

A COMPREHENSIVE REVIEW ON YARQAN (JAUNDICE) IN UNANI MEDICINE AND ITS MODERN CORRELATION

Dr. Nahid Anjum^{1*}, Dr. Obaidullah Shameem², Dr. Rakhshinda Baig³, Dr. Abdul Quavi⁴

^{1,2}PG Scholar Department of Ilmul Jarahat (Surgery), State Takmeel-Ut-Tibb College and Hospital, Lucknow, UP, India.

³Reader, Department of Ilmul Jarahat (Surgery), State Unani Medical College and Hospital, Pryagraj, UP, India.

⁴Professor and HOD, Department of Ilmul Jarahat (Surgery), State Takmeel-Ut-Tibb College and Hospital, Lucknow, UP, India.

*Corresponding author: Dr. Nahid Anjum

PG Scholar Department of Ilmul Jarahat (Surgery), State Takmeel-Ut-Tibb College and Hospital, Lucknow, UP, India.

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ABSTRACT

Jaundice, known as *Yarqān* in Unani medicine, is a pathological condition characterized by yellow discoloration of the skin, sclera, and mucous membranes due to an increase in the concentration of bilirubin in the blood.^[1,2,7] In the Unani system of medicine, *Yarqān* (jaundice) mainly happens when **Safra (yellow bile)** in the body increases too much or becomes unhealthy resulting in hepatic dysfunction and systemic disturbances.^[1,2,4] Unani scholars such as Hippocrates, Ibn Sina (Avicenna), Al-Razi, and Jurjani have elaborated on its etiopathogenesis, clinical features, and management, emphasizing the role of humoral imbalance and liver derangement (*Su'-e-Mizaj-e-Kabid*).^[1,2,5] The Unani approach to management focuses on restoring humoral balance through *Ilaj bil Ghiza* (dietotherapy), *Ilaj bil Dawa* (pharmacotherapy), and *Ilaj bit Tadbeer* (regimental therapy), using natural hepatoprotective (*muqawwi-e-kabid*) and *mushil-e-safra* (chologogue agents) such as *Kasni* (*Cichorium intybus*), *Banafsha* (*Viola odorata*), and *Tukhm-e-Karafs* (*Apium graveolens*).^[1,3,5] This review highlights the traditional concepts of *Yarqān*, its correlation with modern hepatobiliary pathology, and the therapeutic relevance of Unani formulations in the management of jaundice.^[7,10]

KEYWORDS: *Yarqān*, Jaundice, Safra, Liver Disorders, Hepatoprotective.

2. INTRODUCTION

Jaundice (icterus) is a condition marked by yellowing of the skin, eyes, and mucous membranes due to elevated bilirubin levels. It is a symptom of underlying liver or bile disorders rather than a disease itself.^[7,10] In Unani medicine, it is known as *Yarqān*, caused by an imbalance or excess of **Safra (yellow bile)**, one of the four humors. The **liver (Kabid)** is considered central to its development and treatment.^[1,2,3]

Modern medicine classifies jaundice as **pre-hepatic, hepatic, or posthepatic**, based on its cause, while Unani medicine explains it through **humoral imbalance, temperament (Mizaj), and lifestyle factors**.^[7,8,12]

Classical Unani scholars like **Ibn Sina, Al-Razi, and Jurjani** described *Yarqān* as resulting from excess Safra spreading into tissues, producing yellow discoloration and other

symptoms such as nausea, fatigue, and liver discomfort.^[1,3,6]

Unani treatment focuses on restoring humoral balance using **dietotherapy (Ilaj bil Ghiza), pharmacotherapy (Ilaj bil Dawa), and regimental therapy (Ilaj bit Tadbeer)** with mild purgatives, hepatotonics, and lifestyle changes.^[1,5,8]

This review integrates Unani concepts with modern hepatology to highlight the therapeutic potential and scientific relevance of traditional Unani treatments for jaundice.^[7,10,13]

3. UNANI CONCEPT OF YARAQAN (JAUNDICE)

The term *Yarqān* refers to pathological yellow discoloration visible in the sclera, skin, and nails, resulting from the accumulation of Safra within the bloodstream and body tissues. Ibn Sina, in *Al-Qanun fi'l-Tibb* (The Canon of

Medicine), describes Yarqān as a condition in which altered or excessive Safra infiltrates the peripheral tissues due to hepatic dysfunction or obstruction in bile excretion. Jurjani, in *Zakhira Khwarzam Shahi*, emphasized that Yarqān signifies an underlying derangement of hepatic temperament (*Su'-e-Mizaj-e-Kabid*), leading to the dissemination of bile throughout the body.^[1,3]

3.1 Role of Liver (Kabid) and Temperament

Classical Unani texts describe the liver as the “seat of sanguification and bile regulation” (*Masdar-e-Akhlāt*). Any disturbance in hepatic temperament— hot, cold, moist, or dry—can result in impaired digestion of humors (*Hazme-Dom*), ultimately leading to conditions like Yarqān. Excessive heat in the liver causes putrefaction of Safra, while obstruction (*Insidad*) results in the retention of bile, both culminating in jaundice.^[1,2,6]

4. Etiology and Pathogenesis (Asbāb-e-Marz) of Yarqān

The etiology of *Yarqān* in Unani medicine is deeply rooted in the principles of humoral imbalance and hepatic dysfunction. Classical Unani scholars explain that Yarqān arises due to qualitative or quantitative disturbances in *Safra* (yellow bile), affecting the liver’s ability to purify and expel this humor.

The pathogenesis involves derangement of hepatic temperament (*Sue'-e-Mizaj-e-Kabid*), obstruction in bile flow (*Sudda*), or putrefaction of humors (*Tafsīd-e-Akhlāt*).^[1,2,3]

5. Clinical Features (Alamat) of Yarqān

The clinical presentation of *Yarqān* is determined by the type of humoral imbalance, the severity of hepatic derangement, and the presence of any obstructive pathology. Classical Unani texts provide detailed descriptions of signs and symptoms, emphasizing both systemic and localized manifestations.

General Signs and symptoms

5.1 Yellow Discoloration (Peelia)

○ The hallmark of Yarqān is yellowing of the skin, sclera, nails, and mucous membranes, reflecting the accumulation of Safra in peripheral tissues. ○ Ibn Sina noted that the intensity of yellow correlates with the severity of humoral derangement.^[1,2]

5.2 Urinary and Fecal Changes

○ Dark-colored urine (*Bawl-e-Aswad*) due to bile pigments.
○ Pale or clay-colored stools resulting from impaired bile flow, especially in obstructive Yarqān.^[3,7]

5.3 Digestive Symptoms

○ Loss of appetite (*Nuqsan-e-Shahwat-e-Ta'am*).
○ Nausea and occasional vomiting.
○ Bitter taste in the mouth (*Tadhkar-e-Murakhkha*), reflecting Safra’s toxic quality.^[1,4,10]

5.4 Systemic Weakness

○ Fatigue, lethargy, and general malaise.
○ Heat intolerance and restlessness are often observed in *Safrāwī Yarqān*.^[1,4,10]

Pulse Changes: According to Jurjani, hyperactive and rapid pulse may be observed in hot humoral predominance.^[1,6,3]

6. Modern Correlation of Jaundice

Jaundice, clinically recognized as hyperbilirubinemia, manifests when serum bilirubin levels exceed 2–3 mg/dL. Modern medicine categorizes jaundice based on the underlying pathophysiological mechanism into **pre-hepatic, hepatic, and post-hepatic** types, each of which can be correlated with Unani classifications.

6.1 Pre-Hepatic (Hemolytic) Jaundice

- **Pathophysiology:** Excessive breakdown of red blood cells increases unconjugated bilirubin in the blood, overwhelming hepatic clearance.
- **Clinical Features:** Mild yellow discoloration, dark urine usually absent, normal-colored stools.^[7,10]
- **Unani Correlation:** May partially align with *Damwī Yarqān*, where blood impurity contributes to yellowing, though Safra involvement is minimal.^[1,2]

6.2 Hepatic (Hepatocellular) Jaundice

- **Pathophysiology:** Liver cell dysfunction, due to viral hepatitis, alcoholic liver disease, or drug-induced hepatotoxicity, leads to impaired conjugation and excretion of bilirubin.
- **Clinical Features:** Yellow sclera and skin, dark urine, variable stool color, fatigue, nausea, and mild hepatomegaly.^[12,15]
- **Unani Correlation:** Closely matches *Safrāwī Yarqān*, as classical texts describe hepatic derangement and systemic manifestations arising from Safra predominance.^[1,6]

6.3 Post-Hepatic (Obstructive) Jaundice

- **Pathophysiology:** Obstruction of bile ducts, due to gallstones, tumors, or strictures, prevents bile excretion into the intestine.
- **Clinical Features:** Dark urine, pale stools, pruritus, abdominal discomfort, and hepatomegaly.^[16,17]
- **Unani Correlation:** Analogous to *Suddī Yaraqān*, characterized by bile obstruction (*Sudda-e-Kabid*), dark urine (*Bawl-e-Aswad*), and pale stools.^[3,8]

7. Unani Treatment of Yarqān (Jaundice)

The management of *Yarqān* in Unani medicine is holistic and multifactorial, focusing on the restoration of humoral balance, hepatic detoxification, and improvement of systemic health. Treatment strategies are categorized into **Ilaj bil Ghiza (Dietotherapy)**, **Ilaj bil Dawa (Pharmacotherapy)**, and **Ilaj bit Tadbeer (Regimenal Therapy)**.^[1,2]

7.1 Ilaj bil Ghiza (Dietotherapy)

Dietary management is considered the cornerstone of Yarqān treatment, aiming to reduce excess *Safra*, enhance hepatic function, and prevent further humoral imbalance. Classical Unani texts recommend:

- **Light and Easily Digestible Foods**
 - Rice, barley, khichdi, soft-boiled vegetables.
- **Hepatoprotective Foods**
 - Kasni (*Cichorium intybus*), Banafsha (*Viola odorata*), and fresh fruits with cooling properties.
- **Avoidance of Hot and Dry Foods**
 - Spices, fried foods, red meat, and excessive salt, which exacerbate *Safra* predominance.
- **Hydration and Cooling Beverages**
 - Sikanjabeen (lemon-honey drink), sharbat-e-bazoori, and coconut water help balance internal heat and promote bile clearance.

The dietary regimen is individualized according to **temperament (Mizaj)**, age, and severity of jaundice, emphasizing moderation, frequent small meals, and avoidance of overeating.^[1,5,8]

7.2 Ilaj bil Dawa (Pharmacotherapy)

Pharmacological intervention involves the use of single or compound Unani formulations aimed at **detoxifying Safra, supporting hepatic function, and facilitating bile excretion**. Key agents include.

- **Hepatoprotective Drugs (Muqawwi-e-Kabid)**
 - Tukhm-e-Kasni (*Cichorium intybus*), Revand Chini (*Rheum emodi*), Banafsha (*Viola odorata*).
- **Cholagogues (Mushil-e-Safra)**
 - Tukhm-e-Karafs (*Apium graveolens*)
- **Compound Formulations**
 - *Majun Dabeed ul ward, Arq maqo, Arq qasni, Majun Shirin, Safoof-e-Muqawwi-e-Kabid, Sharbat-e-Kasni*, used according to humoral type and clinical severity.

Dosage, duration, and choice of formulation are guided by classical principles of **temperament matching** and modern clinical evaluation.^[1,7,10]

7.3 Ilaj bit Tadbeer (Regimenal Therapy)

Regimenal interventions complement diet and pharmacotherapy, aiming to **eliminate excessive Safra and restore humoral equilibrium**

- **Fasd (Therapeutic Phlebotomy)**
 - Indicated in Safrāwī Yaraqān with hyperactive humoral predominance, to reduce systemic toxicity.
- **Hijama (Cupping Therapy)**
 - Applied on hepatic region to improve circulation, promote bile drainage, and relieve hepatic congestion.

- **Warm Compresses and Massage**

- Light abdominal massage with olive oil or *Roghan-e-Kasni* aids liver function and bile movement.

- **Lifestyle Modifications**

- Adequate rest, avoidance of stress, and temperate environmental exposure are emphasized to prevent aggravation of *Safra*.^[1,6,5]

Modern Management of Jaundice

1. Principles of Management

The management of jaundice is directed towards identifying and treating the underlying cause, along with providing supportive care and preventing complications. A systematic approach involving clinical assessment, biochemical investigations, and imaging is essential for appropriate diagnosis and treatment.^[20]

2. Specific Management

2.1 Pre-hepatic (Haemolytic) Jaundice

Management is aimed at reducing haemolysis and treating the underlying cause. Corticosteroids are used in autoimmune haemolytic anaemia, and blood transfusion may be required in severe anaemia. Folic acid supplementation is recommended in chronic haemolytic states.^[19,20]

2.2 Hepatocellular Jaundice

Common causes include Hepatitis A, Hepatitis B, Hepatitis C, and Cirrhosis.

Acute Hepatitis

Management is primarily supportive, including adequate nutrition and fluid intake. Bed rest is not routinely required but may be advised in severe cases.

Chronic Viral Hepatitis

Treatment includes antiviral therapy depending on the etiological agent, along with regular monitoring of liver function and viral markers.

Alcohol-related Liver Disease

Management includes complete abstinence from alcohol, nutritional support, and corticosteroids in selected severe cases.

Advanced Liver Disease

Complications such as ascites and hepatic encephalopathy should be managed with diuretics and lactulose, respectively. Liver transplantation is the definitive treatment for end-stage liver disease.^[20]

2.3 Cholestatic (Obstructive) Jaundice

Management involves relief of biliary obstruction through endoscopic or surgical interventions, such as ERCP with stenting or stone extraction. Antibiotics are required in cases of ascending cholangitis.

2.4 Neonatal Jaundice

Phototherapy is the mainstay of treatment, while exchange transfusion is reserved for severe hyperbilirubinaemia. Adequate feeding is essential.^[20]

Management of Symptoms and Complications

Pruritus

Cholestyramine is the first-line agent. Rifampicin may be used in resistant cases.

Coagulopathy

Vitamin K supplementation is indicated in prolonged prothrombin time, while fresh frozen plasma may be required in severe bleeding.^[19,20]

Monitoring and Follow-up

Regular monitoring includes serial serum bilirubin levels, liver enzyme measurements, and coagulation profile. Imaging studies should be performed when clinically indicated.^[20]

8. Comparative Analysis with Modern Therapy

While modern hepatology relies on pharmacologic agents, surgical interventions, and supportive care, Unani medicine provides

- **Complementary Strategies:** Emphasis on diet, lifestyle, and noninvasive interventions.
- **Humoral and Systemic Approach:** Treats underlying imbalance rather than only symptom suppression.
- **Potential Synergy:** Integration of Unani hepatoprotective agents with conventional therapy may accelerate recovery, improve liver function, and reduce recurrence.

Challenges include the need for standardized herbal formulations, dose optimization, and high-quality clinical trials to validate efficacy and safety according to modern regulatory standards.^[14,15,16]

9. CONCLUSION

Jaundice (*Yarqān*) represents a significant hepatobiliary disorder that has been comprehensively described within the Unani system of medicine. Classical Unani scholars, including Ibn Sina, Al-Razi, and Jurjani, emphasized the central role of humoral imbalance—particularly the predominance or corruption of *Safra*—in its pathogenesis.^[1,2,3] The disease manifests with systemic and localized signs such as yellow discoloration of the skin and sclera, digestive disturbances, and general malaise.^[2,3] Unani treatment is holistic, focusing on **dietary regulation (Ilaj bil Ghiza), pharmacotherapy with herbal formulations (Ilaj bil Dawa), and regimenal therapy (Ilaj bit Tadbeer)**, all tailored according to individual temperament and severity of the condition.^[1,3,4]

Modern medical correlation supports the relevance of classical descriptions, aligning *Safrawī Yarqān* with hepatocellular jaundice, *Suddī Yaraqān* with obstructive jaundice, and *Damwī Yarqān* with hemolytic conditions.^[4,5]

Contemporary research has validated the hepatoprotective, choleric, and antioxidant properties of classical Unani herbs, highlighting their potential as complementary interventions alongside conventional therapy.^[4] However, challenges remain in standardization, dose optimization, and rigorous clinical evaluation.^[4,5]

Integrating Unani principles with modern diagnostics and evidence-based treatment can enhance patient outcomes, providing a framework for **holistic and personalized management of jaundice**.^[1,3,4,5] Future research should prioritize clinical trials, phytochemical investigations, and integrative protocols to scientifically substantiate the therapeutic efficacy of Unani interventions.^[4,5]

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