

## PERCEPTION OF NIQRIS (GOUT) & MANAGEMENT WITH THE SUPPORT OF UNANI SYSTEM OF MEDICINE: A REVIEW

Dr. Farheen Anjum Qayyum Khan<sup>1\*</sup>, Dr. Akhtar Husain Farooqui<sup>2</sup>, Dr. Syed Ayesha Fatema<sup>3</sup>, Dr. Khan Sadiqa Mohammed Hadis<sup>4</sup> and Dr. Rahnuma Shaukat Ali Shaikh<sup>5</sup>

<sup>1</sup>PG Scholar, Dept. of Moalijat (Medicine), ZVM Unani Medical & Hospital, Pune.

<sup>2</sup>Principal & HOD, Dept. of Moalijat (Medicine), ZVM Unani Medical & Hospital, Pune.

<sup>3</sup>Professor, Dept. of Moalijat (Medicine), ZVM Unani Medical & Hospital, Pune.

<sup>4,5</sup>PG Scholar, Dept. of Moalijat (Medicine) ZVM Unani Medical & Hospital, Pune.

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\*Corresponding Author: Dr. Farheen Anjum Qayyum Khan

PG Scholar, Dept. of Moalijat (Medicine), ZVM Unani Medical & Hospital, Pune.

### ABSTRACT

Gout, First identified by the Egyptians in 2640 BC, podagra was later recognized by Hippocrates in the fifth century BC, who referred to it as 'the un-walkable disease'. Gout derived from the Latin word gutta (or 'drop'), and referred to the prevailing medieval belief that an excess of one of the four 'humors' which in equilibrium were thought to maintain health would, under certain circumstances, 'drop' or flow into a joint, causing pain and inflammation. Gout is one of the oldest known diseases and described in Unani system of medicine under the term Niqris. Niqris (gout) is a type of Waja' al-Mafasil (arthritis) which is characterized by recurrent attack of acute pain and swelling primarily affecting one joint usually the metatarsal joint of big toe and small joints of hand and feet. In this regard, we may conclude that spread of knowledge of enormous effective Unani components and general principles of treatment, which are being used by Unani physicians since ancient times, shall be extremely effective in the management of this musculo skeletal disorder.

**KEYWORDS:** Niqris, Gout, Regimenal therapy, dieto-therapy.

### I. INTRODUCTION, HISTORY AND BACKGROUND OF GOUT (NIQRIS)

Gout arthritis was among the earliest diseases to be recognized as a clinical entity. First identified by the Egyptians in 2640 BC, podagra (acute gout occurring in the first metatarsophalangeal joint) was later recognized by Hippocrates in the fifth century BC, who referred to it as 'the unwalkable disease'. Some of Hippocrates' remarkable clinical perceptions in relation to gout are preserved in aphorisms, which are as true today as they were 2500 years ago. Hippocrates also noted the link between the disease and an intemperate lifestyle, referring to podagra as 'arthritis of the rich', as opposed to rheumatism, arthritis of the poor. Six centuries later, Galen was the first to describe tophi, the crystallized monosodium urate deposits that can follow longstanding hyper-uricemia. Galen associated gout with debauchery and intemperance, but also recognized a hereditary trait that had previously been referred to by the Roman senator Seneca. Niqris (gout) is a painful and inflammatory condition of big toe of feet.<sup>[1,3,4,5,6]</sup> Azam Khan has defined it as inflammation of heels and

toes especially big toe. According to Ibn Hubal the joint of big toe is called "Ankoros" and its pain and inflammation is named as Niqrisor Naqrasand the site is called naqroos.<sup>[6, 8]</sup> In 13th century a scientist, Die Vielerhadouin named it "gout" from a Latin word "gutta" means "fall of matters".<sup>[2]</sup> Ibn Sina has explained that it involves different joints of feet especially metatarsals and tarsals, and this pain can refer to whole feet and sometimes to ears also. According to Razi the pain starts from one joint and spread to other joints, even in other feet and also to the bladder, rectum and knees.<sup>[1,3]</sup> Azam Khan has added the information regarding the referral of pain to wrist joint and fingers of hands.<sup>[7]</sup> It can also refers to lumber region as mentioned by Jurjani.<sup>[9]</sup> According to Jalinus, all the joints pain are same but they are named as gout, rheumatoid arthritis, osteoarthritis etc., according to their involvement of joints. It is perhaps said that Hippocrates (460-370 BC) recognized the Niqris in the 5th century BC and described it an un-walkable disease.<sup>[2]</sup> He gave various names of gout according to the site involves such as, podagra for the gout in legs, Cheiragra for elbow,

Gonagra for knee and Omagra for the gout of shoulder. Hippocrates was the first who documented it under

hereditary diseases.



**Fig. 01:** “The Gout” by James Gilray 1799. Gout depicted as an evil demon attacking a toe. “By Royal Authority” by George Cruickshank. A gout sufferer helped onto his horse.

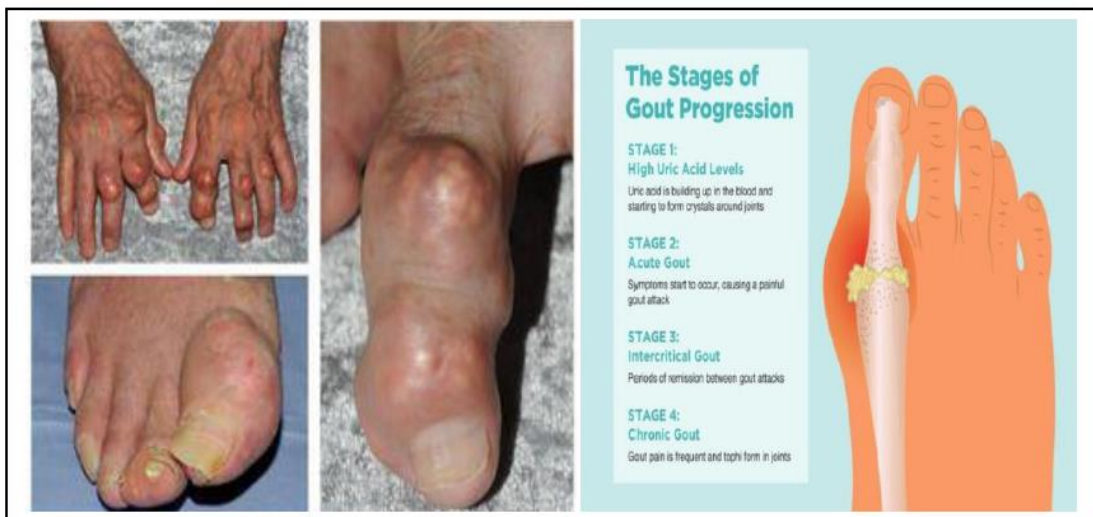
The association between gout and uric acid has been known since the 19th century, but it is the important developments in our understanding of the careful uric acid homeostasis that has led to effective therapy for gout. Today, gout remains one of the most treatable forms of arthritis.

- Discoloration or redness.
- Stiffness.
- Swelling.
- Tenderness, even to a light touch (like a bed sheet covering your affected joint).
- Warmth or a feeling like the joint is “on fire.”

Gout attacks are very painful and can happen suddenly, often overnight. During a gout attack, symptoms in your affected joints may include:

Gout attacks usually last a week or two. You might have some flares that last longer than others, and some might cause more severe symptoms. Between attacks, you might not experience any gout symptoms.

- Intense pain.



**Fig. 02:** The Stages of Gout Progression.

**II. Causes & Risk of Gout**

A buildup of excess uric acid in your body causes gout. Your body naturally makes uric acid when it breaks down chemicals called purines found in certain foods and drinks. Kidneys usually filter uric acid out of your blood, and then it leaves body when you pee. Sometimes body makes too much uric acid, or kidneys don’t remove it from blood fast enough. When body has high levels of

uric acid (hyper-uricemia), uric acid crystals can build up and settle into joints. The sharp crystals clump together and cause sudden episodes of pain, swelling and other symptoms. Having temporarily high uric acid levels doesn’t mean you’ll definitely develop gout. Many people with hyper-uricemia never get gout. Gout can affect anyone. People assigned male at birth (AMAB) are three times more likely to develop gout. People

assigned female at birth (AFAB) usually don't experience gout until after menopause. People with certain health conditions are more likely to develop gout, including:

- Overweight or obesity.

- Congestive heart failure.
- Diabetes.
- Hypertension (high blood pressure).
- Kidney disease.
- Blood cancer.

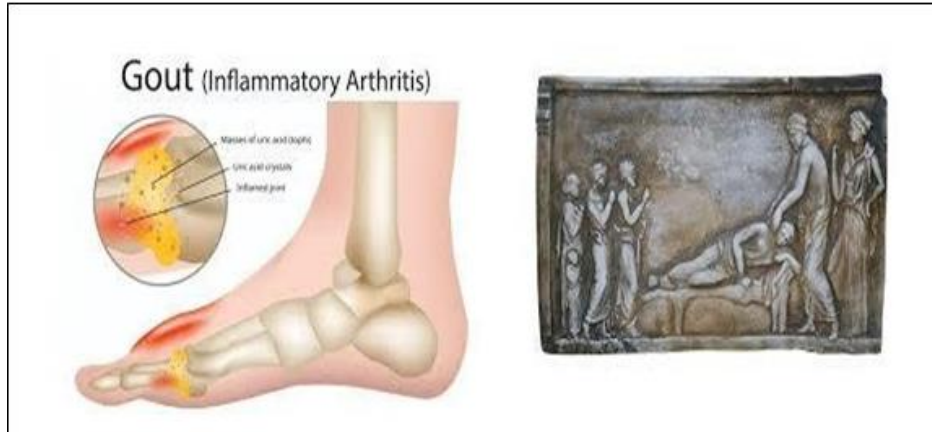


Fig. 03: Gout- In ancient and Modern Era.

**III. Etio-pathogenesis of Gout**

The Unani System of Medicine is based on the Hippocratic doctrine of four humors (Akhlal) i.e. Blood (Dam), Phlegm (Balgham), Bile (Safra) and Black bile (Sauda). A proper balance of Akhlal within the body is essential to maintain optimum health. According to Unani System of Medicine, diseases are due to the disproportionate distribution of humors or Akhlal inside the body. These humors, which are out of proportion (quantity and quality), collect in various parts of body, at times producing inflammation, and are often root cause in the origin and development of a particular illness, one of them being Niqris. In case of Niqris, the humors collect in the joint, thereby leading to pain, swelling and other articular damage.<sup>[10,11]</sup> According to Hakeem Kabeeruddin gouty matter (noxious matter causing gout /maddah-e-Niqris) is basically a byproduct of liver metabolism, and it look likes the urinary calculus to a large extent. Niqris is one of those disease, which is related to the hepatic and tissue metabolism (hazm-e-kabidi or hazm-e-chaharum).<sup>[12,13]</sup>

According to most of the Unani scholars humors which is associated with Niqris is mostly phlegm (balgham), which may be either raw phlegm (balghamkham) or it may be admixed with serous humor (mirrah). The other humors are less likely to cause this disease. As such, when propulsive power of the body (Quwwat-e-Dafiyah) tries to expel this matter, a part of it still remain in the body, which accumulate at various anatomical locations (joints, kidney etc.) and produce various clinical features. Simultaneously, the blood and urine level of this substance are also raised.<sup>[14]</sup> Avicenna (Ibn-e-Sina) in his famous book “Al-Qanoon fit Tibb” said that, the matter liable for Niqris may be blood (Dam) alone or blood mixed with phlegm (Dam-e-balghami), or blood mixed with yellow bile (Dam-e- safrawi), or blood mixed with black bile (Dam-e-saudawi) or it may be phlegm (balgham) alone or raw phlegm (balghamkham) alone or serous humor (mirrah) alone or a mixture of humors. But in majority of cases this matter is of serous phlegmatic type (balgham-e- mirrah).<sup>[15]</sup>

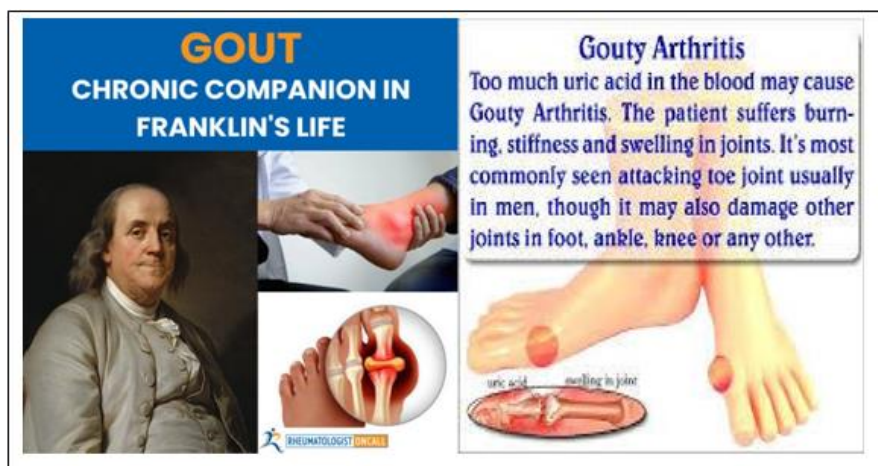


Fig. 04: Gouty Arthritis-A Serious Inflammation Condition.

Allama Qarshi has explained the pathogenesis of this disease in detail in his well-known book “Moalijat-e-Nafeesi”. According to Qarshi pure phlegm (balgham-e-khalis) cannot reach the joints due to its viscosity and it can do so only after the admixture of serous humors (mirrah) with it. Raw phlegm (balgham-e-kham) although does not flow much towards the joint spaces, it still is the most common cause of arthritis comparatively to the other three humors. According to Qarshi other humors are much less likely to cause this affliction due to their specific properties. Qarshi said that blood (Dam) is a rare cause of Niqris because there are not many blood vessels around the joints. Yellow bile (Safra) due to its irritant effect or less viscosity will get expelled from the adjacent possible route and a smaller amount reaches the joints. Black bile (Sauda) is a very rare cause due to its high viscosity.<sup>[16]</sup>

#### IV. Foods that cause Gout

Eating or drinking foods high in purines are more likely to lead to high uric acid levels in your body that cause gout, including:

- Sugary drinks and sweets: Standard table sugar is half fructose, which breaks down into uric acid. Any food or drink with high sugar content can trigger gout.
- High fructose corn syrup: This is a concentrated form of fructose. Packaged food products and processed snacks can contain lots of high fructose corn syrup.
- Alcohol: Even though not all alcoholic drinks are high in purines, alcohol prevents your kidneys from eliminating uric acid, pulling it back into your body, where it continues to accumulate.
- Organ meats: These include liver, tripe, sweetbreads, brains and kidneys.
- Game meats: Specialties such as goose, veal and venison all contain high levels of purines.
- Certain seafood: Herring, scallops, mussels, codfish, tuna, trout and haddock.
- Red meat: Beef, lamb, pork and bacon.
- Turkey: Especially processed deli turkey.
- Gravy and meat sauces.



Fig. 05: Food Avoid in Gout Condition.

#### V. Clinical features of Gout

The clinical manifestation (symptoms and sign) of niqris depend upon the dominant humors (akhlal/noxious matter/maddah-e-niqris). On the basis of responsible humors (maddah-e-niqris), four types are recognized with different clinical features.

- A. Su'al Mizaj Sazij (Simple imbalance of temperament) This type of niqris is very rare but if occurs, cure very fast and associated with pain of low intensity, absence of heaviness, swelling, and humoral features over the affected part are the classical symptoms.<sup>[17,18,13]</sup>
- B. Su'al Mizaj Maddi Mufrad (Single humoral imbalance) When the causative matter of niqris is sanguineous (damvi), the skin over the affected part is red in colour, the swelling is prominent, associated with pain and tenderness. Patient feels comfort by the use of cold things and gets trouble from the hot things.

In case of bilious (safrawi) matter, redness is less marked over the affected part compared to damvi and there is yellowish discoloration of skin around the affected part. Swelling is less, but there is warmth, pain of low intensity and itching over the affected part. Application of cold things is beneficial to the patient whereas warm things may aggravate the symptoms.

When it is caused by phlegmatic (balghami) matter, the skin of the affected area may either be normal or pale or whitish in colour. Swelling is soft, pain of low grade but present constantly, absence of warmth are the classical features. Patients get benefits by the use of hot things and cold things make worse the condition. In melancholic (saudawi) type, the skin of affected part is dry without laxity, lustre or warmth, pain is mild, swelling is hard in consistency and the colour of the skin is either slightly black or with a bluish tinge.<sup>[17,19,20,21,18,22]</sup>

## VI. Uric acid as a factor in the causation of gout

Antoni van Leeuwenhoek (1632–1723), one of the pioneers of microscopy, was the first to describe the appearance of the crystals from a gouty tophus, although their chemical composition was unknown at that time. He wrote in 1679:

"I observed the solid matter which to our eyes resembles chalk, and saw to my great astonishment that I was mistaken in my opinion, for it consisted of nothing but long, transparent little particles, many pointed at both ends and about 4 'axes' of the globules in length. I cannot better describe that by supposing that we saw with naked eye pieces from a horse-tail cut to a length of one sixth of an inch."

Fifty-five years later the physician William Stukeley, who also suffered from gout, described the crystals from a tophaceous joint. In 1776 the chemical identity of uric acid was first established as a constituent of a renal calculus by the Swedish chemist Scheele, and the English chemist Woolaston demonstrated urate in a tophus from his own ear in 1797. Fifty years later, Sir Alfred Baring Garrod described his famous 'thread test', a semi quantitative method for the measurement of uric acid in the serum or urine; it was the first clinical chemical test ever undertaken. In his remarkable volume *The Nature and Treatment of Gout and Rheumatic Gout* (1859), Garrod stated that, "the deposited urate of soda may be looked upon as the cause, and not the effect, of the gouty inflammation". Experimental support for this hypothesis later came from Freudweiler's demonstration that acute gouty arthritis could be precipitated by the intra-articular injection of microcrystals of sodium urate and from the work of His, which demonstrated the formation of tophi following subcutaneous injection of urate crystals. These experiments were overlooked for more than half a century until the publication of a seminal paper by McCarty and Hollander, which showed that crystals from the synovial fluid of patients with gout were composed of monosodium urate. Their classic report described the use of compensated polarized light microscopy to examine joint fluid for crystals, and this technique was subsequently used to identify calcium pyrophosphate dehydrate crystals in synovial fluid from the joints of patients with chondrocalcinosis and 'pseudogout'.

## VII. Mode of Treatment of Gout

### A. Dietotherapy

Razi, Qamri, has recommended wild birds meat, with sour grapes and spinach. They have recommended yolk of the egg, radish water. They have asked to avoid meat and alcohol. People should not take food immediately after coitus after Hammam and increased physical activity. They have laid stress on proper digestion of food. Razi has recommended those foods which make blood thin (Muraqqiq-i-dam). Kabeerudin has recommended Zud Hazm (easy to digest) diet such as roti, milk, rice, daliya (barley water), spinach (*Spinacia oleracea* L.), fenugreek (*Trigonella foenum-graecum* L.),

Tomato (*Lycopersicon esculentum* Mill.) in food and pear (*Pyrus communis* L.), apple juice in fruits. He has also advised to take foods at proper interval. Strong calorific should not be given especially in young people.<sup>[5]</sup>

### B. Regimenal therapy

Before starting the treatment we should enquire about the things such as lack of exercises, empty stomach, Hammam, age, habit and temperament of patient are also to be considered.<sup>[5,23]</sup> Unani physicians have recommended treatment according to the Madda (matter) involved. According to various Unani physicians, bloodletting by Hijama (wet cupping), Fasad (venesection) and Irsal-i-Alaq (leeching) is very beneficial, if it occurs due to Dam (blood). Various physicians advised mostly first to do venesection and subsequently purgation. After that initially treatment should start with analgesics and divergent drugs, but overindulgence should be prohibited. Venesection is to be done on Warid Basaliq (basilic vein) of the same side.<sup>[1,3,5,7,24,23]</sup>

Ibn Zohr suggested venesection on Warid Qaifal (cephalic vein) of opposite side.<sup>[25]</sup> Blood should be drained according to quantity required, resistance and temperament of the patient. They advised to give soups of chicken, Ab-i-Kasni, Ab-i-Mako-during venesection. Early Rabi season is better for the procedure of bloodletting through venesection. In case of acute gout cold sponge is useful if there is chronicity then feet should be kept first in hot and then in cold water.<sup>[7,9,23]</sup> Dry baths and hot water of waterfalls are beneficial.<sup>[1,3]</sup> If there is very much congestion then venesection should be done first then purgation and then local treatment should be applied. Ibn Sarafiyun says feet should be washed with salt water. Ali bin Zain has advised people to avoid walking bare foot in hot season.

## VIII. Diagnosis of Gout

Doctors usually diagnose gout based on your symptoms and the appearance of the affected joint. Tests to help diagnose gout may include:

- Joint fluid test. Your doctor may use a needle to draw fluid from your affected joint. Urate crystals may be visible when the fluid is examined under a microscope.
- Blood test. Your doctor may recommend a blood test to measure the levels of uric acid in your blood. Blood test results can be misleading, though. Some people have high uric acid levels, but never experience gout. And some people have signs and symptoms of gout, but don't have unusual levels of uric acid in their blood.
- X-ray imaging. Joint X-rays can be helpful to rule out other causes of joint inflammation.
- Ultrasound. This test uses sound waves to detect urate crystals in joints or in tophi.
- Dual-energy computerized tomography. This test combines X-ray images taken from many different

angles to visualize urate crystals in joints.

### IX. Treatment of Gout

Gout medications are available in two types and focus on two different problems. The first type helps reduce the inflammation and pain associated with gout attacks. The second type works to prevent gout complications by lowering the amount of uric acid in your blood. Which type of medication is right for you depends on the frequency and severity of your symptoms, along with any other health problems you may have. Drugs used to treat gout flares and prevent future attacks include:

- Non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs include over-the-counter options such as ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve), as well as more-powerful prescription NSAIDs such as indomethacin (Indocin, Tivorbex) or celecoxib (Celebrex). NSAIDs carry risks of stomach pain, bleeding and ulcers.
- Colchicine. Your doctor may recommend colchicine (Colcrys, Gloperba, Mitigare), an anti-inflammatory drug that effectively reduces gout pain. The drug's effectiveness may be offset, however, by side effects such as nausea, vomiting and diarrhea.
- Corticosteroids. Corticosteroid medications, such as prednisone, may control gout inflammation and pain. Corticosteroids may be in pill form, or they can be injected into your joint. Side effects of corticosteroids may include mood changes, increased blood sugar levels and elevated blood pressure.

### X. Medications to prevent gout complications

If you experience several gout attacks each year, or if your gout attacks are less frequent but particularly painful, your doctor may recommend medication to reduce your risk of gout-related complications. If you already have evidence of damage from gout on joint X-rays, or you have tophi, chronic kidney disease or kidney stones, medications to lower your body's level of uric acid may be recommended.

- Medications that block uric acid production. Drugs such as allopurinol (Aloprim, Lopurin, Zyloprim) and febuxostat (Uloric) help limit the amount of uric acid your body makes. Side effects of allopurinol include fever, rash, hepatitis and kidney problems. Febuxostat side effects include rash, nausea and reduced liver function. Febuxostat also may increase the risk of heart-related death.
- Medications that improve uric acid removal. Drugs such as probenecid (Probalan) help improve your kidneys' ability to remove uric acid from your body. Side effects include a rash, stomach pain and kidney stones.
- **NSAIDs:** Over-the-counter (OTC) NSAIDs, like ibuprofen and naproxen, can reduce pain and swelling during a gout attack. Some people with kidney disease, stomach ulcers and other health problems shouldn't take NSAIDs. Talk to your provider before taking NSAIDs.

- **Colchicine:** Colchicine is a prescription medication that can reduce inflammation and pain if you take it within 24 hours of a gout attack.
- **Corticosteroids:** Corticosteroids are prescription medications that reduce inflammation. Your provider might prescribe oral (by mouth) pills. They may also inject corticosteroids into your affected joints or into a muscle near your joint (intramuscularly).

### XI. Lifestyle and home remedies for Gout

Medications are often the most effective way to treat gout attacks and prevent recurrent symptom flares. However, lifestyle choices also are important, and you may want to:

- Choose healthier beverages. Limit alcoholic beverages and drinks sweetened with fruit sugar (fructose). Instead, drink plenty of nonalcoholic beverages, especially water.
- Avoid foods high in purines. Red meat and organ meats, such as liver, are especially high in purines. Purine-rich seafood includes anchovies, sardines, mussels, scallops, trout and tuna. Low-fat dairy products may be a better source of protein for people prone to gout.
- Exercise regularly and lose weight. Keeping your body at a healthy weight reduces your risk of gout. Choose low-impact activities such as walking, bicycling and swimming which are easier on your joints.

### XII. Treatment of Gout in Unani system of Medicine

According to Ibn Sina, purgation of phlegm should be given along with black bile, because if it is given alone then it will give temporary relief and will take Madda back to organs and pain will recur. According to Ibn Maswya no other thing is so beneficial in gout than purgation. Unani scholars have avoided purgation without Nuzj as it may be harmful. Ghaliz Madda may accumulate in joints and duration of disease will increase. The purgatives used for the evacuation of phlegm are Tukhm Sudab (*Rhaphanus sativus* seeds), Juntiyana (*Juntiana leutea*), Zarawand (*A. longa & rotunda*) etc. Anti-inflammatory drugs like Bura Armani along with mako is applied locally. Sirka (vinegar) has been advised locally by many Unani scholars along with Kafoor (camphor) and isabgol (*Isabgula mucilage*). Very cold and very astringent medicines should be avoided as it causes Madda to solidify and accumulate in joint which increases in severity of pain. Mubarid (cold), and mulattif (demulcent) paste should be used locally like Barg-i-Karnab (*Lactuca sativa*) with egg yolk and vinegar or rose oil. Locally application of plaster of Post Kharpaza and Post Khashkash are also useful.

If pain is less then only anti-inflammatory substances like Aabjo, Khatmi (*Althea officinalis*), Banafsha (*Viola odorata*), Iklilulmalik (*Trigonella uncata*), are used in the form of Zimad (plaster). In severe pain application of Mukhaddir Zimad like Ab Barge Jhao (*Tamarix aphylla*),

Isabgol (*Plantago lanceolata*), Afyun (*Papaver somniferum*) gives relief. Jalinus has suggested that Rogan Hanzal is best for gout. Razi has recommended those medicines best for gout which are Mulattif (demulcent) and Mudir (diuretics) like Tukhm Sudab (*Ruta graveolens*) and Zarawand, (*Aristolochia rotunda* & *Aristolochia longa*) but these medicines should be given in limitation and should be avoided in weak

persons. According to Razi Ma al-Asal (honey water) with Tukhm Karafs (*Apium graveolens*) is best for gout. According to Majusi, Muqawwi Majun should be given after purgation of Halela Zard, Shahm Hanzal, Shitraj Hindi, Suranjan, Buzidan. Ibn Maswaya has said that Ayarij Fiqra and Roghan Bedanjir (castor oil) is best for gout. Jalinus has advised the use of diuretics and anti-inflammatory in gout.

### XIII. Natural Remedies for Uric Acid Reduction



Fig. 06: Unani herbs used in Gout.

Unani medicine offers a wide range of natural remedies that can help reduce uric acid levels naturally. These herbs possess unique properties that aid in the excretion of acid and reduce inflammation in the body. Some commonly used herbs include giloy (*Tinospora cordifolia*), guggul (*Commiphora mukul*), neem (*Azadirachta indica*), punarnava (*Boerhavia diffusa*), and turmeric (*Curcuma longa*). These herbs can be consumed in various forms, including powders, capsules, teas, or as part of herbal formulations. In addition to the aforementioned recommendations, Ayurveda offers several home remedies that can be effective in reducing acid levels. These remedies are easily accessible and can

be incorporated into your daily routine. Here are a few examples:

- A. **Lemon Water:** Squeeze the juice of half a lemon into a glass of warm water and drink it on an empty stomach in the morning. Lemon water helps alkalize the body and supports elimination.
- B. **Apple Cider Vinegar:** Mix one tablespoon of raw, unfiltered apple cider vinegar in a glass of water and consume it once or twice a day. Apple cider vinegar can help alkalize the body and aid in acid reduction.
- C. **Tart Cherry Juice:** Drink a glass of tart cherry juice daily. Tart cherries contain compounds that help reduce inflammation and lower acid levels.

### D. Lifestyle Changes to Manage Uric Acid Levels

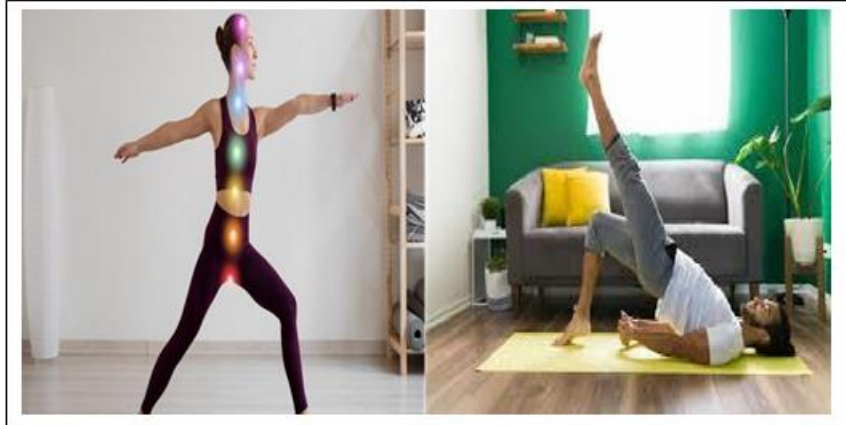


Fig. 07: Management of Uric acid in Gout.

Certain lifestyle changes are important in treatment for uric acid. Regular physical activity is essential for overall health and can help manage its levels as well. Engaging in exercises like walking, swimming, cycling, and yoga can aid in weight management, improve blood circulation, and promote the excretion of uric acid from the body. Aim for at least 30 minutes of moderate-

intensity exercise most days of the week. It is also important to avoid triggers that can increase acid production. Alcohol, particularly beer, is known to elevate levels. Limiting alcohol consumption or avoiding it altogether can help control levels. Smoking is another habit that should be avoided, as it can worsen inflammation and increase the risk of gout attacks.

#### E. Yoga and Exercise for Uric Acid Balance



**Fig. 08: Yoga and Exercise for Gout.**

Yoga and specific exercises can play a significant role in managing uric acid levels. Certain yoga asanas (postures) and exercises help improve joint flexibility, reduce inflammation, and promote overall well-being. Some beneficial yoga poses for joint health include Pawanmuktasana (Wind-Relieving Pose), Bhujangasana (Cobra), Trikonasana (Triangle Pose), and Ardha Matsyendrasana (Half Spinal Twist Pose). Regular practice of these poses can aid in relieving joint pain and stiffness associated with discomfort. In addition to yoga, engaging in cardiovascular exercises like brisk walking, jogging, or swimming can promote weight loss and improve overall fitness. These exercises enhance blood circulation and contribute to the elimination of waste products through sweat and urine. By incorporating regular physical activity into your routine, you can support joint health and overall well-being.

#### CONCLUSION

It was concluded that Gout (Niqris) is a humoral disease occurring as a result of imbalance in the quality and quantity of one of the four humours. Unani treatment of gout based on Ilaj bil ghiza (Dieto therapy), Ilaj bid tadbeer (Regimental therapy) and Ilaj bid dawa (Pharmacotherapy). Dieto therapy play very important role in gout disease, without diet correction not possible to cure this disease. Unani system has many crude and compound drugs for treating the gout which reduces the uric acid and corrected the diseases. It also cure the disease not only symptoms. So it's says that Unani system have best medication of Gout.

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