OPEN ACCESS

Scholars International Journal of Traditional and Complementary Medicine

Abbreviated Key Title: Sch Int J Tradit Complement Med
ISSN 2616-8634 (Print) |ISSN 2617-3891 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Original Research Article

Understanding *Niqris* (Gout) in Unani Medicine: Classical Perspectives on Etiopathogenesis

Ahmad Zeeshan[1]*, Mohammad Shamsul Huda[2], Irfan Ahmad[3], Arshad Kafi[4]

[1]PG Scholar, Department of Mahiyatul Amraz (Pathology), State Unani Medical College and Hospital Old GT Road Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India
[2]PG Scholar, Department of Mahiyatul Amraz (Pathology), State Unani Medical College and Hospital Old GT Road Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India
[3]Professor, Department of Mahiyatul Amraz (Pathology), State Unani Medical College and Hospital Old GT Road Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India
[4]Assistant Professor, Department of Mahiyatul Amraz (Pathology), State Unani Medical College and Hospital Old GT Road Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India

DOI: https://doi.org10.36348/sijtcm.2025.v08i05.005 | **Received:** 17.04.2025 | **Accepted:** 23.05.2025 | **Published:** 27.05.2025

***Corresponding author:** Ahmad Zeeshan
PG Scholar, Department of Mahiyatul Amraz (Pathology), State Unani Medical College and Hospital Old GT Road Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India

Abstract

Gout is a metabolic condition characterized by recurrent episodes of acute arthritis, primarily resulting from the deposition of monosodium urate crystals in and around the joints. Recognized as one of the oldest known diseases, it is referred to as *Niqris* in the Unani system of medicine. This system is based on the Hippocratic concept of the four humours (*Akhlāṭ*): *Dam* (blood), *Balgham* (phlegm), *Ṣafrā'* (yellow bile), and *Sawdā'*(black bile). According to Unani medicine, such disorders arise from an imbalance of these humours, alteration in *Mizāj'*(temperament), and the accumulation of abnormal substances (*Mawad-e-Fasida*) in the joint spaces. Classical Unani physicians believed that *Niqris* typically affects individuals who have an excessive buildup of abnormal humours and are unable to eliminate them from the body. These retained substances settle in the joints, set off inflammatory responses marked by sharp pain, swelling, redness, and heat. This study aims to analyze the Unani perspective on the etiopathogenesis and clinical features of gout, as documented in classical texts, research articles, and manuscripts. The findings highlight the depth of Unani medical understanding and its potential role in guiding effective preventive and therapeutic strategies for the management of gout.

Keywords: Gout, *Niqris*, Etiopathogenesis, *Mahiyatul Amrāḍ*, *'Ilm al-Amrāḍ*, Old Pathology.

INTRODUCTION

Gout is marked by transient attacks of acute arthritis initiated by monosodium urate crystals deposited within and around joints. Whether gout is primary or secondary to another underlying disease the common feature is excessive uric acid in the tissues and body fluids. In the primary form (90% of cases), gout is the major manifestation of the disease; the cause is unknown [1].

Niqris (gout), is a painful and inflammatory condition of the big toes of the feet [2, 8, 9, 21].

Gout affects many aspects of daily living including work and leisure activities. Untreated Gout can lead to permanent joint damage, deformity & stiffness which can affect the quality of life of an individual.

Recent reports of the prevalence and incidence of gout vary widely according to the population studied and methods employed but range from a prevalence of <1% to 6.8% and an incidence of 0.58-2.89 per 1,000 person-years. Gout is more prevalent in men than in women, with increasing age, and in some ethnic groups [3].

MATERIAL AND METHODS

This study draws on both primary and secondary sources, incorporating original classical texts alongside their translations. Research materials were sourced from scholarly articles, journals, academic publications, and library catalogues. The libraries consulted include those of SUMC Prayagraj, Takmeel-ut-Tib Lucknow, AMU Aligarh, NIUM Bangalore, and Jamia Hamdard New Delhi. Additionally,

comprehensive digital searches were conducted on platforms such as PubMed and other pertinent databases.

Historical Background

Renowned Unani physician *Buqrāṭ*(Hippocrates) (c. 460 – c. 370 BC) claims that Niqris is a joint ailment caused by an excess of one of the four humours that might occasionally drop or flow into a joint, producing pain and inflammation [4].

According to Rāzī(865-925), the discomfort begins in one joint and spreads to other joints, including the knees, the bladder, and the rectum. It even affects other feet [5].

Ibn Hubal (1122-1213) says the big toe joint is "Ankorus", the pain and inflammation is called Niqris or Naqras, and the site is called naqroos [2].

According to Alī ibn ʻAbbās Majūsī,(930-994), Gout is a sort of discomfort that primarily affects the great toe joints, but it can also affect the wrist, elbow, and joints in one or both legs [6].

In "*Dhakhīra Khwarizm Shāhī*," Ismāʻīl Jurjānī, (11th century AD) characterizes gout as morbid humours that build up in the tiny joints and cause discomfort and inflammation. The greater toe is primarily affected [7].

A scientist named Die Vielerhadouin (1150-1213) in the 12th century gave it the name "gout" from the Latin word "gutta", which means "fall of matters [8].

Samarqandī a *13th-century Persian physician*, *Niqris* signifies the particular discomfort and swelling that affects the ankle and toes, particularly the great toe. On the other hand, it might affect the fingers and wrist joints [9].

According to Akbar Arzānī(d.1722 AD), *Niqris* refers to pain localized in the ankle joints and toe joints, especially the big toe [10].

Hakim Aʻẓam Khān(1813-1902AD), described *Niqris* as inflammation of the heels and toes, especially the big toes [11].

ETIOLOGY

According to Akbar Arzānī[10]

The pain may occur **with or without swelling**:

- ✓ Without swelling: Usually associated with **simple** *Sū'-i-Mizāj Sādhij* (simple morbid temperament).
- ✓ With swelling: Occurs when a *Mādda'* **(matter)** is involved.
- ➢ The *Mādda* (morbid matter) tends to:
  - Accumulate in muscles surrounding the joints.
  - Occasionally penetrate the *Ribāṭāt*(ligaments).
  - It does not affect *Aʻṣāb(*nerves) or *Awtār* (tendons) hence, *Tashannuj* (spasms) are not a feature.
  - The swelling neither matures nor forms pus, distinguishing it from other inflammations [9].

Causes of Joint Pain Due to Accumulation of *Mādda* (matter)

1. Weakness of Joints

- ❖ The primary reason for *Mādda* retention or migration from other body parts.
- ❖ Factors which help in retention of *Mādda*:
  - ➢ *Sū'-i-Mizāj Mustahkam*(Chronic Ill Temperament)
  - ➢ Excessive physical strain
  - ➢ *Darba* (Trauma or injury)

2. Lack of *Riyāḍat* (Exercise)

- ❖ It leads to the accumulation of waste substances in the joints due to reduced metabolic function.

3. Duʻf -i-Haḍm (Weak Digestion)

- ❖ Results in the formation of *Akhlāṭ Khām* **(raw/unprocessed humours)**, which deposit in the joints.

4. *Betarṭīb Ghidhā'yen* (Poor Dietary Habits)

- ➢ Eating multiple meals without proper intervals.
- ➢ Combining incompatible foods.
- ➢ Excessive alcohol intake.
- ➢ Engaging in exercise or sexual activity immediately after meals.
- ➢ Drinking water in the *Ḥammām*.
- ➢ Bathing with hot water on a full stomach.

5. **Mutaddid Zukām & Nazla(Frequent Cold & Flu)**

- ❖ Mucus accumulation in joints may result in pain.

6.Tark-i-Istifrāgh Mia'd (Discontinuation of Routine Evacuation)

- ❖ Failure to regularly eliminate waste leads to accumulation in joint tissues.

7. Improper Treatment of Colic

- ❖ If intestines are over-strengthened, waste may redirect toward joints.

8. *Kathraṭ Ḥarkat Badaniyya wa Nafsāniyya* (Intense Physical or Emotional Movements)

- ❖ Causes exuberance of humours, resulting in accumulation & deposition in joints.

According to Ibn Sīnā(Avicenna), the etiological substances responsible for *Niqris* as a range of humoural imbalances. These include: *Dam* (pure blood), *Dam-i-Balghamī*(blood mixed with phlegm), *Dam-i-Ṣafrāwī* (blood mixed with yellow bile), *Dam-i-Sawdāwī* (blood mixed with black bile), Phlegm in its pure form, *Balgham-i-Khām* (raw, undigested phlegm), *Mirra* (serous humour), or A compound of multiple humours. He emphasizes that the most prevalent variety of this disorder is *Balgham-i-Mirra* (serous phlegmatic type). The condition primarily affects the joints of the

feet, especially the tarsal and metatarsal regions but may extend to involve the entire foot or even distant sites such as the ears [12].

According to Rāzī (Rhazes), individuals of the following temperamental types are most susceptible to *Niqris*: *Balghami Mizaj* (phlegmatic), *Ṣafrāwī Mizaj* (bilious), *Damawī Mizaj* (sanguine). He identifies *Balgham-i-Khām* (raw phlegm) as the predominant pathological agent. This humour is described as thick and viscous, resembling pus in texture. When allowed to persist, it may lead to *taḥajjur*—a state of stiffness or calcification within the joints [5].

Hakeem A'ẓam Khān attributes the etiology of *Niqris* to two principal factors:*Sū'-i-Mizāj* (deranged temperament) and *Raddi Mawad* (morbid materials) [11].

Nūḥ Al-Qamarī, presents a unique interpretation, suggesting that *Niqris* arises when pathological substances are diverted towards the body's extremities due to an inherent weakness in these regions. The extremities absorb these materials, while the vital organs—due to their stronger *quwwat* (faculties)—attempt to eliminate or neutralize them.[13]

Additional Insights from Ibn Zuhr[14]

- *Akhlāṭ Ḥārr* (Hot humours) commonly settle in the **feet**, causing inflammation and swelling.
- Unlike wound healing, the matter in gout is:
  - Not a surface lesion.
  - Does not resemble blood pooling
- Niqris may arise from *Akhlāṭ Ghayr Ḥāddah* (Non-acute or morbid humours) as well. The earliest manifestation is pain and inflammation in the affected joint. At times,*Ghayr Ṭabī'ī Ghilẓaṭ* (abnormal viscosity) accompanies the condition, leading to a rise in heat.

Predisposing Constitutional Factors [2]

- Congenitally **i**ndividuals with narrow skin pores are more susceptible, due to poor elimination of waste.
- These individuals may have longer lifespans as their *Ḥarārat Gharīziyya* (innate heat) is preserved.

Risk Factors of Gout (*NIQRIS*)

The classical Unani literature provides a comprehensive understanding of the predisposing and precipitating factors involved in the development of *Niqris* (Gout). Prominent Unani scholars, including Ibn Sīnā,, Baghdādī,, Ibn Zuhr, Tabari, Ajmal Khān, and *Samarqandī* have extensively described various risk factors based on humoural theory, temperament, lifestyle, and environmental influences.

1. Humoural Imbalance

A predominant factor in the etiology of gout is the disturbance in the balance of humours, particularly an excess of *Balgham* (phlegm). According to Baghdādī, individuals with phlegmatic dominance are more susceptible to gout due to the accumulation of phlegm in the joints [2].

Ibn Sīnā emphasized that even after purgation, phlegm may return to the affected site under the influence of *Ṣafrā'* (bile), resulting in recurrent attacks.[15] Additionally, the involvement of multiple humours- phlegm, bile, and blood has been acknowledged as a contributing cause.

2. Sū'-i-Mizāj (Temperamental Abnormalities)

Unani physicians assert that an inherent imbalance in the individual's temperament can independently result in joint disorders, even in the absence of significant humoural accumulation.[2]

3. Retention of Waste Substances

The build-up of waste materials within the body plays a critical role in joint pathology. Excessive internal wind (*Riyah*) may lead to joint pain or even dislocation. Baghdādī also mentions that rupture of internal abscesses near joint areas can cause inflammation resembling gout.[2]

4. Physical Constitution and Level of Activity

Ibn Zuhr noted that individuals with structurally small feet or those who abruptly alter their walking patterns are more prone to develop gout. Conversely, habitual walkers and physically active individuals tend to exhibit resistance to the disease [10]. Tabari stressed the importance of considering age, temperament, habits, and dietary practices when evaluating the disease's nature and origin [16].

5. Environmental and Dietary Influences

Environmental exposure and dietary mismanagement are recognized as significant triggers. According to Ajmal Khān, cold weather, rain, and consumption of foods that are cold, moist, or gaseous in nature can provoke severe pain.[17] Sedentary habits, excessive food intake, and engaging in sexual activity immediately after heavy meals are additional contributing factors highlighted by Tabari and others [2,16].

6. Occupational and Lifestyle Hazards

Samarqandī identified various lifestyle and occupational risk factors, including:[9]

- Intense physical exertion
- Chronic indigestion
- Exposure to hazardous substances (e.g., chemicals, paint)
- *Damawī Mizāj* (Sanguine temperament)
- Elevated bodily acidity
- Cold and damp climates
- History of joint trauma
- Persistent emotional stress or psychological distress

7. Chronic Infections

Ajmal Khān also linked chronic infectious conditions such as gonorrhea and syphilis to the development of gout in certain individuals, suggesting an infective or systemic contribution in susceptible patients [17].

8. Seasonal Effect

In a section of *Kitāb al-Fuṣūl* ,Buqrāṭ noted that gout often appears during *rabī'*(spring) and *kharīf* (autumn). Galen explained that in winter, people tend to consume unhealthy foods, which cause the accumulation of waste in the body. When spring arrives, the body becomes active again, and the previously stored waste begins to move and is directed toward weak parts, especially the joints, where it settles and causes disease.

One should not interpret this as a specific claim for gout alone, but as a general explanation for joint pain during these seasons. Galen meant that anyone with a weak joint particularly in the big toe would be more susceptible to gout during these times. Similarly, in autumn, due to overconsumption of fruits during summer, the body accumulates waste. When autumn begins, this waste becomes harmful and is expelled toward the weakest areas, particularly the joints, resulting in joint pain [6].

9. Hereditary

Gout can also be hereditary. If a father has weak joints especially those affected by gout, these weaknesses are passed on to the son through the semen. Thus, the son becomes predisposed to the same condition.[6]

10. Buqrāṭ(Hippocrates)

one of the earliest authorities in Greco-Arabic medicine, noted specific demographic groups who are generally unaffected by *Niqris* (gout). According to his observations, children and eunuchs are rarely afflicted by this disease. He attributed this phenomenon to the absence of sexual activity, which, in his view, plays a role in the accumulation and retention of pathological humours associated with gout. In the case of women, Hippocrates asserted that the regular occurrence of menstruation acts as a natural purgative mechanism, expelling noxious materials from the body. As a result, premenopausal women are less susceptible to gout. However, this protective effect diminishes post-menopause, particularly among women who are: Physically strong, Suffering from *Imtilā'* (congestion) & consuming diets rich in unhealthy or unbalanced foods.[2]

Pathogenesis

Unani pathology is rooted in the concepts of alteration in humors *(Akhlaat)* and materiality (*Maddah*), leading to notable differences between ancient and modern understandings. Early Unani physicians interpreted disease nature through these concepts and developed treatment protocols accordingly.[18]

In Unani Tibb, the concept of *Quwwa* (faculties) within the human body is fundamental. Specifically,*Quwwat Ghādhiya* the (nutritive faculty) is responsible for processes related to nutrition, The *Quwwat Ghādhiya* (nutritive faculty) operates through four distinct functions:

1. *Quwwat Jādhiba*: This is the power of absorption. It starts out with the first food that enters the digestive system.
2. *Quwwat Māsika*: This power of retention helps in holding the ingested food within the digestive system for further processing.
3. *Quwwat Hāḍima*: Known as the power of digestion or transformation, this faculty is responsible for breaking down food into absorbable nutrients.
4. *Quwwat Dāfi'a*: This is the power of propulsion or excretion. It assists in moving the digested material through the digestive tract and expelling waste products from the body.

Together, these faculties work to ensure the proper digestion and assimilation of food, as well as the effective removal of waste, maintaining overall health and balance in the body [19].

Every cell in the body has the ability to digest food because metabolism takes place there, producing a vast array of chemicals and substances.

As per Avicenna, the liver possesses the ability to transform, and it carries out a wide range of functions that benefit the entire body. The liver is the primary organ for most metabolic activities and is regarded as the center of *Quwwat Ṭabī'iyya* (physical faculty). For this reason, Niqris is considered one of the disorders associated with *Haḍm Kabidī* (hepatic metabolism). Various unani scholars associated this illness with compromised liver metabolism ages ago.

As per Samarqandī , He has claimed that the noxious matter that causes gout, or *Mādda,-i-Niqris*, is a by-product of tissue metabolism and that it closely resembles the urinary calculus. One of such illnesses that is associated with *Haḍm Chahārum*(tissue and cellular metabolism) is Niqris [9].

According to Nūḥ Al-Qamarī, the matter is formed as a result of disturbed digestive function and metabolism due to dysfunctioning of liver [13].

Ibn Sīnā has divided it into two categories: *Māddī* (matter) and *Sāda*(simple). Simple is uncommon, and the patient experiences little fatigue, heaviness, and no change in joint color [12]. The sort of *Mādda*(matter) that builds up in the joints determines the symptoms associated with the *Māddī* type [5,7,20]. When *Damawī*

Mādda, or blood, causes it, the joint becomes hot and red and becomes tight. If the *Mādda* is *Safrāwī* (yellow bile) the affected site will be extremely hot and red, with severe pain and a prickling sensation, but there won't be much swelling. This kind carries a high risk of injury [11]. The color of the joint would be the same as skin without any prickling feeling or pain because of the excess phlegm on it. When *Mādda* is *Sawdāwī*, it has a black or green color, little inflammation, and mild discomfort [5].

Allama Qarshī, has described the pathogenesis of this disease in detail in his book Moalijat-e- Nafeesi. He has asserted that *balgham-i-khalis* (true phlegm) cannot reach the joints because of its viscosity, and it can do so only after the admixture of *Mirra* (serous humour) with it. *Balgham-i-Khām*(raw phlegm) although does not flow much towards the joint spaces, it still is the more common cause of arthritis in comparision to the other three humours. With regard to other humours, he has said that they are much less likely to cause this affliction because of their specific properties. *Dam* (blood) is a rare cause because there aren't many blood vessels around the joints. *Ṣafrā'* (yellow bile) owing to its less viscosity and irritant effect will get expelled from the nearest possible route and is less likely to reach the joints. *Sawdā'* (black bile) is a much rare cause because it is highly viscous [21].

Inflammation and pain will occur with a thicker *Mādda*, according to A'ẓam Khān, and they will last longer. When a patient's pain episodes end on their own without the need for medical intervention, a *Mādda* may cause internal organ damage, which could result in life-threatening consequences like asthma, disorientation, or even death [11].

According to Qusta Bin Luqa, humors responsible for *Niqris* are *mirrah ṣafrā* and *balgham luzj* [22].

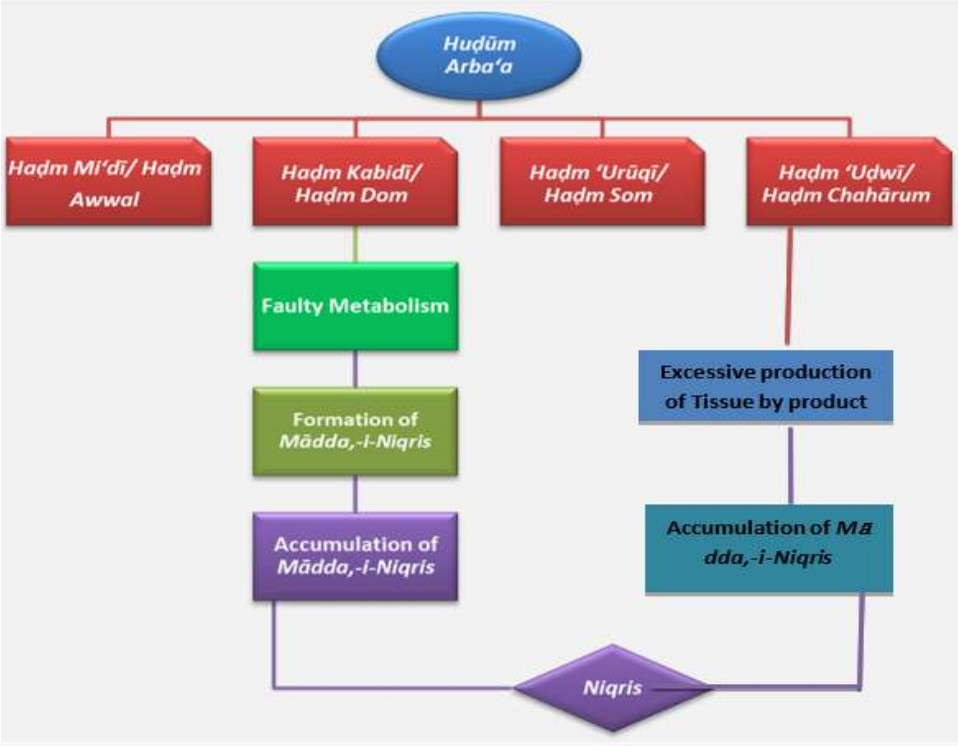

Figure 1: Pathogenesis of Niqris

Classification of *Niqris*:

According to Unani Scholars *Niqris* can be classified as follows: [2,9,11,22]

1. Based on humours (Akhlat) involved

a. Single humours dominance

i. *Damawī*(Sanguineous)
ii. *Safrāwī* (Bilious)
iii. *Balghamī*(Phlegmatic)
iv. *Sawdāwī*(Melancholic)

b. Combined humours dominance

i. Dam-i-Safrāwī
ii. *Dam-i-Balghamī*

2. Based on severity and duration

a. *Hādd*(Acute)
b. *Muzmin* (chronic)

3. Based on the organs involved

a. *Mafāsili*(Articular)-When the symptoms manifest in the joints
b. *Hashwi* (visceral)-when Niqris affect internal organs

Clinical Features:

The clinical presentation of *Niqris* (gout) is influenced by the *Mādda,-i-Niqris* (Noxious matter). The *Mādda,-i-Niqris* (Noxious matter) may be one of the four humours or combination of more than one humour. Therefore, expression of the symptoms and signs are expressed in terms of domination of *Akhlāṭ*(humours) as described below:

A. Based on *sū'-i-mizāj māddi* (illtemperament due to morbid matter) [5]

1) *Mufrad*(Simple humoural Derangement)

❖ ***Damawī* (Sanguinous)**

When the causative matter is damwi, the skin over the affected area appears red. The swelling is pronounced, accompanied by pain and tenderness. The patient experiences relief from cold applications and discomfort from heat.

❖ ***Safrāwī* (Billious)**

In the case of safrawi matter, the affected area shows a reddish hue with a yellowish tint, with the redness being less pronounced compared to damwi. The swelling is also less pronounced, but warmth, mild pain, and itching are present in the area. Patients find relief from cold applications, while warmth exacerbates the condition.

❖ ***Balghamī* (Phlegmatic)**

The skin over the affected area may remain normal or may appear pale or whitish. The swelling is soft, with pain being less intense (a dull ache) but persistent, and the area is not warm. These are characteristic features of this condition. Patients typically present as flaccid and obese, with pale, white skin. They experience worsening of symptoms with cold treatments or substances and benefit from warmth.

❖ ***Sawdāwī* (Melancholic)**

The skin over the affected area appears blackish with a bluish hue and is devoid of warmth. The area is dry, lacking elasticity or shine, and the swelling has a firm consistency. The pain is mild. Cold treatments tend to worsen the symptoms, while hot applications provide relief.

2. *Murakkab* (Combined humoural Derangement)

1. Combined impairment of *Dam* & *Ṣafrā'* (Blood & Yellow Bile)

The patient is young, with a flushed face and prominent blood vessels. They have a tendency to consume hot and spicy foods and pass urine that is fiery or reddish in color. The pulse is described as *Wāsi',Aẓīm,Mutawātir* (broad, large, and continuous). Symptoms worsen with the use of hot treatments but improve with cold measures and bloodletting.

2. Combined impairment of *Balgham* & *Dam* (Phlegm & Blood)

The patient is elderly, with a dark complexion and obesity, displaying slow movements and reduced activity levels. The patient has a history of a sedentary lifestyle, excessive water intake, bathing, and engaging in coitus after meals. Consumption of cold foods may also be noted in the patient's history. The urine is white (colorless) and exhibits increased viscosity. The pulse is described as *Ḍa'īf*, *layyin*, *Mutafāwit*(weak, soft, and irregular). The patient experiences relief from *Ḥārr Tadbīr*(hot treatments).

B. Based on the severity of symptoms, *Niqris* is classified into two types:[9]

1. ***Niqris had* (**acute gout)
2. *Niqris muzmin* (chronic gout)

1. *Niqris had* (acute gout):

Initial symptoms of *Niqris* are as follows:

- ✧ Digestive disturbances
- ✧ Insomnia before an attack
- ✧ Irritability and mood swings
- ✧ Headache and dizziness
- ✧ Sore throat and palpitations
- ✧ Twitching or tingling in small joints of the hands and feet
- ✧ Reduced urine output, dark-colored urine, and increased acidity

After experiencing these initial symptoms, the disease progresses to a full attack.

- ➢ **Timing:** Usually occurs in the latter part of the night.
- ➢ **Initial Pain:** Begins with severe pain, typically in the right big toe joint.
- ➢ **Affected Areas:** Sometimes both big toes, the heel, or the ankle joint may also be involved.
- ➢ **Intensity:** The pain is so severe that it wakes the patient from sleep.
- ➢ **Swelling & Redness:** The affected joint becomes swollen and red.
- ➢ **Limited Movement:** The patient cannot move the toe due to extreme pain.
- ➢ **Extreme Sensitivity:** Even light contact, such as a cloth touching the area, causes intense discomfort.
- ➢ **Fever & Chills:** A slight shivering sensation and fever may occur.
- ➢ **Morning Relief:** Fever subsides in the morning after urination.
- ➢ **Day & Night Cycle:** Pain reduces during the day but worsens again at night.
- ➢ **Duration:** Symptoms gradually subside after 10–12 days.
- ➢ **No Pus Formation:** Unlike other inflammatory conditions, the swelling does not develop pus.
- ➢ **Skin Peeling:** As swelling reduces, the skin on the affected area starts peeling.
- ➢ **Intense Itching:** The peeling skin is accompanied by severe itching.

The joint may either return to its normal state or turn into a Chronic condition with the following symptoms:

2. ***Niqris muzmin*** **(chronic tophaceous gout)**

- ❖ The attacks occur repeatedly, sometimes every few months and sometimes after years.
- ❖ The affected joint becomes permanently deformed and stiff, leading to loss of natural movement.
- ❖ The skin over the joint may turn bluish or remain stretched.
- ❖ Due to excessive tension, the skin may rupture, discharging the characteristic gouty fluid, or ulcers may develop due to scratching.
- ❖ The patient becomes weak and emaciated, with pale skin.
- ❖ Digestive disturbances lead to palpitations and irregular heartbeat.
- ❖ The patient becomes irritable and short-tempered.
- ❖ Muscle spasms and neural pain in the face may occur.
- ❖ Mild fever is sometimes present.
- ❖ The urine appears dark-colored.

CONCLUSION

The Unani perspective on *Niqris* (Gout) presents a thorough interpretation of the condition rooted in the principles of humoral theory. Rather than viewing gout solely as a joint ailment, it is understood as a systemic disorder arising from humoral disequilibrium, shaped by dietary habits, digestive function, and overall lifestyle. Its classification based on the predominance of specific humors—phlegmatic, bilious, melancholic, and sanguine—reflects the sophisticated diagnostic framework inherent in Unani medicine. By identifying key etiological factors such as weak digestion, retention of waste, and the dysfunction of the expulsive faculty, Unani scholars emphasized prevention, temperament-based interventions, and detoxification as foundational to treatment. This holistic and individualized approach remains relevant today, particularly in the context of chronic lifestyle diseases. Revisiting classical Unani doctrines on *niqris* enriches contemporary understanding of gout, invites integrative approaches in its management, and underscores the enduring value of traditional medical knowledge in addressing complex chronic conditions.

Acknowledgements: Not Applicable

Conflict of Interest: No

REFERENCES

1. Kumar, V, Abbas, A. K & Aster, J.C(2020). Robbins & Cotran Pathologic Basis of Disease (10th ed., pp.1204), New York, Elsevier.
2. Baghdadi, IH. (2002). Kitabul Mukhtarat fit Tibb (Vol 4, pp. 79-93), CCRUM, New Delhi.
3. Dehlin, M., Jacobsson, L. & Roddy, E. (2020). Global epidemiology of gout: prevalence, incidence, treatment patterns and risk factors, Nature Reviews Rheumatology.
4. Hussain SA (2003). Jahane Tib(pp.36-42), New Delhi, CCRUM.
5. Razi, AMBZ. (2000). Kitab al Hawi fi al-Tib (Vol 11, pp.75-76), New Delhi, CCRUM
6. Majusi, AA. (2010). Kamilus Sana (Vol 2, pp.507-514), New Delhi, Idara Kitabus Shifa.
7. Jurjani, I. (2010). Zakheera Khwarzam Shahi (Vol 6, pp.637-648), New Dehli, Idara Kitabus Shifa.
8. Akram, M., Usmanghani, K., Ahmaed, I.,Azhar, I., & Hamid, A. (2014). Comprehensive Review on Therapeutic Strategies of *Gouty Arthritis.* Pak. J. Pharm. Sci., 27(5): 1575-1582
9. Kirmani, NBA. (2011). Sharah Asbaab(pp.172-173), New Delhi, Idara Kitaushshifa.
10. Arzani, A., Tibb Akbar(pp.617-625), New Delhi, Idara Kitabus Shifa.
11. Khan Azam M. (2011). Akseere Aazam (Al Akseer, Urdu translated by Mohd Kabeeruddin) (pp.846-847), New Delhi, Idara Kitabul Shifa.
12. Ibne Sina (2010). Al Qanoon fi al-Tib(pp.1121-1122), New Delhi, Idara Kitab us Shifa.
13. Qamri, HMA. (2008). Ghina Muna(pp.343), New Delhi, CCRUM.
14. Ibn Zuhr (2000). Kitabul Taiseer(pp.619-620), New Delhi, CCRUM.
15. Jaleel, A. (2008). Tazkira e Jaleel(pp.358-359), New Delhi, CCRUM.
16. Tabri, RS. (2010). Firdausul Hikmat Fit Tibb(pp.497), New Delhi, CCRUM.
17. Khan Ajmal, Hazique(pp.534-535), Karachi, Madina publishing committee.
18. Huda, MS., Ahmad, I., Kafi, A. & Fatima, SZ. (2025). Unveiling the sources and references (*Marajey Wa Masadir*) of Ilmul Amraz: a perspective from Unani medicine. Int J Pharmacognosy 12(3): 185-95. doi link: http://dx.doi.org/10.13040/IJPSR.0975-8232.IJP.12(3).185-195.
19. Ahmad, SI. (2009). Introduction to Al-Umur-Al-Tabiyah(1st ed., pp.164-167), New Delhi, Saini Printers
20. Razi, AMBZ. (1991). Kitab al-Mansoori (1st ed., pp.391), New Delhi, CCRUM.
21. Nafees Ibn. (1906). Moalijat-e-Nafeesi(Translated by S.A. Hussain) (pp.424-429), Lucknow, Munshi Nawal Kishore.
22. Looqa, Q.(2007). Risala Fi Auja Al-Niqris (Urdu Translation by prof Hkm Syed Zillur Rehman) (pp.68-137), Aligarh, Ibn Sin Academy Dodhpur.