

# INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558  
P-ISSN: 2616-454X  
[www.unanijournal.com](http://www.unanijournal.com)  
IJUIM 2025; 9(2): 254-257  
Impact Factor (RJIF): 6.59  
Peer Reviewed Journal  
Received: 06-06-2025  
Accepted: 09-07-2025

**Usmani Mah**  
Professor & HOD, Department  
of Amraze Ain, Uzn, Anf,  
Halaq wa Asnan, State Unani  
Medical College, Prayagraj,  
Uttar Pradesh, India

**Jahan Farhat**  
PG Scholar, Department of  
Amraze Ain, Uzn, Anf, Halaq  
wa Asnan, State Unani  
Medical College, Prayagraj,  
Uttar Pradesh, India

**Jahan Sadaf**  
PG Scholar, Department of  
Amraze Ain, Uzn, Anf, Halaq  
wa Asnan, State Unani  
Medical College, Prayagraj,  
Uttar Pradesh, India

## Allergic rhinitis and Nazla Haar: An integrative review of Unani perspectives

**Usmani Mah, Jahan Farhat and Jahan Sadaf**

**DOI:** <https://www.doi.org/10.33545/2616454X.2025.v9.i2d.366>

### Abstract

Allergic rhinitis (AR) is a common immunoglobulin E (IgE)-mediated hypersensitivity disorder characterized by nasal congestion, sneezing, rhinorrhea, and itching, often triggered by allergens such as pollen, dust mites, and animal dander. In modern medicine, the pathophysiology of AR involves an exaggerated immune response to harmless antigens, with mast cell activation and subsequent release of histamines and cytokines. Diagnosis is based on clinical presentation and allergy testing, while treatment includes antihistamines, intranasal corticosteroids, and immunotherapy.

In the Unani system of medicine, AR is closely associated with diseases caused by sue mizaj barid wa ratab (abnormal cold and moist temperament) or nazla harr wa barid and is often equated with *nazla* or *zukaam*. It is considered a result of deranged humors (particularly balgham) and the accumulation of morbid matter in the nasal passages. Management in Unani involves *ilaj bil ghiza* (dietotherapy), *ilaj bil dawa* (pharmacotherapy), and *ilaj bil tadbeer* (regimenal therapy), using herbal formulations such as *joshanda*, *tiryag-e-nazla*, and decoctions of expectorant, anti-inflammatory, and immunomodulatory herbs. Unani therapies emphasize restoring humoral balance and strengthening immunity.

This integrative review highlights the need for a holistic approach in managing allergic rhinitis by combining the evidence-based strategies of modern medicine with the individualized, temperament-based treatments of Unani medicine, thereby enhancing patient outcomes and promoting long-term relief.

**Keywords:** Allergic rhinitis, Zukam, Nazla harr, IgE-mediated hypersensitivity, humoral imbalance

### Introduction

Allergic rhinitis is defined as a symptomatic disorder of the nose induced by immunoglobulin E (IgE)-mediated inflammation due to exposure to foreign substances, referred to as allergens. It is characterized by 1 or more nasal symptoms of pruritus, sneeze, discharge, and stuffiness [1, 2, 3]. This may also be associated with symptoms of itching in the eyes, palate and pharynx [4]. Most Unani physicians used the terms *Nazla* and *Zukam* interchangeably, though some held differing opinions. Nevertheless, both conditions involve the downward flow of *madda* from the brain, attributed to the infiltration of waste materials (*fuzlat*) from the *dimagh* (brain) [6, 7, 8, 9, 10]. The discharge in Nazla may vary in temperament, being either hot and thin or cold and thick in nature [5]. Nazla Haar is characterized by a watery and irritating nasal discharge that flows toward the throat, accompanied by a burning sensation in the nose, face, and eyes, along with tearing and a disturbed sense of smell [3]. According to Abul Hassan Ahmed Bin Mohammad Tabri, the term *Zukam* applies to all its various forms. He described it as an accumulation (*ihteqaq*) of vapors (*bukharat*) within the brain's ventricles, which begin to dissolve and emerge from the cranial cavities. This dissolved matter is then expelled in the form of liquid, water, or vapor through the nostrils, eyes, and ears [10]. Buqrat differentiated between Nazla and Zukam by stating that Zukam is essentially a type of Nazla affecting the nasal mucosal lining, whereas Nazla refers to a condition characterized by inflammation of the nasal mucosa, typically accompanied by excessive nasal discharge [12, 13].

**Epidemiology:** More than 20% of the global population is believed to be affected by allergic diseases triggered by IgE. In Western countries, the prevalence of these conditions has surged two- to threefold over the past four decades, reaching levels considered epidemic.<sup>14</sup> Allergic rhinitis is the most widespread allergic condition, with its prevalence differing across regions worldwide.

**Corresponding Author:**  
**Usmani Mah**  
Professor & HOD, Department  
of Amraze Ain, Uzn, Anf,  
Halaq wa Asnan, State Unani  
Medical College, Prayagraj,  
Uttar Pradesh, India

Seasonal allergic rhinitis affects approximately 1% to 40% of the population, while perennial allergic rhinitis is observed in about 1% to 18% of individuals [15]. Overall, allergic rhinitis affects 20 to 40 million people in the United States [16]. In the United States, the estimates of the annual cost of allergic rhinitis range from 2 to 5 billion dollars [17]. Rhinitis is the most frequent and primary cause prompting patients to consult physicians in primary care settings. In the United States alone, it accounts for over 20 million medical visits annually. Each year, approximately 80 million individuals suffer from nasal or eye-related symptoms lasting a week or more, making it the most prevalent allergic condition [17, 18]. The World Health Organization recently estimated that allergic rhinitis affects around 400 million people globally. This condition not only increases the risk of developing asthma but is also linked to other allergic disorders like atopic dermatitis, conjunctivitis, sinusitis, and nasal polyposis, all of which often require simultaneous management [19].

### Unani concept of nazla haar

Hippocrates (460–377 BC) is likely the earliest known figure to have described *Nazla* and *Zukam*, including their causes, classifications, and treatment approaches [6]. Abu al-Hassan Ahmad Bin Jurjani (12th century AD) described *Nazla* as a condition marked by a thin, watery, and irritating nasal discharge (*maddae raqeeqa*) that drips toward the throat. If this same discharge flows toward the nose and is accompanied by a burning sensation (*sozish*), it is identified as *Zukam*.<sup>5</sup> Ibn Sina (980–1037 A.D.), in his renowned medical encyclopedia *Al-Qanoon fit-Tibb*, which remained a standard medical textbook in Europe until the 17th century, provided a comprehensive account of the causes, types, clinical features, and treatment of *Nazla* and *Zukam*, including *Nazla Haar* [7].

It is well recognized that the main symptoms of *Nazla va Zukam* include watery nasal discharge, irritation, nasal congestion or blockage, and excessive tearing—all of which are characteristic of *Nazla Haar*. These clinical features closely resemble modern-day rhinitis, which arises from various causes, most commonly allergies. Allergic conditions such as asthma, urticaria, eczema, and rhinitis have been documented since ancient times, with a history stretching back to antiquity [20].

### Pathophysiology

In allergic rhinitis, various inflammatory cells—including mast cells, CD4<sup>+</sup> T cells, B cells, macrophages, and eosinophils—invade the nasal mucosa when exposed to triggering allergens such as dust mite droppings, cockroach debris, animal dander, molds, and pollen. In allergic individuals, the T cells present in the nasal tissue are mainly T helper 2 (Th2) cells, which produce cytokines like interleukins IL-3, IL-4, IL-5, and IL-13. These cytokines stimulate plasma cells to generate immunoglobulin E (IgE). When allergens bind and crosslink the IgE attached to mast cells, it results in the release of mediators such as histamine and leukotrienes. These substances cause arteriolar dilation, increased permeability of blood vessels, itching, nasal discharge, mucus production, and contraction of smooth muscles in the lungs [21]. The mediators and cytokines released during the initial phase of the immune response to a triggering allergen initiate a secondary wave of cellular inflammation within 4 to 8 hours—known as the late-phase

response. This leads to recurring symptoms, most commonly nasal congestion, which often continues over time [21, 22].

In the Unani system of medicine, the origin of *Nazla* is attributed to both external and internal causative factors. These factors lead to an imbalance in the temperament (*sue mizaj*) of the nasal mucous membrane. As a result, the membrane becomes inflamed and starts producing secretions, which can vary in consistency—either thin (*raqeeq*) or thick (*ghaleez*)—and in nature, being hot (*garam*) and irritating (*lazea*), or cold (*barid*) and mild. The taste and character of these secretions—whether unpleasant or bland—depend on the underlying cause [23].

Inhaled allergens produce specific IgE antibody in the genetically predisposed individuals. This antibody becomes fixed to the blood basophils or tissue mast cells by its Fc end. On subsequent exposure, antigen combines with IgE antibody at its Fab end. This reaction produces degranulation of the mast cells with release of several chemical mediators, some of which already exist in the preformed state while others are synthesized afresh. These mediators are responsible for symptomatology of allergic disease. Depending on the tissues involved, there may be vasodilation, mucosal oedema, infiltration with eosinophils, excessive secretion from nasal glands or smooth muscle contraction [4].

### Etiology

In Unani medicine, it is believed that any disturbance in the balance of the humours (*Akhlat*), whether in quality or quantity, can lead to the development of disease. Various Unani scholars have outlined several causes behind such imbalances, including the following:

1. Ibn Sina stated that individuals with a naturally hot temperament (an intrinsic factor) are more prone to developing *Nazla Haar* [7].
2. According to Samarqandi, there are eight causes of *Nazla*: four are related to an imbalance in the temperament of the brain (*sue mizaj dimagh*), while the remaining four stem from disturbances in the four humours (*Akhlat-e-Arba*) [9].
3. Extrinsic factors (*Asbab-e-Kharija*) contributing to *Nazla* include an increase in general or specific body heat (*hararat mizaj* or *hararate mizaj khaas*), leaving the head uncovered, and exposure to sources of heat such as sunlight, fire, or hot baths (*garam hamam*). Working in high-temperature environments, using strong-scented perfumes, or inhaling stimulating substances like musk, castoreum (*jundbadastar*), saffron, and onions can also play a role. Other triggers include massaging the head with warm oils, sleeping immediately after eating, consuming heat-inducing foods like garlic, onions, and mustard, and taking a bath after exercise without proper wrapping. Additionally, intense physical or emotional exertion, as well as exposure to allergens like pollen, cotton fibers, feathers, or dust, can provoke symptoms [5, 7, 11, 9, 10, 24, 25, 26].
4. In most cases, *Nazla* and *Zukam* result from a combination of both intrinsic and extrinsic factors acting together [5, 9].
5. Additionally, *Nazla* can be triggered by various factors such as a hot temperament imbalance (*Sue Mizaj Haar*) [9], an altered temperament of the brain (*Sue Mizaj Dimagh*) [10], weakness of the brain (*Zo'af-e-Dimagh*)

[26], general and cerebral plethora (Imtila-e-Aam wa Raas) [9, 25], accumulation of morbid matter (Tukhma) [9], emotional disturbances (Infe'alat-e-Nafsaniyah) [9, 26], and seasonal changes [26].

### Clinical features

The clinical presentation of Nazla may differ from person to person based on the underlying causes, intensity, frequency, and duration of the condition. However, some commonly observed symptoms include:

- Nasal discharge (rhinorrhoea) [6, 7, 9, 26, 27].
- Sudden, repetitive bouts of sneezing [26]
- Nasal blockage or congestion [7, 10, 26].
- Redness of the face and eyes [5, 7, 9, 10, 26].
- Increased sensitivity [6]
- Burning sensation [6, 27]
- Itching in the nose, eyes, and throat [5, 9, 10, 26]
- Tearing or watery eyes (lacrimation) [11]
- Mild headache [5, 11, 26]
- Warm sensation to touch (malmas) [7]
- Hoarseness of voice [7]
- Excessive thirst [11, 26]
- Fatigue and tiredness [12]
- Lethargy [12]
- Pulse that is strong, rapid, and frequent (Nabz Azeem, Saree va Mutavatar) [8, 9, 28]
- Yellowish urine (Qarura) [9, 28]

### Classification

#### Two clinical types in modern [2]

1. **Seasonal Allergic Rhinitis:** Hay fever and summer colds are common terms for seasonal AR which produce stuffy/runny nose, paroxysm of sneezing and itchy nose/eyes/throat and excess mucus in nose/throat. The condition may be a mere nuisance, or interferes with work and recreation. Pollens of common trees often cause early springtime hay fever while late springtime pollens come from the grasses.
  2. **Perennial Allergic Rhinitis:** Perennial rhinitis is caused by allergens that are present through all seasons, and they include animal dander (cats, dogs, horses and other pets, wool and feathers), cosmetics, molds, foods and house dust. Allergies that become worse in wintertime, when the hot air furnaces are turned on, are due to house dust. Molds spoil bread, rot fruit and mildew clothing. These fungi also grow on dead leaves, grass, hay, straw, grains and houseplants and in the soil.
- **Intermittent:** means that the symptoms are present: Less than 4 d a week or for less than 4 wk
  - **Persistent:** means that the symptoms are present: More than 4 d a week and for more than 4 wk
  - **Mild:** means that none of the following items are present: Sleep disturbance, Impairment of daily activities, leisure and/or sport, Sleep disturbance Impairment of daily activities, leisure and/or sport Impairment of school or work troublesome symptoms.
  - **Moderate–severe:** means that 1 or more of the following items are present: Sleep disturbance Impairment of daily activities, leisure and/or sport Impairment of school or work Troublesome symptom

#### In unani primarily 2 types of nazla:<sup>6,7,9,10,28,29</sup>

- Nazla haar:

- Nazla barid:

#### Other types are also described in Unani literature

##### Based on madda: [28, 29]

- Nazla damvi
- Nazla safravi
- Nazla balghami
- Nazla sawdavi

##### Based on factors [11]

- Nazla due to Asbabe kharija (extrinsic factors)
- Nazla due to Asbabe dakhila (intrinsic factors)

##### Based on duration of illness [7, 29]

- Nazla haad
- Nazla muzmin

##### Preventive measures [2, 6, 9, 10, 26, 28]

- a. Use a pollen mask while mowing grass or cleaning house.
- b. Keep windows and doors closed during the pollination seasons.
- c. Rooms should be dusted with a moist duster. vacuum cleaner is better than broom.
- d. Take a balanced diet supplemented with vitamins, especially C, and avoid too much carbohydrates
- e. Avoid sleeping during the day, lying on your back, or going to sleep immediately after eating
- f. Avoid oily, greasy, heavy-to-digest foods, as well as meat, alcohol, onion, garlic, tea, walnuts, pistachios, and sour items like milk and curd-especially when combined with rich and heavy foods. However, if there is a feeling of physical weakness, consuming chicken with tender meat or curd is permissible.
- g. Limit the intake of food and beverages.
- h. Minimize exposure to direct sunlight, as well as to extreme hot or cold air and water.
- i. Refrain from intense physical exertion or heavy exercise. Apply *Samaghe Suddab* and *Rai* on the scalp right after bathing.
- j. Avoid overconsumption of seasonal fruits and strongly scented snuffs or fragrances
- k. Lateef ghiza like maushaeer
- l. Hamam by luke warm water is advisable before prescribing munzijat
- m. Snuffing by luke warm shoneez and zeera.
- n. Should not use any medicines to arrest sneezing, this may interfere with the nuzj of the madda, leading to collection of fuzlat in the brain.

#### Treatment (Ilaj)

**Treatment of Nazla Haar relies on a precise clinical diagnosis and careful evaluation of the patient's primary symptoms.**

**A. Izale sabab (Elimination of the cause):** Exposure to heat and/cold (intrinsic and extrinsic factors) should be eliminated.

##### B. Correction of Sue mizaj

- Simple *Sue Mizaj* should be balanced using a suitable regimen along with cooling foods and drinks, oils, topical applications, compresses, and drops.
- *Sue Mizaj Mad'di* should be treated with the use of *munzijat* (concoctive agents), followed by *tanqia*

(evacuation or cleansing).

**C. Ta'deel-e-Mizaj:** Restoration and maintenance of the body's temperament to its natural balance.

**D. Tadabeer (Therapeutic Measures):** Includes steam inhalation (*Inkibab*), warm compresses (*Takmeed*), bloodletting (*Fasd*), and application of appropriate oils as nasal drops (*Qutoor*).

**E. Dietary Guidelines (Ghiza):** Avoid oily, greasy, and slow-digesting foods; meat, alcohol, onion, garlic, mustard, tea, pistachios; and sour items like milk and curd-especially when combined with heavy and dense foods.

**F. Muqawwiyyat-e-Dimagh wa Me'da:** Strengthening of the brain and stomach.

## Conclusion

Allergic rhinitis, a prevalent IgE-mediated hypersensitivity disorder, shares notable clinical and pathological similarities with *Nazla Haar* described in Unani medicine. While modern medicine focuses on symptomatic relief through antihistamines, corticosteroids, and immunotherapy, the Unani system emphasizes temperament correction, humoral balance, and regimental therapies. An integrative approach combining both systems can offer a holistic, personalized, and effective strategy for long-term management and improved patient outcomes.

**Conflict of Interest:** Not available.

**Financial Support:** Not available.

## References

1. Snow JB Jr. Ballenger's Otorhinolaryngology: Head and Neck Surgery. 18<sup>th</sup> ed. Shelton, CT: PMPH-USA; 2009. p.531.
2. Bansal M. Diseases of ear, nose and throat. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers; 2018. p.323.
3. Choudhury. 2011 Oct 11. <http://www.biomedcentral.com/1472-6815/11/3>.
4. Dhingra PL, Dhingra S. Diseases of Ear, Nose and Throat. 5th ed. 2010. p.153, 155, 168, 169, 180-5.
5. Ismail J. Shahi ZK. (Urdu translation by Khan HH). Vol. 2. Part-6. New Delhi: Idara Kitabush Shifa; 2010. p.201-3.
6. Quamri AMH. Ghina Mana Ma Tarjuma Minhajullaj. (Urdu translation by CCRUM). 1st ed. New Delhi: Ministry of Health and Family Welfare; 2008. p.121-7.
7. Ibn S. AlQanoonfit T. (Urdu translation by Kantoori GH). Vol. 1, Part 4. New Delhi: Idara Kitabul Shifa; 2010. p.660, 661.
8. Ibn ZAMAM. Kitabal Taisir Fil Mudawatwat Tadbir. (Urdu translation by CCRUM). 1st ed. New Delhi: Ministry of Health and Family Welfare; 1986. p.31.
9. Khan MA. Akseer Azam; Vol. 1. New Delhi: Idara Kitabush Shifa; 2011. p.210-3.
10. Ibn Hubal. Kitabul Mukhtarar Fil Tibb. (Urdu translation by CCRUM). Vol. III. New Delhi: Ministry of Health & Family Welfare, Govt. of India; 2004. p.130-2.
11. Tabri AM. Al Moalajat Al Buqratia. (Urdu translation by CCRUM). Vol. 1. New Delhi: Ministry of Health and Family Welfare; 1997. p.313-7.
12. Majusi A. Kamilus Sana'a. (Urdu translation by Kantoori GH) Vol. 2. Lucknow: Munshi Naval Kishore; 2010. p.357, 483, 484.
13. Ibn S. Al Qanoon Fit Tibb (Arabic version). Vol. 3. New Delhi: Jamia Hamdard; 1418 Hijri. p.243, 244.
14. Johansson SG, Haahtela T. World allergy organization guidelines for prevention of allergy and allergic asthma. condensed version. Int Arch Allergy Immunol. 2004;135:83-92.
15. Bousquet J, Van Cauwenberge P, Khaltaev N. Aria Work Shop Group; World Health Organization. Allergic rhinitis and its impact on asthma. J Allergy Clin Immunol. 2001;108:S147-334.
16. Reed SD, Lee TA, McCrory DC. The economic burden of allergic rhinitis: A critical evaluation of the literature. Pharmacoeconomics. 2004;22:345-61.
17. Goldman L, Schafer AI. Cecil medicine. 24th ed. New Delhi: Elsevier India Private Ltd; 2012. p.1622-8, 2455-7.
18. Chowdary VS, Vinay KEC, Rao JJ, Rao R, Babu KR, Rangamani V. A study on Serum IgE and Eosinophils in Respiratory Allergy Patients. Indian J Allergy Asthma Immunol. 2003;17(1):21-4.
19. Pollinex. <http://www.pollinex.com/professionals/news-events/2011/09/23/allergic-rhinitis-affects-40-of-children-worldwide-and-prevalence-is-increasing>. (Cited 2012 Jan 18).
20. Azizi MH. Rhazes and the first clinically exact description of hay fever (seasonal allergic rhinitis). Iran J Med Sci. 2010 Sep;35:262, 263.
21. Small P, Frenkiel S, Becker A, Boisvert P, Bouchard J, Carr S, et al. Rhinitis: a practical and comprehensive approach to assessment and therapy. J Otolaryngol. 2007;36(Suppl 1):S5-27.
22. Lee P, Mace S. An approach to allergic rhinitis. Allergy Rounds. 2009;1:1.
23. Chandpuri K. Moajizul Qanoon. New Delhi: National Council for Promotion of Urdu Language; 1998. p.283, 284.
24. Tabri R. Firdausul H. (Urdu translation by Hakeem MA Shah). Faisal publication; 2002. p.178, 179.
25. Arzani A. Tibe Akbar. (Urdu translation by Hussain M). New Delhi: Idara Kitabush Shifa; 2010. p.99-102.
26. Khan A. Haziq. Karachi: Madina Publishing Company; 1983. p.73-8.
27. Arzani A. Mizanut Tib. New Delhi: Idara kitabush Shifa; 2002. p.59.
28. Jilani G. Makhzanullaj; Vol-1. New Delhi: Idara Kitabush Shifa; 2005. p.167, 168.
29. Qarshi MH. Jamiul Hikmat. New Delhi: Idara Kitabush Shifa; 2011. p.521-3.

### How to Cite This Article

Mah U, Farhat J, Sadaf J. Allergic rhinitis and Nazla Haar: An integrative review of Unani perspectives. International Journal of Unani and Integrative Medicine. 2025; 9(2): 254-257.

### 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.