

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
www.unanijournal.com
IJUIM 2025; 9(2): 209-214
Impact Factor (RJIF): 6.59
Peer Reviewed Journal
Received: 06-06-2025
Accepted: 07-07-2025

Md Shahid Raza
Assistant Professor,
Department of Dermatology &
Cosmetology (Amraze Jild wa
Tazeeniyat), F/O Al Farooque
Unani Medical College &
Hospital, Bye Pass Road,
Village Arandiya, Indore,
Madhya Pradesh, India

Mohd Arshad Jamal
Associate Professor,
Department of Dermatology &
Cosmetology (Amraze Jild wa
Tazeeniyat), National
Institute of Unani Medicine,
Kottigepalya, Magadi Main
Road, Bengaluru, Karnataka,
India.

Suresh Kumar Saral
Assistant Professor,
Department of Ilaj Bit
Tadbeer, Dr Abdul Ali Tibbiya
college and hospital, katauli,
Maliabad Lucknow Uttar
Pradesh, India.

Corresponding Author:
Md Shahid Raza
Assistant Professor,
Department of Dermatology &
Cosmetology (Amraze Jild wa
Tazeeniyat), F/O Al Farooque
Unani Medical College &
Hospital, Bye Pass Road,
Village Arandiya, Indore,
Madhya Pradesh, India

Managing warts (*Tha'ālīl*) in Unani medicine: A comprehensive review

Md Shahid Raza, Mohd Arshad Jamal, Suresh Kumar Saral

DOI: <https://doi.org/10.33545/2616454X.2025.v9.i2c.362>

Abstract

The prevalent culprit behind warts is the Human papillomavirus (HPV), affecting a significant portion of the population at some juncture in their lives. In Unani medicine, warts are analogous to *Tha'ālīl*. Diagnosis primarily hinges on clinical examination, typically through visual inspection. Effectively treating warts necessitates both persistence and a discerning approach, tailored to the specific type and location of the ailment; failure to do so may lead to cosmetic complications or recurrence. Indications for intervention encompass factors such as pain, functional interference, aesthetic concerns, and potential malignancy risk. Contemporary medicine provides an array of treatment modalities for this condition. Similarly, Unani medicine outlines diverse therapeutic principles, including internal drug administration, external application of remedies, and parasurgical interventions (e.g., *Fasqad* (Phlebotomy), *Al-Kayy bi'l Adwiya al-Muḥarriqa* (cauterization with caustics) and *Al-Kayy bi'l Nār* (cauterization with heated metals). These indigenous approaches represent minimally invasive procedures and encompass a holistic framework. This review provides valuable insights for practitioners and researchers delving into Unani approaches for *Tha'ālīl*, offering a concise resource for effective treatment strategies.

Keywords: *Tha'ālīl*, Unani, warts, review, *masse*

Introduction

Warts, clinically termed verrucae, are benign skin growths induced by the human papillomavirus (HPV) ^[1]. These growths exhibit a rough texture and can emerge across various anatomical regions. Variants encompass Verruca vulgaris (common warts), plantar warts (predominantly found on the foot's sole), genital warts, flat warts (smaller, smoother lesions mainly on facial and extremity surfaces), focal epithelial hyperplasia, Epidermodysplasia verruciformis and Plantar cysts ^[1, 2].

Transmission occurs through direct or indirect contact with the HPV virus, with increased vulnerability in individuals with compromised immune systems, skin trauma, or specific environmental exposures. Any disruption to the normal epithelial barrier heightens the risk of wart development ^[2, 3].

Diagnosis in modern medical practice typically relies on visual examination ^[4]. Although generally benign, warts can cause discomfort or pain depending on their location. Treatment methods encompass topical applications (like salicylic acid), cryotherapy (freezing), laser interventions, or surgical excision, especially for persistent or recurring lesions ^[4, 5, 6].

Warts prevail among individuals of Caucasian ethnicity, affecting approximately 10% of the global population. In school-aged children, the prevalence can rise to 10-20%. ⁷ They are more frequently observed in immunocompromised individuals and those engaged in meat handling. Although they can manifest at any age, they are relatively uncommon in infants and young children, peaking between 12 to 16 years of age. Caucasians exhibit a twofold higher incidence compared to individuals of Black or Asian descent. Focal epithelial hyperplasia, or Heck disease, demonstrates higher prevalence in Inuit and American Indian populations. Moreover, warts occur with a relatively equal male-to-female ratio ^[3, 7, 8].

Material and Methods

This comprehensive review on "Managing Warts (*Tha'ālīl*) in Unani Medicine" employs a dual methodology approach, integrating contemporary perspectives with traditional Unani insights. For the contemporary perspective, a systematic search was conducted on reputable online databases including PubMed, Google Scholar, and relevant medical journals, utilizing

keywords related to warts. Simultaneously, the Unani aspect delves into classical Unani texts by conducting an in-depth search of books and manuscripts related to Warts. Data extracted from both contemporary and traditional sources underwent thorough analysis and synthesis, aiming to provide a comprehensive understanding of the management of warts in Unani Medicine. Given the reliance on pre-existing materials and literature review, no ethical approval was required for this study.

Literature findings

Understanding Warts in Unani Perspective

Unani medicine encompasses a treasure trove of knowledge dedicated to preserving human health and restoring it when compromised. Within this medical domain, there is an extensive and profound understanding of every bodily system. In the context of the integumentary system, there is also a substantial amount of information available, including details about warts. In the realm of Unani medicine, warts are analogous to *Tha'ālīl* or colloquially '*masse*,' manifest as prominent, small, hardened growths on the external surface of the skin and are classified as a form of cold benign tumor (*Awram Ghayr Hārra*) [9, 10, 11].

Classifications

Unani medicine presents an intricate system of categorizing warts, meticulously detailing nuanced manifestations that offer profound insights into their inherent nature. Every unique type, defined by specific attributes, reveals a varied appearance, demonstrating the depth of comprehension encapsulated within Unani medicinal wisdom. The classifications are as follows:

- **Masāmīr (Pedunculated warts):** Warts, characterized by pointed tips and round edges, possess a delicate root deeply embedded in the tissue, akin to a nail (*masāmīr*) firmly lodged in the flesh. This nomenclature stems from their resemblance to such. Their whitish hue is a distinctive trait attributed to their originating material. They commonly occur on the legs, toes, and lower extremities [12, 13, 14, 15].
- **Qurun:** Warts with slanting edges are distinguished by their elongated form and well-defined edges. The appellation '*qurun*' (horns) has been attributed to them due to their horn-like appearance [10, 11, 13, 15].
- **Adasiyya:** This type of wart typically manifests on the forehead and face. They exhibit a distinctive shape resembling lentil seeds, with a size approximately that of a lentil seed. These warts are characterized by their yellow coloration [16].
- **Hinjayya:** They also commonly appear on the forehead and face and are characterized by a shape resembling wheat grains, with a size approximately that of wheat grain. These warts exhibit a distinctive reddish coloration [16].
- **Tiniyya:** They are spherical, large, and characterized by scattered patches of scales. Their shape closely resembles a fig, and upon close examination, scales and grains become visible. It is the worst type among the various types of warts [16].
- **Tha'ālīl Mankusa:** These types of warts are characterized by a non-inflammatory nature and appear as smooth, hard swellings with a rounded shape [17].
- **Tha'ālīl Mutashiqqia:** These warts exhibit a fissured

and round fibrous appearance [15].

- **Tha'ālīl Mutaqeeha:** They are characterized by a purulent nature with pus present underneath, often referred to as "*Trishus*" [15].

Etiopathogenesis

According to the principles of Unani medicine, the body's equilibrium relies on the balance of four humours: *Dam* (blood), *Balgham* (phlegm), *Safra* (yellow bile), and *Sawdā* (black bile). Disturbances in the quality and quantity of these humours are considered to produce pathological changes due to morbid humour leading to the development of any ailment [9, 10, 11].

In the context of warts, their genesis lies in the presence of excessively viscous, thick, and desiccated morbid matter, whether it is of phlegmatic (*Balghami*) or melancholic (*Sawdāwī*) origin, or a combination of both. This morbid material is expelled towards the surface of the skin by *Ṭabī'at (medicatrix naturae)* in a state of heightened potency. However, the formation of phlegmatic matter occurs when it becomes entrapped in tiny blood vessels and subsequently dries up due to external factors such as heat, sunlight, and so forth [9, 10, 15].

In specific instances, the etiopathogenesis of warts is correlated with blood or bile. Stagnation and increased density, compounded by factors like inflammation and putrefaction, may cause the conversion of this material into sanguineous black bile or bilious black bile, thereby contributing to the development of warts [12, 16].

Clinical Presentation and Diagnosis of Warts

Most warts are typically asymptomatic but may cause cosmetic concerns or, rarely, localized pain. Plantar warts, subjected to pressure and friction, can be notably painful, potentially causing discomfort and hindering walking ability or wearing shoes. These warts usually manifest as irregular papular growths, varying in size from 1 mm to several centimeters, primarily on extremities [1, 3].

Different wart types present specific characteristics: flat warts appear as fleshy growths, commonly ranging from 1-7 mm in size and occurring in large numbers. Butcher's warts, observed in those handling raw meat, often resemble cauliflower-like structures and tend to be larger. Focal epithelial hyperplasia appears as whitish papules in the oral cavity, typically arranged in clusters. Cystic warts, found on weight-bearing surfaces like the sole, usually have a smooth appearance [3].

Diagnosing warts primarily involves a clinical examination and observation of physical findings. Laboratory tests, including the immunohistochemical detection of HPV structural proteins or viral DNA identification through methods like Southern blot hybridization or polymerase chain reaction, serve to confirm the presence of the virus. However, it's important to note that HPV might not always be detectable, especially in older lesions [4, 5].

In cases where diagnostic uncertainty persists, a biopsy may be obtained to validate the diagnosis. Moreover, paring a wart - a process of removing the surface layer - often reveals tiny black dots, indicating thrombosed capillaries [5].

Treatment / Management

Treatment options for warts are determined based on factors such as symptoms, patient preferences, and cost. Although there are several treatments available, none of them

demonstrate high effectiveness, often resulting in recurring warts. Typically, it is advisable to begin with the least expensive and least painful treatment [5].

For cases involving multiple recurrent warts, more costly and invasive treatments are usually considered. Additionally, observation is an integral part of the treatment plan, given that nearly two-thirds of warts tend to spontaneously disappear within 24 months. It is important to note, however, that there is a slight risk of the wart enlarging or spreading to other areas during this period. Initially, topical agents are commonly utilized. Salicylic acid, a readily available over-the-counter option, is frequently used for common warts and has success rates ranging from 50% to 70%. Other topical treatments like cryotherapy, retinoic acid, podophyllin, topical 5-fluorouracil, interferon, and imiquimod are also employed [6].

In cases of persistent warts, Cidofovir, known for its effectiveness in treating CMV infections in HIV patients, has shown promise. Additionally, 5-Fluorouracil, typically used for actinic keratosis, has been applied under occlusion for 30 days to treat warts. Tretinoin, a derivative of vitamin A, has shown partial success in treating flat warts. In some patients, intralesional injections with immunotherapy (using candida), bleomycin, and interferon alfa have been reported to be effective [6, 7].

There have been attempts at systemic treatments using substances like cidofovir, cimetidine, and retinoids. Nonpharmacological therapies, including adhesiotherapy, hypnosis, hyperthermia, propolis, and various plant extracts, are also considered. However, due to a lack of controlled trials and the fact that warts can resolve on their own, the effectiveness of these treatments remains uncertain. Surgical options like cryotherapy, laser therapy, electrodesiccation, and excision are available for cases where other treatments have not been successful [7, 8].

Management in Unani System of Medicine

Unani medicine employs four modes of treatment, namely '*Ilāj bi'l Ghidhā'*' (Dietotherapy), '*Ilāj bi'l Tadbīr*' (Regimenal therapy), '*Ilāj bi'l Dawā'*' (Pharmacotherapy), and '*Ilāj bi'l Yad*' (Surgical interventions), tailored to address any diseases with specific priorities [11].

'*Ilāj bi'l Ghidhā'*' (Dietotherapy)

Unani physicians advocate a specific dietary approach, advising patients to consume *Ghidhā' Laṭīf*. This diet aims to produce fine and thin consistency humours. For example, chicken soup, vegetable soup, eggs, and *Khameri roti* (leavened bread). Additionally, patients are encouraged to consume a diet with a wet temperament known as *Ghidhā' Raṭb*, which contributes to increasing moisture levels within the body. Avoid diets that produce viscous phlegm and black bile [16, 20, 21].

'*Ilāj bi'l Tadbīr*' (Regimenal therapy)

Unani medicine offers different regimens based on the specific underlying causes of warts. For instance, if warts appear and symptoms of a predominance of blood are evident, it is advised to perform *Faṣḍ* (phlebotomy) [10, 15]. This approach stems from the understanding that sometimes, blood, on its own, gets trapped in tiny blood vessels, cools down, thickens, and turns into black bile. Subsequently, this altered blood migrates towards the skin's surface, leading to the development of warts [15].

After phlebotomy, or if sanguineous symptoms are not predominant, evacuation is recommended by using a purgative of phlegm and black bile (*Mushil-i-balgham wa Sawdā'*). Before this, a concoction of phlegm (*Balgham*) and black bile (*Sawdā'*) should be given to facilitate the easy evacuation of the matter [1, 15, 16]. *Ma'al usool* is best concoction in cases of warts [16]. The Table No.1 outlines the specific components, quantities, and method utilized in the preparation of this concoction.

Table 1: *Ma'al usool* used as a concoction of phlegm (*Balgham*) and black bile (*Sawdā'*) [22]

S.no	Unani Name/ Scientific Name	Part used	Quantity (grams)	Method
1.	<i>Maweez (Vitis vinifera Linn.)</i>	Seedless dried fruits	60	Cook all the medicines in 2 liters of water until only 1 liter of water remains. Then, strain it and use it. Dose: 130 ml with 10 ml of <i>Roghane arandi</i> or 15 ml of <i>Roghane Badadam talkh</i> Frequency: once a day for 12-40 days or until the symptoms of concoction appear.
2.	<i>Karafs (Apium graveolens L.)</i>	(Post) bark of root	35	
		Seed	14	
3.	<i>Bādiyān ((Foeniculum vulgare Mill.)</i>	(Post) bark of root	35	
		seeds	14	
4.	<i>Kibr (Capparis spinosa L.)</i>	(Post) bark of root	17	
5.	<i>Anisoon (Pimpinella anisum L.)</i>	Seed	14	
6.	<i>Izkhar (Cymbopogon martinii [Roxb.] Wats.)</i>	Root	14	
7.	<i>Balsan (Commiphora opobalsamum L.)</i>	Wood	10.5	
		Dried fruits	10.5	
8.	<i>Buzidan (Pyrethrum indicum L.)</i>	Root	10.5	
9.	<i>Ispand (Peganum harmala L.)</i>	Seed	10.5	
10.	<i>Juntiyana (Gentiana lutea L.)</i>	Root	10.5	
11.	<i>Taj (Cinnamomum Cassia Blume.)</i>	Bark	10.5	

Evacuation with *Ma' al-jubn* (Whey) is considered the best and most suitable method for cleansing the morbid matter in the case of warts as it also provides nutrition with its purgative effect [10]. Another option can be done by using a decoction of *afteemoon* and *ghariqoon* [13, 16].

Methods of Preparation of *Ma' al jubn*

The process of preparing *Ma'al jubn* involves curdling milk

obtained from a pregnant goat or other pregnant animal. The animal is fed with nutrient-rich foods like spinach (*palak*) and purslane (*khurfa*), and it should not be kept on an empty stomach. Once the lamb or newborn is born, its milk should not be used for curdling until forty days have passed. After this period, a specific quantity of milk is taken and boiled in a tin-coated vessel. Once the milk has boiled sufficiently, a small amount of lemon juice or vinegar is added to induce

curdling. The mixture is then removed from the fire and allowed to cool. It is subsequently strained through a thick cloth to obtain clean water, which is known as *Ma'al jubn*. The recommended dosage is 150 ml to 200 ml orally, and it is taken lukewarm, in three divided doses ^[23].

'Ilāj bi'l Dawā' (Pharmacotherapy)

If there are no signs of fluid congestion, then topical

treatment should be applied. The main drugs used in topical preparations for warts are known for their corrosive (*Akkal*) and astringent (*Qābiḍ*) properties ^[10, 24].

In Unani medicine, preference is given to single drugs for treatment. Therefore, Unani physicians have mentioned several single drugs that are used in the treatment of warts. Among them, a list of some common drugs is provided in Table No. 2.

Table 2: List of Common Single Unani drugs used as a topical treatment for warts

S.no	Unani Name/ Scientific Name	Family	Part used	Temperament	Dosage form	Reference
1	<i>Kalonji (Nigella sativa L.)</i>	Ranunculaceae	Seed	Hot ² Dry ²	Powder pasted with vinegar	13,15,17
2	<i>Habb-ul-Ghar (Laurus nobilis L.)</i>	Lauraceae	Oil	Hot ³ Dry ³	Oil	16
3	<i>Kibr Sabz (Capparis spinosa L.)</i>	Capparidaceae	Fresh Leaves	Hot ² Dry ²	Paste	20,21,24
4	<i>Baladur (Semecarpus anacardium)</i>	Anacardiaceae	Pulp	Hot ⁴ Dry ⁴	Pulp paste	24
5	<i>Aas (Myrtus communis Linn.)</i>	Myrtaceae	Fresh Leaves	Cold ¹ Dry ²	Extract /Oil,	24,25
6	<i>Hilteet (Ferula foetida Regel.)</i>	Umbelliferae	Resin	Hot ³ Dry ²	Paste with Fig milk	24
7	<i>Balsan (Commiphora opobalsamum L.)</i>	Burseraceae	Oil	Hot ² Dry ²	Oil	24
8	<i>Balboos (Urginea indica)</i>	Liliaceae	Juice	Hot ² Dry ²	Mixed with salt as a poultice	24
9	<i>Kharbaq Aswad (Picrorhiza kurroa Royle ex Benth.)</i>	Scrophulariaceae	Root	Hot ³ Dry ³	Paste	24
10	<i>Bed Injeer (Ricinus communis L.)</i>	Euphorbiaceae	Maghz (Oil)	Hot ³ Dry ³	Paste	24
11	<i>Fistaq (Pistacia vera L.)</i>	Anacardiaceae	Seed	Hot ² Dry ² /Hot ² Moist ²	Oil	24
12	<i>Gundum (Triticum aestivum L.)</i>	Poaceae	Grain	Hot ¹ , Dry ¹	Oil	26
13	<i>Turmus (Lupinus albus L.)</i>	Fabaceae	Seed	Hot ² Dry ³	Oil	26
14	<i>Hulba (Trigonella foenum)</i>	Papilionaceae	Seed	Hot ² Dry ²	Oil	26
15	<i>Gule Surkh (Rosa Damascene Mill.)</i>	Rosaceae	Fresh flower	Cold ¹ Dry ²	Oil, Extract, Ointment	27

Compound formulations

Several compound formulations have been mentioned for addressing warts with diverse approaches:

One recommended formulation, known as the *Ibn Sayyar* remedy, is considered the best remedy for warts, irrespective of their type. It involves taking equal quantities of *Kibrete* (Sulfur), *Hartal zard* (yellow arsenic), *Shuneez* (Black cumin), and *Khakastar garb*. These ingredients are kneaded with vinegar and olive oil and are applied directly to the affected area ^[16].

Another method involves massaging the affected area with *Mā' al-Hadīd* (Water treated with red-hot iron), in which borax, *Sibr (Aloe)*, and myrrh are mixed. ^[16]

A different approach suggests boiling wheat in water, straining it, and applying the resulting mixture after leaving it to rest for three days. ^[24]

A compound mixture made from *Kharbaq (Picrorhiza kurroa Royle ex Benth.)*, *Hadtal surkh* (red arsenic), and copper scrap, kneaded with *Roghan Gul*, has stood the test of time as a notably effective and experiential method in addressing warts in the Unani medicine ^[9].

A combination of *Anzaroot (Astragalus sarcocolla Dymock.)*, *Noshadar (Ammonium chloride)*, and *Zangar (Verdigris)*, mixed with soapy water, offers another alternative. ⁹ Additionally, various herbal powders like *Mazoo (Quercus infectoria Oliv.)*, *Shibe Yamani (Alum)*, and *Sham Hanzal (Citrullus colocynthis Schard.)* can be combined and applied effectively to address warts ^[9].

Additional methods involve using natural elements such as *Barge Kibr*, *Kharnob*, and *Aās* leaves, either through massaging or creating pastes for application on warts ^[15].

The formulation of specific liniments includes a blend of *Barge Kibr*, *Joze Alsaro*, and both raw and ripe *zaitoon* (olives), each weighing 14 grams. These ingredients are soaked in a solution of water with dissolved *Saji Khar* (Sodium Carbonate) and soap. Once prepared, this mixture is applied locally and then covered with a beetroot leaf, secured by a bandage, following the recommended procedure ^[10].

Combining various substances such as *Chobgaz*, *Chob aas*, *Sheer Anjeer*, *Sheere Bhulavan*, *Sabun*, or *Sajji* in olive oil and consistently applying them has been mentioned ^[25]. Another recommended remedy involves applying a paste of *Zarareeh* and *Zarneekh (Arsenic)* directly onto warts ^[24].

Combining *Alqe Batam*, wax, oil, *Aloo Bukhara gum*, *Maweez Munaqqa*, and *Sheetraj Hindi (Plumbago zeylanica L.)* to create a specific mixture has also been proposed for wart treatment ^[16].

When applied sequentially at intervals, mixtures comprising 3.5 grams each of *Suhaga (Borax)* and *Aās* Leaves, along with 500 milligrams of *Namak Tibrazad*, have been mentioned for the gradual yet effective disappearance of warts ^[16].

Additionally, the use of *Aās* wood fluid during the day and applying oils like rose oil at night has been recommended for wart removal. ^[16]

A compound powdered mixture of *Kalonji (Nigella sativa L.)*, *Shahme Hanjal*, *Noshadar*, *Sajji*, *Hartal Zard*, *Ashnan Farsi*, and *Bekh Ghurb Ki Raakh*, when combined with onion water, has been mentioned for treating warts. ^[21]

Moreover, the application of fig milk, figs, and *Turb* has been mentioned as an effective means of wart removal ^[21].

Lastly, compound formulations such as *Marham Kabeer*, *Marham Dakhilyoon*, *Roghan nāwra*, and *Marham Biladur* have been indicated for addressing wart-related concerns [12, 16].

'Ilāj bi'l Yad (surgical interventions)

If topical remedies are not proving effective, surgical intervention may be considered. There are three methods of surgical intervention:

- **Amal Al-Kayy (cauterization):** For this purpose, a stick of iron or silver, which should be as thick as the wart, is taken. It should have sharp edges. Heat it well in the fire and gently insert it into the wart until the edges of the iron/silver penetrate the surrounding flesh, allowing the wart to burn. Then, apply old ghee (clarified butter) to the area so that the remaining charred portion softens. Afterward, grasp the wart with forceps and pull it out. Apply *Marham Zangar* (Verdigris) to the base to ensure any remaining fragments are removed, then apply an ointment for wound healing [10].
- **Alternate Method:** A thread is tied around the edges of the wart. Using forceps, the wart is intentionally pulled upwards and then cut from below. It is essential to cut it from below to prevent its reoccurrence. Subsequently, a gold-based instrument (*Mikwat*) is used to cauterize the area. The *Mikwat* is spherical and is inserted inside, ensuring it reaches the root of the wart. Following this, ghee is applied for healing until a scab forms, and then it should be treated like any other wound [10].
- **Silk Thread Technique:** Make a wick from silk thread and tie it tightly around the edges of the wart. Leave it in this state for one day. Then, on the second day, tie the thread even tighter than the first day. Similarly, on the third and fourth days, tie it even tighter until the root of the wart is cut and the wart falls off. After this, the root and remaining part of the wart are destroyed by cauterization. Then, apply ghee until the scab forms. Finally, treat it like any other wound [10].

Prognosis

The prognosis for warts is challenging to determine, as nearly two-thirds of cases tend to naturally resolve over several years. When warts disappear on their own, they typically do not leave behind any lasting scars. However, it's worth noting that nearly every type of topical treatment option carries the risk of causing moderate to severe scarring. Additionally, treatment failures are frequent, often resulting in discomfort and significant cosmetic issues. While malignant transformation is rare in common warts, there have been occasional instances of them evolving into verrucous carcinoma, most frequently observed on the plantar surface [3, 5, 12].

Conclusion

In conclusion, Unani Medicine offers a comprehensive understanding and varied strategies for managing warts. From different types like *Masāmīr*, *Qurun*, *Adasiyya*, *Ḥinṭaya*, etc. to treatment methods involving herbal remedies, dietary regulations, and procedural interventions like cauterization and phlebotomy, the holistic approach of Unani medicine is evident. Emphasizing humoral balance and herbal formulations, this review contributes to a broader understanding of effective wart management within Unani medicine.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Ahmad HKR. Tarjuma Sharah Asbab. Vol. 4. New Delhi: CCRUM; 2010. p. 239-241.
2. Ahmad P, Monis M, Baig Z, Sogi G, Saleem S. Maul-Jubn: A Potent and Novel Unani Formulation. Int J Pharm Pharmacol. 2018;2(1):1-6.
3. Al Aboud AM, Nigam PK. Wart. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2023.
4. Baghdadi IH. Kitab al-Mukhtarat fi al-Tibb. CCRUM, translator. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 2007. p. 126-127.
5. Central Council for Research in Unani Medicine. Standard Unani Medical Terminology. Central Council for Research in Unani Medicine; 2012. p. 303.
6. Ghani HN. Khazainul Advia. New Delhi: Idara Kitabush Shifa; 1971. p. 1134.
7. Jabłońska S, Majewski S, Obalek S, Orth G. Cutaneous warts. Clin Dermatol. 1997 May-Jun;15(3):309-319.
8. Jurjani AHI. Zakhira Khawarizam Shahi. Khan HH, translator. Vol. 7. New Delhi: Idara Kitabush Shifa; 2010. p. 37.
9. Kabeeruddin HM. Al-qarabadeen. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 2006. p. 1009.
10. Khanna N. Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases. 6th ed. New Delhi: Elsevier Health Sciences; 2019. p. 277-282.
11. Lynch MD, Cliffe J, Morris-Jones R. Management of cutaneous viral warts. BMJ. 2014;348:g3339.
12. Majusi ABA. Kāmil al Sana'a al Tibbiya. Kintūri GH, translator. Vol. 2. New Delhi: Idara Kitabush Shifa; 2010. p. 251.
13. Masihi ABFIA. Kitab al-umda fil jarahat. CCRUM, translator. New Delhi: Central Council for research in Unani medicine; 2010. Vol. 1, p. 177; Vol. 2, p. 117-119.
14. Ockenfels HM. Therapeutic management of cutaneous and genital warts. J Dtsch Dermatol Ges. 2016 Sep;14(9):892-899.
15. Plasencia JM. Cutaneous warts: diagnosis and treatment. Prim Care. 2000 Jun;27(2):423-434.
16. Qarshi MH. Jame-ul-Hikmat. New Delhi: Idara Kitabush Shifa; 2011. p. 1011-1012.
17. Quamrī AMAIN. Ghinā Munā. CCRUM, translator. New Delhi: CCRUM, Ministry of Health & F.W. Govt. of India; 2008. p. 474.
18. Razi ABMBZ. Kitāb al Hāwī fi'l Tibb. Jafri SAH, Siddiqi MY, translators. Part 1, Vol. 23. Aligarh: Bahtmam Saba publisher; 1994. p. 41-42.
19. Razi ABMBZ. Kitābul Mansoori. CCRUM, translator. New Delhi: CCRUM, Ministry of Health & F.W. Govt. of India; 1991. p. 210-211.
20. Sacchidanand S. IADVL Textbook of Dermatology. 4th ed. Mumbai: Bhalani Publishers; 2016. p. 595-606.
21. Sina ABAl. Al-Qanoon fi't Tibb. Kintūri GH, translator. New Delhi: Idara Kitabush Shifa; 1999. p. 1278, 1435-1437.
22. Soenjoyo KR, Chua BWB, Wee LWY, Koh MJA, Ang

- SB. Treatment of cutaneous viral warts in children: A review. *Dermatol Ther.* 2020 Nov;33(6):e14034.
23. Tabri AHABM. Al Moaljate Buqratiya. CCRUM, translator. New Delhi: Central Council for Research in Unani medicine; 1997. Vol. 2, p. 238-240; Vol. 3, p. 214-215.
 24. Witchev DJ, Witchev NB, Roth-Kauffman MM, Kauffman MK. Plantar Warts: Epidemiology, Pathophysiology, and Clinical Management. *J Am Osteopath Assoc.* 2018 Feb;118(2):92-105.
 25. World Health Organization. WHO international standard terminologies on Unani Medicine. Geneva: World Health Organization; 2022. p. 327, 336.
 26. Zhu P, Qi RQ, Yang Y, Huo W, Zhang Y, He L, *et al.* Clinical guidelines for the diagnosis and treatment of cutaneous warts. *J Evid Based Med.* 2022 Sep;15(3):284-301.
 27. Zuhr I. Kitab al- Taisir Fil-Mudawat Wal-Tadbeer. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 1986. p. 203-204.

How to Cite This Article

Raza MS, Jamal MA, Saral SK. Managing warts (*Tha'ālīl*) in Unani Medicine: A comprehensive review. *International Journal of Unani and Integrative Medicine.* 2025; 9(2): 209-214.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.