual and the factors responsible for alteration of Mizaj. The Tabayee Mizaj of the body gets altered by several factors and leads to Sue Mizaj (altered temperament) which is of different types, each characterized by their respective sign & symptoms.

The Ilaj bilghiza is a distinctive non-medicinal therapy in which the treatment is done by modulation in dietary habits, i.e., fasting, use of food stuff in more quantity having less nutritional value or less quantity having more nutrients or vice versa. The principal aim of Ilajbil-ghiza (dietotherapy) is to maintain nutritional needs according to demand of the body and avoid pharmacotherapy as drug is not considered to be part of the body and can produce adverse reactions.

"Hijama" literally means "sucking" in Arabic and is the Islamic term used for what is known as "Wet Cupping". Small, superficial cuts are made on the skin that was being dry cupped. The suction pressure under the cup would then stimulate the toxic or unhealthy blood to trickle out and cleanse the diseased of inflamed area of pain on the body.

VI. Advantages of Cupping / Hijama

- Blood Detoxification
- Blood circulation
- better immunity
- Painrelief
- Regulationofbloodsystem

In the light of the above description a hypothesis may be drawn that Acne vulgaris is seen more in patients having hot temperament and can be treated by using Dieto-therapy and wet cupping. Keeping this view into consideration, the present study entitled **"The efficacy of Wet cupping & Dieto-therapy in the management of Acne Vulgaris (*Busoor-labaniya*) in different Temperaments Individuals -A Randomised observational study"** The present study was conducted at Govt Nizamia Tibbi college and general hospital, Charminar, Hyderabad from Dec 2022 to April 2023.40 patients fulfilling the criteria were enrolled in the study followed by assessment of Mizaj by pre structured proforma based on objective.

VII. AIMS AND OBJECTIVES

A. To Demonstrate the Efficacy of Cupping in Early Cure of Acne Vulgaris.
B. To demonstrate the efficacy of cupping in prevention of reoccurrence of the disease.
C. To create awareness among individuals about the importance of diet in acne vulgaris.

MATERIALS AND METHODS

Research Design: -Randomized observational study.
Sample size- 40.

Duration of Study:-18months

Place of Study:-Govt. Nizamia General Hospital, Charminar, Hyd. T.S.

Protocol for selection of patients

1. Detailed History including present, past history, presence of Acne, Treatment history, menstrual history, associated diseases history like PCOD, Anaemia. Thyroid disease, Family, and Habits History must be taken.
2. Dermatological examination must be done for grading's of Acne.
3. Necessary investigations are advised to exclude Anaemia, and bleeding disorders.

Inclusion Criteria
- ✓ **Age** -15-35 yrs.
- ✓ **Sex**-only females.

Exclusion criteria
- ✓ Age below 15 yrs and above 35yrs.
- ✓ Patients with any other skin, or Systemic diseases.
- ✓ Women with pregnancy and Lactation.
- ✓ Mentally challenged patients.

Subjective parameters: - Acne, Redness, oily skin, Itching over face.

Objective parameters: - Redness and inflammation around Eruption, Black heads, white heads, pustules, if Acne is Severe Cyst and Abscess.

Measurement of study variable:- Age – patient age noted.

Grades of Acne-Grades of Acne noted after dermatological examination.

Assessment of Mizaj: - For Assessment of Mizaj preformed of ajnaseashra was taken as standard and assessed mizaj according to it.

Procedure of study
After selection of the patients fulfilling the criteria required,
- ✓ With chief complaints of Acne over face,
- ✓ Detailed history of disease
- ✓ Assessing Dermatological examination,
- ✓ Assessing mizaj

Patient advised to follow dieto-therapy for 21- 30 days which included Ghiza-edawaii and full diet plan for 30 days.

Criteria for selection of Ghiza-e-dawaii
While selecting the Ghiza-e-dawai for the management of Busoor labaniya, the concept and management from unani literature has been taken. Considering the concept of Ibn-e-sena, zakariya Razi, and other eminent Unani physicians, Ghiza-dawaii were selected according to the properties and Temperaments to as to manage the Busoor labaniya. The major cause is accumulation of madda-e-sadeedi and Action of Increased Hararat (Hiddath) on it, resulting in the formation of Busoor Labaniya.

To decrease Hiddat of the body, altered cold and wet Giza- e-Dawaii were selected. The Giza-e-Dawaii having properties of Munzije safra wo tadeel-qoon, mushile safra wo musakkin -e-Josh-e-qoon, Islahe meda, Islahe jigar, and locally jali, mujaffif, musakkin wo mohallil Ghiza -e-Dawai were selected for the study.

Criteria for selection of patients for Hijama:- Inclusion criteria
- ✓ Age-15-35yrs.
- ✓ Patient shaving moderate to severe Acne.
- ✓ Hb levels:11 to13gms.
- ✓ No bleeding disorders.

Exclusion criteria
- ✓ Age below15 yrs & above 35yrs.
- ✓ Any other skin diseases.
- ✓ Any other systemic diseases.
- ✓ Pregnant and lactating women.

Investigations:-ESR, CBP, CUE, CT, BT.

Materials of the Study
The materials required for the Study are divided into 3- Following types
- Materials required for assessment of Acne disease.
- Materials required For Assessment of Mizaj
- Materials for Hijama therapy

Materials required for assessment of disease
- **Case taking proforma**

"Incidence of Acne Vulgaris in individuals of different temperament & importance of dieto-therapy and cupping in it."

Materials for Hijama
- ✓ Cupping set, this includes the cups of various sizes; the cups are made up of Fiber material.
- ✓ Suction pump
- ✓ Gloves
- ✓ Hijama pen (Dermapen)
- ✓ Surgical blade No.11
- ✓ Normal saline.
- ✓ Surgical spirit.
- ✓ Cotton
- ✓ Alum powder. [Heamostatic powder].

VIII. MATERIALS FOR ASESSMENT OF MIZAJ.

CASE PROFORMA				
PARAMETERS	**DAMAVI**	**BALGHAMI**	**SAFRAVI**	**SOUDAVI**
COMPLEXION	Reddish	Chalky white	Pale yellow	Purple blackish
BUILT	Muscular & broad	Fatty & broad	Muscular &thin	skeletal
TOUCH	Hot & soft	Cold & soft	Hot & dry	Cold& dry
HAIR	Black &lusty, thick & rapid growth	Black thin slow growth	Brown & thin growth	Brown & thin slow growth
MOVEMENT	Active	Dull	Hyperactive	Less active
DIET[MOST SUITABLE]	Cold & dry	Hot & dry	Cold & moist	Hot & moist
WEATHER	Spring	summer	winter	Autumn
SLEEP	Normal	excess	I adequate	Insomnia
PULSE	Normal70-80	Slow60-70	Rapid 80-100	Slow 60-70
EMOTIONS	Normal	Calm & quiet	Angry	Nervous

IX. Whole day Diet plan for 30 days.

NO. of Days.	Breakfast	At 11.00 am	Lunch	At. 5.00 pm	Dinner	Perhez
7days	Ghizae lateef qalilul-tagziya (Upma, idli, hareera, Soup)	–	Ghizae lateef sariulhazam (Dal ric, curd rice.)	Maul-jaban.	Ghiza lateef sariulhazam (Dal rice, curd rice,	Ghiza-ekaseef (Non-veg, eggs, maida items, Chapati, hot tea, coffee)
7to14 Days	Ghizae mutawassit. (home food with less oil, less sugar,)	Pomegr Anate	Ghiza -e- mutawassit kasaratutagzia (shorba rice with less quantity of meat)	Butter Milk	Ghizae mutawassit kasirutagzi (home food)	Chicken, Chapati Maida items, eggs, Junk foods, Brinjal, Masoor.
14to 21 ***Days***	Ghizae motadil (Home food.)	Pomegr Anate	Ghizae motadil kasratuta gziya (semisolid easily digestible and nutritious food)	Butter Milk Butter milk	Ghizae mutawassit kasirutagzi (home food) Ghizae motadil kasratuta gziya (semisolid easily digestible and nutritious food.)	Chapati, Egg- yolk, junk food, cold drinks. Brinjal, masoor.

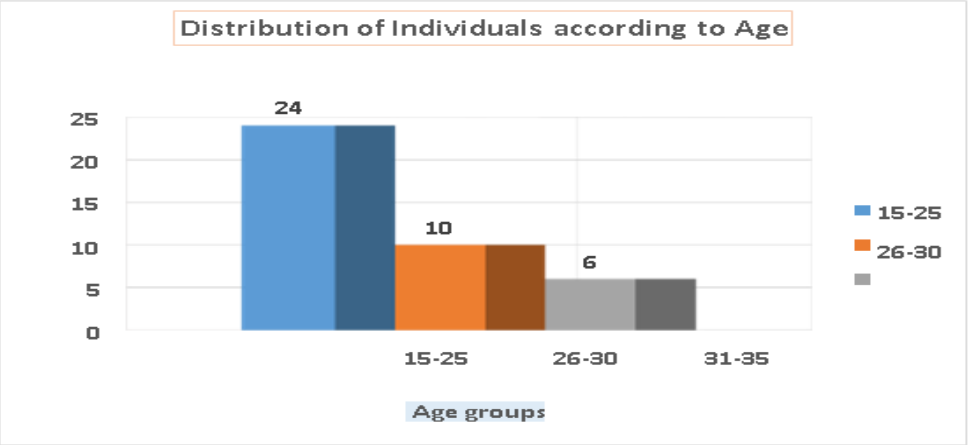
VI. Course of Treatment.

No. of Days	Ghiza-e-Dawaii	Timeofthe day	Quantity	Follow up
For 1-4 days For 5- 7days	Qais and aealoobuqara ZulaleTamarhindi	Early morning (BF) Early morning (BF)	6 nos 5 gms	-
For7-14 days	Soaked kishmish. Safoof of Badiyan,+Ajwain Desi+Ilaichi	Early morning After lunch and Dinner	5 nos 5 gms	St 1 Follow up
For14-21 days	Soaked kishmish Safoof of Alsi+Jao+Jawar+water	Early morning (BF) Evening (LA)	5no.s 1teaspoon with water	2nd follow up
HIJAMATHERAPY				
Day		**SESSION**		**Follow up**
22 nd day		St 1 session		3 rd follow up
36 th day		2nd session		4th follow up

VI. OBSERVATION AND RESULT

1. Table showing Distribution of Individuals according to Age.

Sr. no.	Age group	No. of Individuals
1	**15-25**	**24**
2	**26-30**	**10**
3	**31-35**	**06**

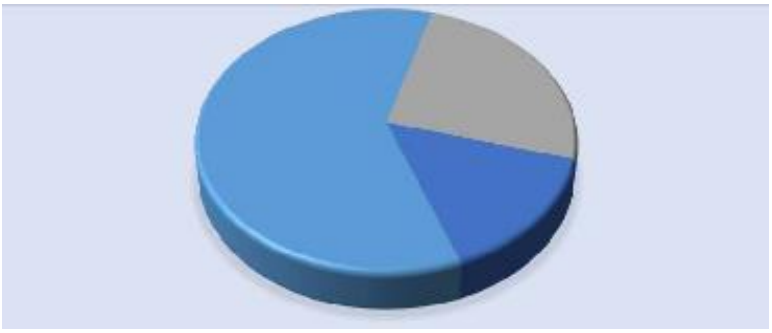


1. Graph showing Distribution of Individuals according to Age.

2. Table showing Percentage of Individuals According to age.

S. no.	Age group	No. of Individuals	Percentage
1	15-25	24	60%
2	26-30	10	25%
3	31-35	06	15%

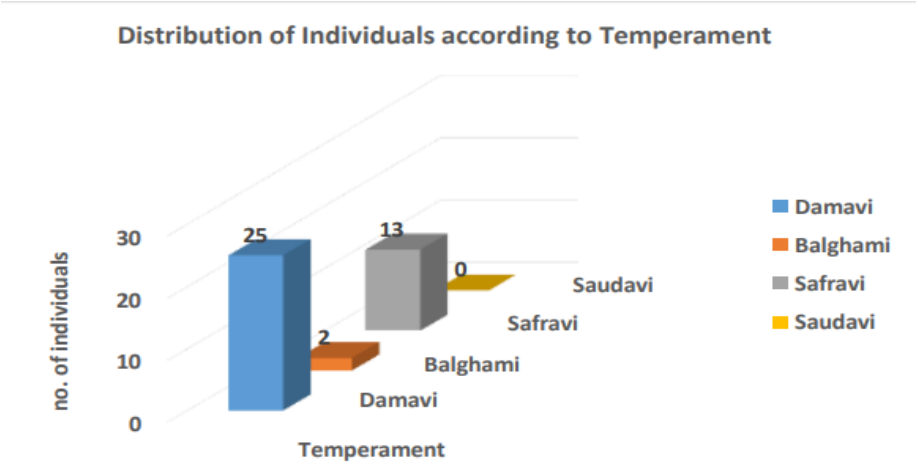
PERCENTAGE OF INDIVIDUALS ACCORDING TO AGE.



2. Graph showing Percentage of Individuals According to age.

3. Table showing Distribution of Individuals according to Temperament.

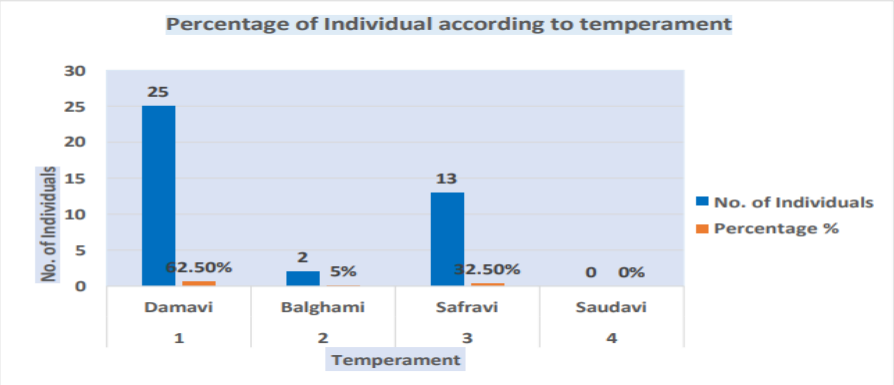
Sr. no.	Temperament	No. of Individuals
1	Damavi	25
2	Balghami	02
3	Safravi	13
4	Saudavi	0



2. Graph showing Distribution of Individuals according to Temperament.

4. Percentage of Individuals according to temperament.

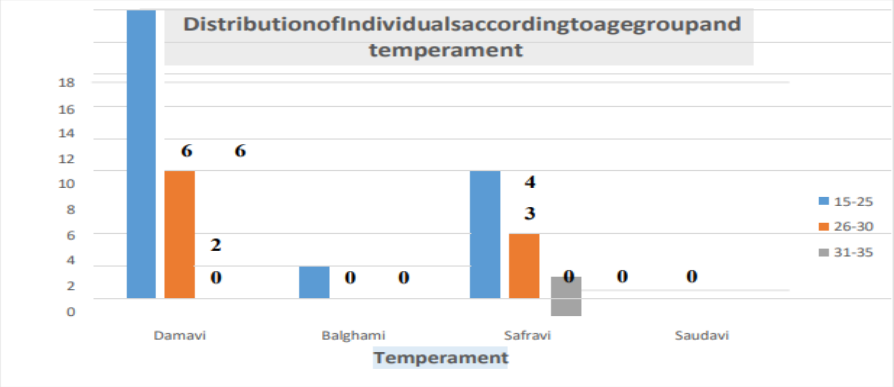
Temperament	No. of Individuals	Percentage (%)
Damavi	25	62.5%
Balghami	02	05%
Safravi	13	32.5%



4. Graph showing Percentage of Individuals according to temperament.

5. Table showing Distribution of Individuals according to age group and temperament.

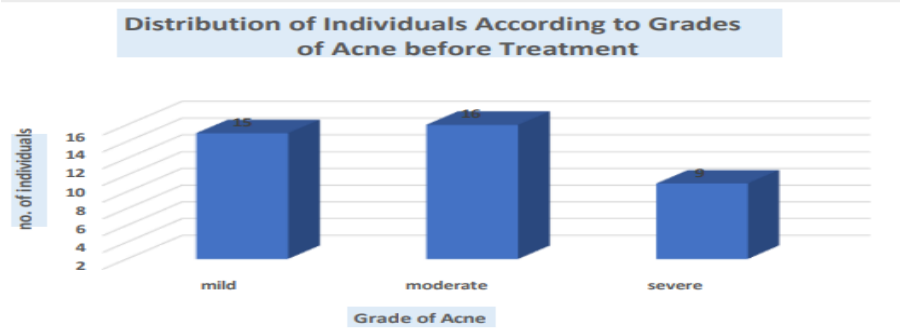
Sr. no	Age group	Damavi	Balghami	Safravi	Saudavi
1	15-25	16	02	06	00
2	26-30	06	00	04	00
3	31-35	00	00	03	00



5. Graph showing Distribution of Individuals according to age group and temperament.

6. Tables showing Distribution of Individuals According to Grades of Acne before Treatment.

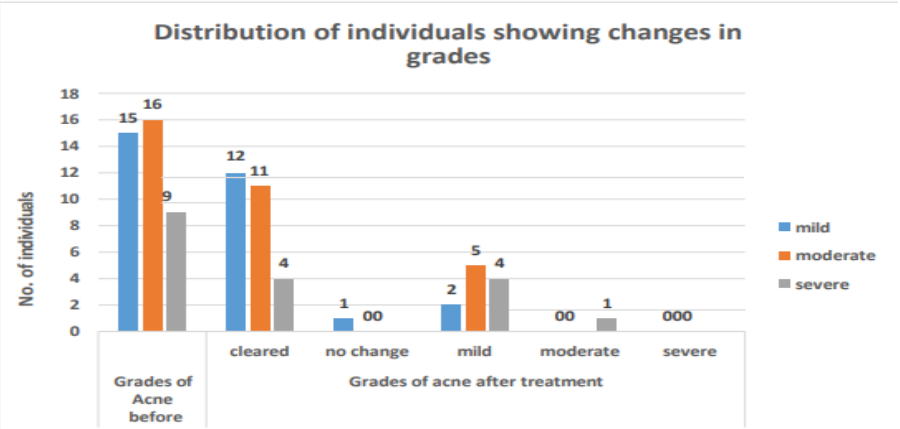
S/no	Grades of Acne	No. of Individuals
1	Mild	15
2	Moderate	16
3	Sever	09



6. Graph showing Distribution of Individuals According to Grades of Acne before Treatments.

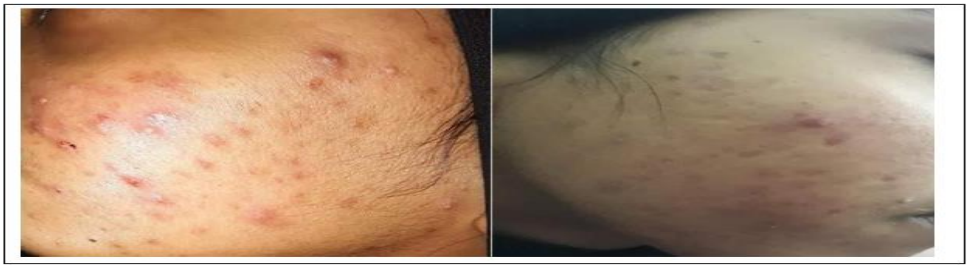
7. Table showing Distribution of Individuals showing changes in grades of acne before and after Treatment.

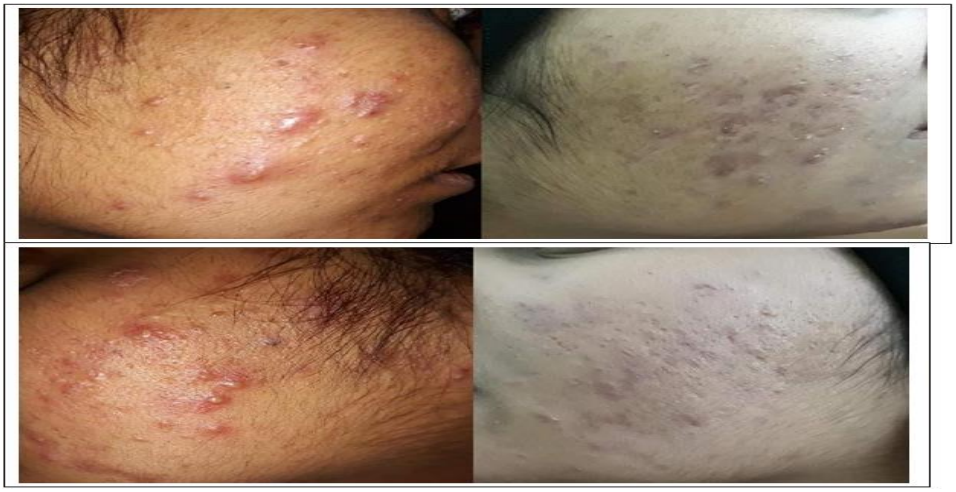
Grades of	No. of	Grades of acne after treatment acne Individuals.				
	before treatment					
		Cleared	No change	Mild	Moderate	Severe
Mild	15	12	01	02	0	0
Moderate	16	11	0	05	0	0
Severe	09	04	0	04	01	0

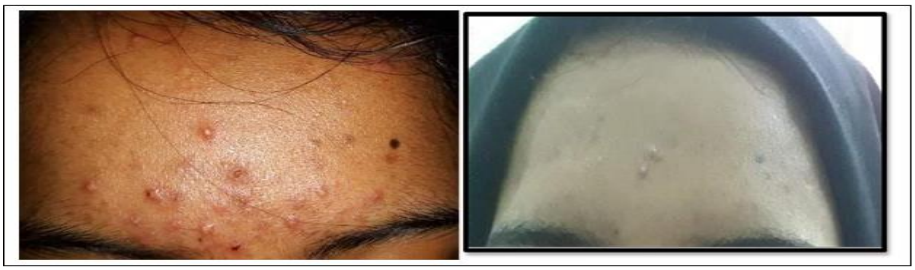


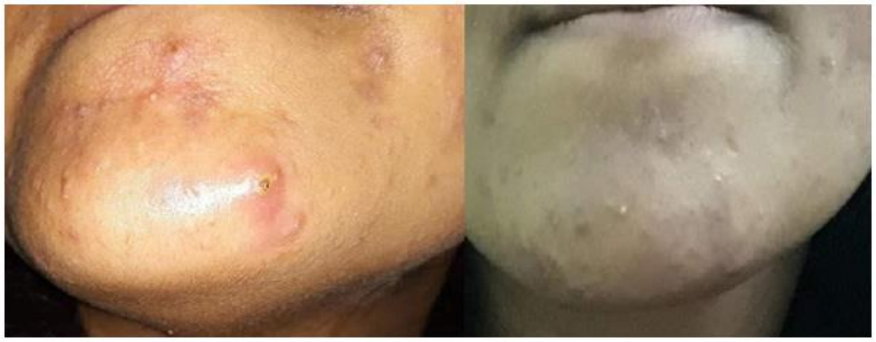
7. Graph showing Distribution of Individuals showing changes in grades of acne before and after.

VII. Result of patients before and after Treatments.









VIII. DISCUSSION

The present work "Incidence of Acne vulgaris in Indiviuals of Different Temperaments, and importance of Dieto-therapy &, wet cupping in it" shows the importance of Ghiza [Diet] and wet cupping in the management of Acne vulgaris (Busoor labaniya).

This study was carried out in Govt. Nizamia General Hospital, charminar, Hyderabad. 40 cases of Acne vulgaris that were confirmatively diagnosed with the help of sign and symptoms Selected for the study "Incidence of Acne vulgaris in Individuals of different Temperaments, and importance of Dieto-therapy and wet cupping in it. Subjects Sign symptoms, present and past history, personal history, menstrual history, Dermatological examination results were recorded.

The findings of this study highlight the significance of temperament (Mizaj) in the occurrence of acne vulgaris. The predominance of acne in Damavi and Safravi individuals supports the Unani theory that increased heat (Hararat) and blood-related disturbances contribute to disease development.

Dieto-therapy (Ilaj-bil-Ghiza) played a crucial role by
Reducing internal heat
Correcting digestive and metabolic imbalance
Preventing formation of morbid matter

The use of easily digestible, low-fat, and cooling diets helped in restoring humoral balance. Hijama (wet cupping) further enhanced treatment outcomes by:
Removing toxic blood
Improving circulation
Reducing inflammation

Compared to conventional treatments like antibiotics and retinoids, which may cause side effects, this Unani approach provides a safer and holistic alternative. However, the study is limited by a small sample size and lack of control group, which suggests the need for larger clinical trials.

IX. CONCLUSION

The study concludes that acne vulgaris is more prevalent in individuals with Damavi and Safravi temperaments. The combination of dieto-therapy and Hijama is effective in reducing acne symptoms and preventing recurrence. This Unani approach not only targets the physical manifestations but also addresses the underlying imbalance in temperament and humoral system. Therefore, it can be considered a safe, economical, and holistic method for the management of acne vulgaris. Further large-scale studies are recommended to validate these findings scientifically.

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