

Unani Perspectives on Migraine (Shaqīqa): Classical Insights and Clinical Applications

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ABSTRACT

Migraine, known as *Shaqīqa* in Unani medicine, is a chronic neurological condition characterized by recurrent, unilateral headaches often accompanied by nausea, vomiting, photophobia, and phonophobia. Despite advancements in modern medicine, a significant number of migraine sufferers experience inadequate relief, prompting interest in complementary systems like Unani medicine, this provides a holistic approach to disease management.

In Unani literature, *Shaqīqa* is recognized as a disorder of the brain (*Amraz-e-Dimagh*), resulting from humoral imbalance—particularly involving *Safra* (yellow bile), *Sauda* (black bile), and *Dam* (blood). Classical Unani scholars such as Ibn Sina, Al-Razi, and Ibn Rushd described *Shaqīqa* as a manifestation of disordered temperament (*Mizaj*) and the upward movement of noxious vapors (*bukharat*) from the stomach or liver to the brain. The condition is classified based on the dominant humor involved, aiding in personalized treatment.

Unani management encompasses a triad of approaches: *Ilaj bil Tadbeer* (regimental therapy), including venesection, cupping, and massage; *Ilaj bil Ghiza* (dietotherapy), which emphasizes temperamental and seasonal dietary adjustments; and *Ilaj bil Dawa* (pharmacotherapy), involving time-tested herbal and compound formulations.

This review integrates classical insights with contemporary evidence, highlighting the scientific rationale of Unani interventions in migraine management. The individualized and preventive focus of Unani medicine offers promising avenues for integrative care. Further clinical research and standardization of Unani protocols could enhance their applicability in modern healthcare frameworks for migraine.

Keywords: Migraine, *Shaqīqa*, Unani medicine, *Amraz-e-Dimagh*, humoral imbalance, herbal medicine.

1. INTRODUCTION

Migraine is one of the leading causes of disability globally, affecting approximately 1 in 7 individuals (1). While modern treatments provide relief to many, a significant number of patients continue to suffer due to side effects, recurrence, and incomplete understanding of the condition. The Unani system of medicine, rooted in the Greco-Arabic tradition, presents a holistic framework for understanding and managing migraine—referred to in classical texts as *Shaqīqa* (2).

Derived from the Arabic term "shaqq" meaning "split," *Shaqīqa* reflects the hallmark one-sided nature of migraine pain. In Unani medicine, this condition is explained within the context of *Nazariyah-e-Akhlat* (Humoral Theory) and *Mizaj* (temperament), focusing on the interaction of internal imbalances and external triggers (3).



Figure-1³⁷

Methodology

This review employed a qualitative, narrative research approach to explore classical Unani perspectives on migraine (Shaqīqa) and evaluate their clinical relevance in contemporary healthcare. The methodology consisted of the following steps:

2. LITERATURE SEARCH STRATEGY

A comprehensive literature search was conducted between **January and June 2025** using both classical Unani manuscripts and modern scientific databases. Primary sources included authoritative Unani texts such as:

- *Al-Qanun fi al-Tibb* by Ibn Sina
- *Kitab al-Hawi fi al-Tibb* by Al-Razi
- *Zakhira Khwarazm Shahi* by Jurjani
- *Kamil al-Sina'a al-Tibbiyya* by Ali Ibn Abbas Majusi
- *Tibb-e-Akbar* and *Makhzan al-Adwiya* by various eminent Unani physicians

Secondary sources included indexed journal articles, dissertations, and grey literature. Modern databases searched were PubMed, Scopus, Web of Science, Google Scholar, and AYUSH Research Portal. Keywords and Boolean operators were applied in various combinations: “*Shaqīqa*”, “*Unani medicine*”, “*migraine*”, “*humoral theory*”, “*cephalgia*”, “*Unani formulations*”, “*regimenal therapy*”, and “*Ilaj bil Ghiza wa Dawa*”.

3. INCLUSION AND EXCLUSION CRITERIA

- **Inclusion criteria:**
 - Classical Unani texts describing etiology, pathophysiology, classification, and treatment of Shaqīqa
 - Modern studies assessing Unani treatments or concepts for migraine
 - Peer-reviewed English or Urdu/Arabic/Persian works with authentic translation
- **Exclusion criteria:**
 - Studies lacking primary references
 - Non-clinical anecdotal reports without supporting evidence
 - Works not aligned with Unani medical principles

4. DATA EXTRACTION AND SYNTHESIS

Data relevant to Unani concepts—such as *Asbab* (causes), *Mizaj* (temperament), *Akhlaat* (humors), and *Ilaj* (treatment)—were extracted systematically. Information on classical formulations, single herbs, regimenal therapies (*Ilaj bil Tadbeer*),

and dietary recommendations (*Ilaj bil Ghiza*) was categorized and tabulated.

The data from classical sources were compared with modern biomedical understanding of migraine pathophysiology to identify areas of overlap, divergence, and integration potential.

5. QUALITY ASSESSMENT

Classical sources were evaluated for authenticity by cross-checking multiple manuscripts and translations. Modern clinical studies were appraised for methodological quality using the Critical Appraisal Skills Programme (CASP) checklist, with attention to study design, sample size, outcome measures, and reproducibility.

Ethical Considerations

As this study is a literature review without direct patient involvement, ethical approval was not required. However, all sources were cited appropriately to maintain academic integrity.

6. HISTORICAL UNDERSTANDING OF SHAQĪQA

The conceptualization of migraine, or *Shaqīqa*, within Unani medicine is rooted in the Greco-Arabic medical tradition. Several renowned physicians and philosophers laid the foundation for understanding this condition through detailed discussions of humoral pathology, cerebral temperament, and systemic involvement. The following scholars played pivotal roles in shaping the historical discourse on *Shaqīqa*:

6.1. Hippocrates (460–370 BCE)

Regarded as the father of medicine, Hippocrates introduced the theory of humors (*Akhlat*)—blood, phlegm, yellow bile, and black bile—as the basis of health and disease. He described unilateral headaches associated with visual disturbances, considered one of the earliest references to migraine (13).

6.2. Galen (129–200 CE)

A prominent Roman physician, Galen elaborated on cerebral diseases and expanded the humoral theory. He introduced anatomical explanations of headache types and linked *Shaqīqa* to vapors rising from the stomach and affecting the brain (14).

6.3. Hunayn ibn Ishaq (809–873 CE)

An influential translator and physician of the Abbasid era, Hunayn translated and synthesized Greco-Roman works, introducing Arabic medical terminology for diseases like *Shaqīqa*. He emphasized dietary management and neurological observations (15).

6.4. Ali ibn al-‘Abbas al-Majusi (930–994 CE)

In *Kamil al-Sina‘ah al-Tibbiyyah*, he provided detailed classifications of headaches, distinguishing between primary and secondary forms. He also supported the theory of humoral imbalance affecting brain function (16).

6.5. Najib al-Din al-Samarqandi (d. 1222 CE)

A lesser-known yet influential physician, Samarqandi compiled *Kitab al-Asbab wal Alamat*, where he classified *Shaqīqa* according to causative humors and emphasized differential diagnosis from other headaches (17).

6.6 Ibn Sina’s Description

In *Al-Qanun fi al-Tibb*, Ibn Sina classifies *Shaqīqa* under *Amraz-e-Dimagh* (disorders of the brain), describing it as a pain occurring on one side of the head, usually due to humoral accumulation or vapors (*bukharat*) rising from the stomach or liver (2). He notes that the involvement of *Safra* (yellow bile) or *Sauda* (black bile) can determine the nature of the headache—hot, sharp, or cold and dull.

6.7 Al-Razi’s Observations

Al-Razi, in *Kitab al-Hawi*, associated *Shaqīqa* with underlying gastrointestinal dysfunctions and emphasized the systemic origin of many neurological disorders (4). He also suggested that improper digestion and accumulation of waste products could produce vapors that ascend to the brain, irritating cranial structures.

6.8 Ibn Rushd’s Views

Ibn Rushd believed that obstruction in the cranial vessels and changes in temperament caused by external and internal factors were central to the onset of *Shaqīqa* (5). He emphasized diet regulation and evacuation of morbid humors.

6.9 Qusta ibn Luqa (820–912 CE)

A notable translator and philosopher of Greek medical texts into Arabic, Qusta ibn Luqa authored works on neurological

conditions, including headaches. In his treatise *Fi Amrad al-Ras* (On Diseases of the Head), he provided differential diagnoses between *Suda*, *Shaqīqa*, and *Waja' al-Dimagh*, offering an early attempt at nosological classification (18).

6.10 Yuhanna ibn Masawaih (777–857 CE)

A Nestorian Christian physician and teacher of Hunayn ibn Ishaq, Masawaih emphasized the role of climatic factors and temperament changes in causing various forms of headaches. His work *Kitab al-Mashra'i* discusses the cold and dry temperament as a cause of melancholic headaches similar to *Shaqīqa* (19).

6.11 Al-Balkhi (9th century CE)

An early proponent of psychosomatic medicine, Al-Balkhi, in his work *Masalih al-Abdan wa al-Anfus*, identified the role of emotional and psychological stress in producing neurological symptoms, including one-sided headaches. He is one of the earliest to suggest a stress-migraine link (20).

6.12 Al-Tabari (838–870 CE)

Author of *Firdaws al-Hikmah*, one of the earliest Arabic medical encyclopedias, Al-Tabari discussed diseases of the head and recognized the influence of diet, humoral excess, and brain temperament on migraine-like headaches (21).

6.13 Ibn Zuhr (Avenzoar) (1091–1161 CE)

A leading physician of Muslim Spain, Ibn Zuhr emphasized anatomical and clinical descriptions of cerebral conditions. He provided insights into chronic forms of headache with digestive disturbances, correlating well with *Shaqīqa Safrawiya* (22).

6.14 Al-Baghdadi (1162–1231 CE)

In his book *Kitab al-Mukhtarat fi al-Tibb*, Al-Baghdadi explained various cranial disorders and their treatment. He offered practical remedies for *Shaqīqa*, including compound formulations involving *Unnab*, *Gule Surkh*, and *Banafsha* (23).

6.15 Ibn al-Nafis (1213–1288 CE)

Though more famous for describing pulmonary circulation, Ibn al-Nafis also made contributions to neurophysiology and the classification of brain diseases. His discussions on cerebral congestion and humor-induced vascular imbalance relate to *Shaqīqa* pathophysiology (24).

6.16 Dawood al-Antaki (d. 1599 CE)

In *Tazkirat ul Ula al-Albab*, Al-Antaki summarized Unani views on headaches and presented an extensive pharmacopoeia, including multiple compound remedies for *Shaqīqa* involving *Bisfajj*, *Filfil Siyah*, and *Zanjabeel* for balancing cold and moist temperaments (25).

7. ETIOLOGY OF SHAQĪQA IN UNANI MEDICINE

Unani scholars recognized multiple causative factors contributing to *Shaqīqa*, often acting in combination.

7.1 Humoral Imbalance

The primary etiological basis of migraine in Unani medicine is the disturbance in humors:

- **Safrawi (choleric) migraine:** Characterized by hot, burning, pulsating pain, often associated with nausea and irritability due to an excess of *Safra* (6).
- **Saudawi (melancholic) migraine:** Chronic, dull, and persistent pain, often linked with psychological symptoms like anxiety, due to excess *Sauda* (6).
- **Damwi (sanguine) migraine:** Results from excessive blood, causing heaviness and throbbing sensations (2).
- **Balghami (phlegmatic) migraine:** Associated with cold, heavy, and dull pain, often worse in winter or after eating cold foods (2).

7.2 Digestive Origin

Unani scholars like Al-Razi emphasized the role of *Meda* (stomach) and *Kabid* (liver) in the production of abnormal vapors that ascend to the brain and irritate the cranial membranes (4). Improper digestion, indigestion, and liver dysfunction are often precursors.

7.3 External Triggers

Factors such as emotional stress, irregular sleep, strong sunlight, exposure to cold, and consumption of spicy or fermented foods are known to precipitate attacks (6,7).

7.4 Classification of Shaqīqa

Classical Unani physicians classified *Shaqīqa* according to the predominance of a particular humor (*khilt*), as this guided the selection of appropriate treatment strategies. Each type presents with distinct clinical features:

Type	Dominant Humor	Characteristic Symptoms
<i>Shaqīqa Damwiya</i>	Blood (<i>Dam</i>)	Heaviness of head, throbbing pain, redness of eyes, fullness sensation
<i>Shaqīqa Safrawiya</i>	Yellow bile (<i>Safrā'</i>)	Acute, burning headache, photophobia, nausea, irritability
<i>Shaqīqa Saudawiya</i>	Black bile (<i>Saudā'</i>)	Chronic, dull or dragging pain, melancholic mood, sleep disturbance
<i>Shaqīqa Balghamiya</i>	Phlegm (<i>Balgham</i>)	Cold and persistent headache, aggravated in cold weather, heaviness, lethargy

This classification not only reflects the qualitative nature of pain but also provides a foundation for individualized Unani regimens, ensuring that treatment addresses the underlying humoral imbalance rather than merely alleviating symptoms (2,6).

8. PATHOPHYSIOLOGY IN UNANI THOUGHT

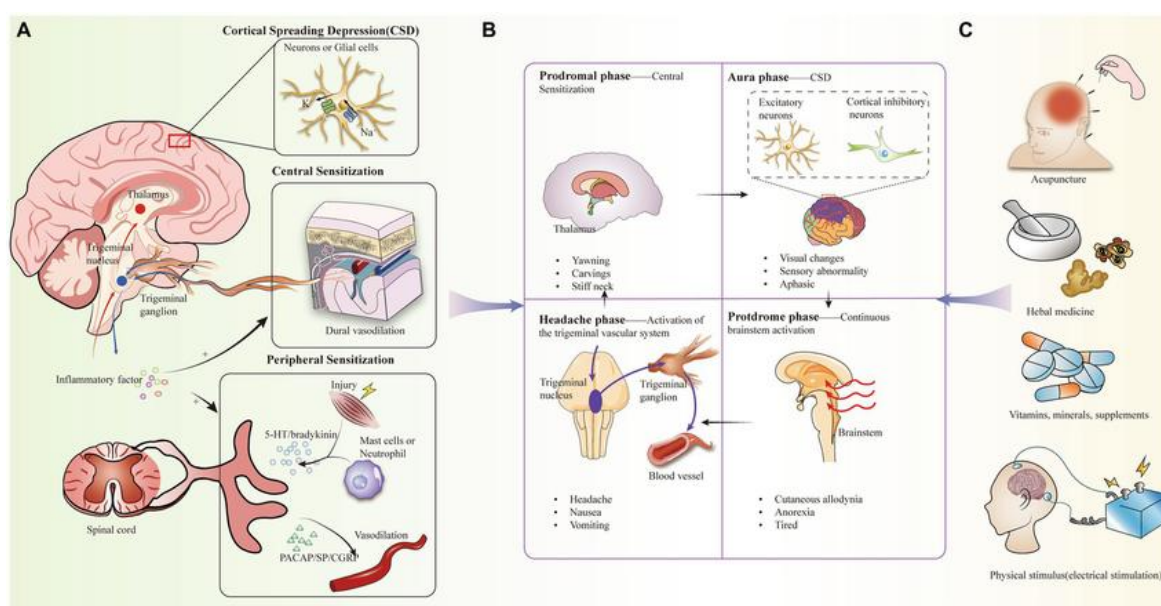


Figure-2³⁶

In Unani medicine, migraine, known as *Shaqīqa*, is described as a semi-lateral headache resulting from humoral imbalance and altered cerebral temperament (*Mizāj*). The Unani concept of pathophysiology integrates disturbances in the four humors (*Akhlāt*)—*Dam* (blood), *Balgham* (phlegm), *Safrā'* (yellow bile), and *Saudā'* (black bile)—and their accumulation or deviation, leading to obstruction or irritation in the cerebral vessels.

The figure's "peripheral and central sensitization" parallels the Unani concept of **taharruk (stimulation)** of brain and meningeal vessels by excessive humoral irritants, resulting in pain. "Cortical spreading depression" can be compared to **sue mizaj (dystemperament)** affecting the brain's faculty (*quwa dimāghiyya*), impairing sensory processing. Inflammatory mediators like CGRP and PACAP resemble the role of **fuzlat (morbid matter)** that, when retained, provoke vascular and neural dysfunction. Prodromal symptoms such as yawning, cravings, and fatigue match Unani observations of premonitory signs of *Shaqīqa*, indicating humoral imbalance before full manifestation.

The headache phase corresponds to **imtela (congestion)** and **tanaffur (distension)** of brain vessels. Unani treatment aligns with part C of the figure, using regimens such as **ilaj bil ghiza (dietotherapy)**, **ilaj bil dawa (pharmacotherapy)** including herbal medicines, **ilaj bit tadbeer (regimental therapy)** like massage, leech therapy, and acupuncture-like procedures, and **ilaj bil yad** for physical manipulation to restore balance and prevent recurrence (26, 27, 36).

According to Ibn Sina, *Shaqīqa* occurs due to the accumulation of morbid matter (*Mādda Fasida*) in the vessels or membranes of one side of the brain, often arising from a faulty digestive process and transported through the bloodstream to the brain,

leading to pain and functional disruption [26]. He emphasized that the humor responsible may originate in the stomach or liver and ascends toward the head, especially when digestion is weak or corrupted.

Al-Razi described the involvement of thick and cold humors like *Balgham* and *Sawdā'* in obstructing the cerebral passages, causing pain and constriction. He observed that such headaches often have a chronic nature and worsen with changes in weather, diet, or emotional states [27].

Unani scholars explained that the brain's normal temperament is *Barid Ratab* (cold and moist). When this balance shifts towards *Hār Yābis* (hot and dry) or *Barid Yābis* (cold and dry), it disrupts cerebral harmony. This disturbance allows abnormal humors to accumulate or irritate the cranial tissues, causing symptoms of migraine such as one-sided throbbing pain, nausea, vomiting, and visual disturbances [26, 28].

Pathophysiologically, *Shaqīqa* is classified into several types based on humor:

- **Shaqīqa Damvi:** Due to excess *Dam*; characterized by heaviness, redness of eyes, and throbbing pain.
- **Shaqīqa Safrāwi:** Due to excess *Safrā'*; marked by burning pain, restlessness, and photophobia.
- **Shaqīqa Balghami:** Due to excess *Balgham*; shows dull pain, lethargy, and cold intolerance.
- **Shaqīqa Sawdāwi:** Caused by excess *Sawdā'*; associated with melancholic temperament and chronic, sharp pain [29].

Ibn Rushd explained that the temperament of the brain, when affected by dryness or excessive heat, becomes hypersensitive. The pain in *Shaqīqa* is localized because the humor affects only one side, often within the meninges or superficial cerebral vessels [28].

The cerebral imbalance in *Shaqīqa* is conceptualized as a disturbance in *Mizaj* (temperament) of the brain and surrounding vessels. This is either primary or secondary to other organ dysfunctions (3, 6). Vapors (*bukharat*) rising from undigested food or liver impurities are believed to irritate the meninges or cerebral vessels.

Faulty digestion is often the primary cause of the production of *Mādda Fasida*. Improper breakdown and transformation of food lead to the generation of unbalanced humors, which travel and accumulate in susceptible areas such as the brain [26, 30].

Furthermore, psychological and environmental factors such as stress, insomnia, excessive thinking, and suppression of natural urges can promote the dominance of *Sawdā'*, making the brain more vulnerable to chronic migraine-type headaches [31].

In modern medical science, the Unani interpretation of *Shaqīqa* (migraine) finds resonance with contemporary understandings, particularly the neurovascular theory of migraine. Just as Unani scholars described the accumulation of morbid matter and humoral imbalance affecting cerebral vessels and temperament, modern research attributes migraine to a complex interplay of cerebral vasodilation, neurogenic inflammation, and sensitization of trigeminovascular sensory pathways. Additionally, the emphasis in Unani medicine on digestive origin (*Su-e-Hazm*) and emotional triggers aligns with current evidence linking gastrointestinal disturbances (gut-brain axis dysfunction) and stress-induced neurochemical changes—such as serotonin imbalance—to migraine pathophysiology [8].

9. CLINICAL FEATURES

In Unani medicine, *Shaqīqa* is described as a unilateral (semi-lateral) headache, commonly attributed to an imbalance in one or more of the four humors (*Akhlāt*). This condition is richly detailed by classical scholars such as Ibn Sīnā, Al-Rāzī, and Najībuddīn Samarqandī, who link the clinical picture to disturbances in temperament (*Mizāj*), cerebral vessels, and digestive function.

1. Pain Characteristics

- **Unilateral Headache:** The principal feature is a headache localized to one side of the head—either the right or the left. Ibn Sīnā explains that the pain typically starts in the temporal region and may radiate to the eye, ear, or neck on the same side [26].
- **Pulsatile/Throbbing Pain:** In cases involving sanguine (*Damvi*) or choleric (*Safrāwi*) humors, the headache is often described as pulsating, resembling a hammering or throbbing sensation [27].
- **Recurrent and Periodic Nature:** Attacks often occur in cycles—daily, weekly, or monthly—and may be associated with environmental or dietary triggers [28].
- **Duration:** The pain can persist from a few hours to several days depending on the type and dominance of the humor involved [29].

2. Associated Symptoms

Migraine (*Shaqīqa*) in the Unani framework often presents with a constellation of accompanying symptoms, the nature and intensity of which are influenced by the dominant humor (*khilt*) involved. These manifestations not only assist in clinical differentiation but also guide the selection of appropriate Unani regimens:

- **Nausea and Vomiting:** These are frequently observed, particularly in *Shaqīqa Safrāwi* (yellow bile predominance) or *Shaqīqa Saudāwi* (black bile predominance). In Unani understanding, excessive *Safrā'* or *Saudā'* irritates the gastrointestinal tract and disrupts the *tawāzun* (balance) of the brain's sensory faculties, leading to queasiness, retching, or vomiting. Modern parallels can be drawn with the activation of the brainstem vomiting center and vagal pathways during migraine episodes [27,30].
- **Photophobia and Phonophobia:** Classical Unani physicians noted that during acute episodes, patients tend to avoid light (*nur*) and sound (*saut*), seeking a dark and quiet environment for relief. This is most pronounced in *Shaqīqa Safrāwi*, where excessive heat and dryness in the brain heighten sensory reactivity. The overlap with modern neurology lies in the hypersensitivity of visual and auditory processing centers during migraine attacks [28].
- **Visual Disturbances:** In some patients, a pre-headache aura manifests as blurred vision, scintillating lights, zigzag patterns, or partial visual loss. Unani scholars referred to this as *Tamyih*—a temporary disturbance of sight caused by impaired flow of *ruh* (vital spirit) to the optic apparatus. Such descriptions correlate with modern concepts of cortical spreading depression affecting the occipital cortex [31].
- **Irritability and Restlessness:** *Shaqīqa Safrāwi* often produces marked agitation, dryness of mouth, excessive thirst, and intolerance to external stimuli. From a Unani perspective, the dominance of hot and dry temperament disrupts the equilibrium of *quwā nafsāniyya* (mental faculties), manifesting as mood changes and hyper-reactivity [27].
- **Cold Sensitivity:** In *Shaqīqa Balghami* (phlegm predominance), headaches worsen in cold and damp conditions, while symptoms improve with warmth, massage, and hot compresses. This aligns with the Unani principle that excess *Balgham* (cold and moist in temperament) aggravates brain vessels in such climates, whereas warming therapies restore balance [26].
- **Psychological Symptoms:** Long-standing or recurrent migraine, particularly of the *Shaqīqa Saudāwi* type, can lead to mental fatigue, persistent anxiety, melancholia, low mood, and insomnia. Unani physicians recognized these as consequences of a cold and dry *sue mizaj* (dystemperament) of the brain, comparable to modern understandings of chronic pain's impact on mental health [30].

3. Prodromal and Postdromal Symptoms

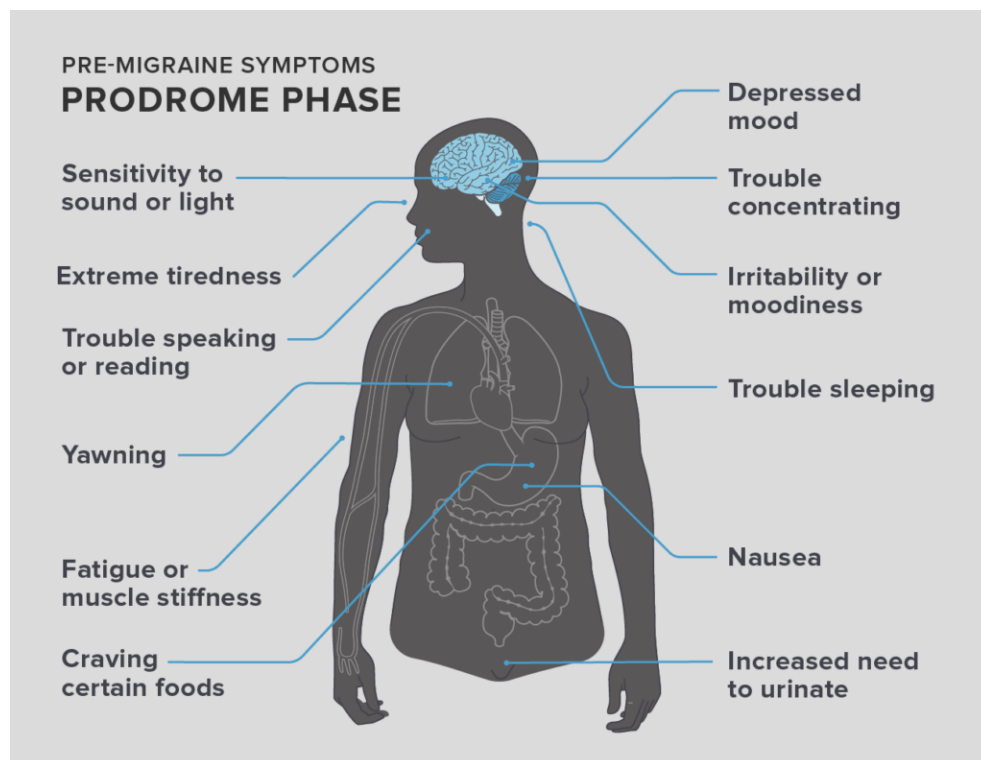


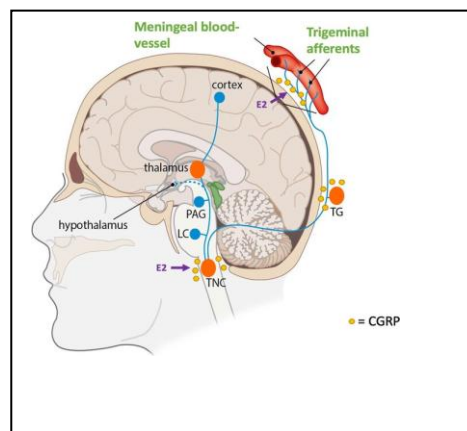
Figure-3³⁵

- **Aura (Tamyīh):** Classical Unani physicians documented premonitory phenomena resembling modern migraine auras, including visual disturbances such as flashes of light, flickering sensations, or dark shadows [31].
- **Premonitory Signs:** Changes in appetite, fatigue, yawning, or mood swings were frequently noted before onset [28].
- **Postdromal Fatigue:** After an episode, patients often report sluggishness, difficulty concentrating, and intolerance to loud environments [29].

4. Humor-Specific Clinical Features

- **Shaqīqa Damvi (Sanguine):**
 - Redness of the face and eyes
 - Fullness or heaviness of the head
 - Relief often observed after bloodletting or cooling therapies [26,27]
- **Shaqīqa Safrāwi (Choleric):**
 - Burning pain, excessive thirst, bitter mouth taste
 - Irritability, yellowish complexion [28]
- **Shaqīqa Balghami (Phlegmatic):**
 - Dull pain, feeling of heaviness, cold extremities
 - Digestive issues, excessive salivation [29]
- **Shaqīqa Sawdāwi (Melancholic):**
 - Piercing, deep-seated pain
 - Associated with fear, sadness, and insomnia [30]

In Modern Medicine:



Migraine is recognized as a complex neurovascular disorder. This figure illustrates migraine pathophysiology: Activation of trigeminal afferents releases CGRP around meningeal blood vessels, causing vasodilatation and inflammation. Signals travel via trigeminal ganglion (TG) to the trigeminocervical complex (TNC), projecting to brainstem nuclei (PAG, LC), thalamus, and cortex, amplifying pain perception (36). The International Classification of Headache Disorders (ICHD-3) outlines the following key clinical features (34):

- **Unilateral headache** (though can be bilateral in some cases)
- **Pulsating quality** of pain
- **Moderate to severe intensity**
- **Pain aggravated by physical activity**
- **Duration** of 4 to 72 hours if untreated
- **Associated symptoms:**
 - Nausea and/or vomiting

- **Photophobia** (sensitivity to light)
- **Phonophobia** (sensitivity to sound) figure-4³⁶

There are two primary types:

1. **Migraine without aura:** Most common, characterized by typical migraine pain without preceding sensory symptoms.
2. **Migraine with aura:** Involves transient neurological symptoms like visual disturbances (zigzag lines, blind spots), speech disturbances, or tingling in the limbs that occur before the onset of headache (32,34).

Overlap between Unani and Modern Clinical Features:-

Both systems highlight:

- Unilateral throbbing pain
- Visual and gastrointestinal symptoms
- Triggers related to stress, diet, and environmental factors
- Recurrence and chronicity

The Unani focus on humoral imbalance and gastrointestinal linkage complements modern research that supports the gut-brain axis, hormonal influences, and neurochemical changes (such as serotonin release) involved in migraine pathophysiology (32,33).

10. DIAGNOSTIC APPROACHES

Unani diagnosis is based on holistic examination:

- **Patient History (Su'al al-Marid):** Onset, triggers, diet, digestion, menstruation (2,6)
- **Temperament Evaluation (Tashkhis Mizaj):** Hot/cold and moist/dry characteristics
- **Physical Examination:** Pulse, tongue, palpation of the head, and organ function
- **Differential Diagnosis:** Distinction from *Suda* (general headache) and *Waja al-Ain* (ocular pain)

11. UNANI TREATMENT MODALITIES

Treatment aims to remove the causative humor, restore balance, and prevent recurrence. It follows the Unani triad:

11.1 Ilaj bil Tadbeer (Regimenal Therapy)

- **Fasd (Venesection):** Bloodletting is performed in *Damwi* migraine to evacuate excess blood (6).
- **Hijama (Cupping):** Wet cupping at occipital region reduces congestion (9).
- **Nutool (Head irrigation):** Decoctions of herbs like *Banafsha* (*Viola odorata*) are poured over the head to reduce heat (6).
- **Leech Therapy (Taleeq):** Used for congestive or chronic cases (9).
- **Massage (Dalk):** With *Roghan Baboona* or *Roghan Badam* to relieve stress and pain (10).
- **Hammam (Bathing):** Warm baths help balance humors and promote detoxification (3).

11.2 Ilaj bil Ghiza (Dietotherapy)

Unani texts stress the importance of correct food habits in treating *Shaqīqa*:

- Avoid spicy, hot, oily, and fermented foods (6)
- Recommend cooling and light foods: barley gruel, pomegranate, apples, spinach
- Maintain hydration
- Regular meals and adequate sleep

Foods such as *Unnab* (*Ziziphus jujuba*) and *Khubbazi* (*Malva sylvestris*) are used for their cooling and anti-inflammatory effects (10).

11.3 Ilaj bil Dawa (Pharmacotherapy)

Classical formulations and single drugs include:

- **Sharbat Unnab:** Cooling and detoxifying, used for *Safrawi* headaches. **Dose:** 25–50 ml twice daily, preferably in lukewarm water (10).
- **Qurs Shaqīqa:** Compound tablets effective in reducing frequency and severity. **Dose:** 1–2 tablets twice daily after meals with water or *Arq-e-Badiyan* (6).
- **Hab-e-Gule Aakh:** Used for melancholic or chronic cases. **Dose:** 1–2 pills twice daily with warm water (6).
- **Arq-e-Badiyan:** Carminative, especially in gastric-origin migraines. **Dose:** 40–60 ml twice daily after meals (10).
- **Jawaris Anfa:** Cephalic tonic supporting brain and digestion. **Dose:** 5–10 g once or twice daily, preferably with water or milk (6).

12. CONTEMPORARY EVIDENCE AND INTEGRATION

The Unani approach to *Shaqīqa* aligns closely with several modern insights:

- **Gut-Brain Axis:** Modern science supports Unani emphasis on gastrointestinal causes (11).
- **Preventive Strategy:** Lifestyle regulation in Unani is similar to modern migraine hygiene.
- **Neurovascular Link:** Unani view of cerebral vessel involvement is echoed in modern theories of vasodilation and cortical spreading depression (8).

12.1 Clinical Studies

Preliminary clinical trials have indicated positive results of *Hijama* and herbal decoctions in reducing migraine frequency (9,12). *Sharbat-e-Unnab* have shown anti-inflammatory and analgesic effects in laboratory models (10).

13. CONCLUSION

The Unani system presents a well-structured, individualized, and holistic framework for understanding and managing *Shaqīqa* (migraine). By integrating humoral theory, temperament-based diagnosis, and natural therapies, Unani medicine addresses both the root causes and symptomatic expressions of migraine. Modern validation of these therapies through rigorous clinical research will not only enhance credibility but also enrich integrative medical care for migraine sufferers worldwide.

14. DECLARATION BY AUTHORS

Ethical Approval: Not applicable.

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