

BUTHŪR-I-LABANIYYA AND ACNE VULGARIS IN UNANI MEDICINE: A NARRATIVE REVIEW OF TRADITIONAL CONCEPTS AND THERAPEUTIC EVIDENCE

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ABSTRACT

Buthūr-i-Labaniyya, commonly identified with acne vulgaris, is a chronic inflammatory disorder of the pilosebaceous unit characterized by comedones, papules, pustules and, in more severe cases, nodules and scarring. In the Unani System of Medicine, Buthūr-i-Labaniyya has traditionally been discussed under the broader concepts of Mizāj, Akhlāt, Mādda, digestion and the movement and elimination of abnormal matter. Classical Unani physicians described the condition as a cutaneous manifestation associated with altered bodily matter and localized accumulation within the skin. This narrative review examines the classical Unani understanding of Buthūr-i-Labaniyya alongside contemporary knowledge of acne pathogenesis and critically evaluates the available evidence on Unani management. Classical texts, including Al-Qānūn fī al-Ṭibb, Al-Ḥāwī fī al-Ṭibb, Kitāb al-Fākhīr and later Unani pharmacological and dermatological works, were considered together with published clinical studies and experimental investigations. Particular attention was given to the concepts of Balgham, Mādda, Saddah, Tajfīf, Tahlīl and Jālī, as well as individual medicinal plants and compound formulations used traditionally for acne. Available clinical studies of preparations such as Tila-i-Muhāsā, Zimād-i-Muhāsā, Itrifal Shāhtra, Sharbat-i-Unnāb and Laṭūkh suggest

potential therapeutic benefit, but the evidence remains limited by small sample sizes, short treatment periods, heterogeneous formulations and variable methodological quality. The traditional concepts may provide useful hypotheses for further investigation, but they should not be regarded as direct equivalents of established modern pathological mechanisms. Future research should focus on standardized formulations, adequately powered randomized clinical trials, validated outcome measures, mechanistic investigations and long-term safety assessment.

KEYWORDS: Buthūr-i-Labaniyya; acne vulgaris; Unani medicine; *Mizāj*; *Balgham*; *Mādda*; Tila-i-Muhāsā; Zimād-i-Muhāsā; Laṭūkh.

1. INTRODUCTION

Acne vulgaris is one of the most common disorders encountered in dermatological practice. It predominantly affects adolescents and young adults but may persist into adulthood and can involve the face, chest, shoulders and back. The disease is characterized by a variable combination of open and closed comedones, papules, pustules and, in more severe cases, nodules and scarring. The pathogenesis of acne is multifactorial and involves abnormal follicular keratinization, increased sebaceous activity, changes in the follicular microbial environment and inflammation [1,2].

The condition has also been recognized for centuries in the Greco-Arabic medical tradition. In the Unani System of Medicine (USM), acne is described by terms including *Buthūr-i-Labaniyya*, *Muhāsā* and *Kīl*. The expression *Buthūr-i-Labaniyya* is traditionally associated with small whitish eruptions, particularly over the face, and reflects the characteristic appearance of the lesions described in Unani literature [3,4].

Unlike the predominantly lesion-based approach of contemporary dermatology, Unani medicine interprets many cutaneous disorders in relation to the general state of the body. The concepts of *Mizāj*, *Akhlāṭ*, *Mādda*, digestion, hepatic function and elimination are therefore incorporated into the understanding of disease [5-8]. In this framework, the skin is not considered independently from the rest of the body, and local eruptions may reflect alterations in the quality, quantity or distribution of bodily matter.

The traditional management of *Buthūr-i-Labaniyya* consequently includes both systemic and local measures. Depending upon the clinical presentation and the physician's assessment of the underlying *Mizāj* and *Mādda*, treatment may include *Tanqiya*, *Ta'dīl-i-Mizāj*, correction

of digestion, *Muṣaffī* drugs and topical preparations having *Tajfīf*, *Tahlīl* or *Jālī* properties [5-9].

During recent years, several Unani formulations have been subjected to clinical investigation. Studies evaluating Tila-i-Muhāsā, local polyherbal preparations, combination therapy with Shāhtra, Itrifal Shāhtra, Sharbat-i-Unnāb and Laṭūkh have provided preliminary clinical evidence supporting further investigation [10-14]. At the same time, the methodological quality and clinical relevance of these studies vary considerably.

The purpose of this review is therefore not merely to describe traditional treatment, but to examine Buthūr-i-Labaniyya from a contemporary review perspective, bringing together classical concepts, modern acne pathogenesis, traditional pharmacotherapy and the available clinical evidence.

2. METHODOLOGY

This narrative review was developed through examination of classical Unani literature and contemporary scientific publications concerning Buthūr-i-Labaniyya/acne vulgaris, its pathogenesis and Unani management.

Classical Unani sources consulted for the conceptual and therapeutic framework included *Al-Qānūn fī al-Ṭibb* of Ibn Sīnā, *Al-Hāwī fī al-Ṭibb* of al-Rāzī, *Kitāb al-Fākhīr*, *Sharḥ-i Asbāb*, *Khazā'in al-Adwiya*, *Taj al-Mufradāt* and other relevant pharmacological and dermatological works [5-9,15-18].

Contemporary literature was considered for clinical trials, observational studies, case reports, in-vitro investigations and reviews concerning acne vulgaris and Unani interventions. Particular attention was given to studies reporting study design, sample size, intervention, comparator, duration, outcome measures and safety.

The available evidence was interpreted according to the type of study. Classical descriptions were treated as historical and theoretical evidence; experimental studies were considered as preliminary pharmacological evidence; and clinical studies were assessed according to their design and reported outcomes. Direct equivalence between traditional Unani concepts and modern biological mechanisms was not assumed.

3. Historical Perspective of Buthūr-i-Labaniyya in Unani Medicine

The Greco-Arabic medical tradition developed an extensive body of literature concerning disorders of the skin. Early physicians considered the skin an important route through which internal disturbances could become clinically visible.

Ibn Sīnā discussed diseases of the skin and their management within the broader framework of humoral physiology and pathology in *Al-Qānūn fī al-Ṭibb* [5]. Al-Rāzī's *Al-Hāwī fī al-Ṭibb* contains extensive observations concerning diseases and their treatment and became one of the major foundations of later Greco-Arabic medical literature [6].

In later Unani literature, dermatological conditions were further elaborated by physicians who described the nature of eruptions, their possible causes, associated humoral abnormalities and appropriate therapeutic measures [7,8,15-18].

The terminology used for Buthūr-i-Labaniyya reflects the morphological emphasis of classical descriptions. The term *Buthūr* broadly denotes eruptions, while *Labaniyya* has been associated with the whitish or milk-like appearance of the material present in the lesions [3,4].

It is important to recognize that the classical description was developed within the theoretical framework of Unani medicine. Consequently, the term Buthūr-i-Labaniyya should not be assumed to represent an exact one-to-one diagnostic equivalent of every form of modern acne. Nevertheless, the clinical descriptions and therapeutic literature provide valuable historical material for understanding the development of Unani dermatology.

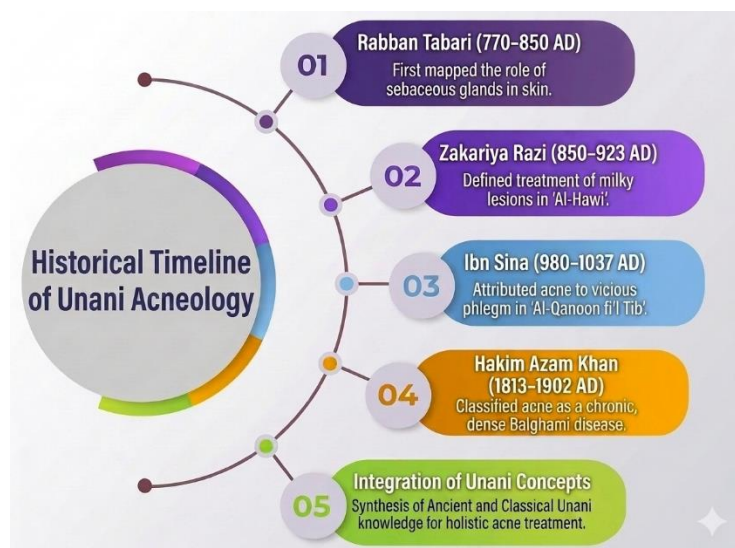


Figure 1.

4. Etiopathogenesis of Buthūr-i-Labaniyya

4.1 Unani Concept of Disease Development

The Unani explanation of disease is closely linked with the concepts of *Mizāj* and *Akhlāṭ*. Health is maintained when the normal balance and qualitative characteristics of the humours

are preserved. Disease may develop when their quantity, quality, movement or distribution becomes abnormal [5-8].

Buthūr-i-Labaniyya has traditionally been regarded as a *Māddī* disorder in which abnormal matter contributes to the development of cutaneous eruptions. The nature of this matter and the way in which it reaches and accumulates in the skin are discussed in relation to digestion, metabolism, temperament and elimination.

The concept of *Mādda* is particularly important because the clinical lesion is understood not simply as a structural change but as the visible manifestation of abnormal material localized in the skin. Classical descriptions also emphasize the importance of the consistency and quality of this material.

4.2 Role of *Balgham*

Balgham occupies a prominent place in the traditional discussion of Buthūr-i-Labaniyya. Unani literature describes pathological alterations in phlegmatic material, particularly when it becomes thick, viscous or otherwise unsuitable for normal physiological processes [5-8].

According to this framework, an alteration in the quality of *Balgham* may contribute to the formation of abnormal *Mādda*. The subsequent localization of such material in the skin is considered capable of producing obstruction and eruption.

Clinical observations published in Unani literature have also reported a relatively high frequency of *Balghamī* temperament among patients with acne. One study reported that 68.33% of the assessed acne patients exhibited a phlegmatic temperament [19]. This finding is of interest within Unani diagnostic practice, although the association should not be interpreted as proof that *Balghamī* temperament is a direct cause of acne.

4.3 *Hazm-i-Arba'a* and Internal Metabolism

The Unani concept of *Hazm-i-Arba'a* describes the successive stages through which food and nutritive material are processed before reaching the tissues. Disturbance in these processes is traditionally considered capable of affecting the quality of the resulting bodily matter [5,7,8].

Within this framework, impaired digestion or altered hepatic processing may contribute to the formation of abnormal material. This provides the traditional rationale for the use of digestive and hepatic corrective drugs in certain patients with Buthūr-i-Labaniyya.

However, the modern literature does not establish hepatic dysfunction as a primary cause of acne. Therefore, concepts such as *Islāh-i-Jigar* should be presented as part of the Unani explanatory and therapeutic framework rather than as a proven modern mechanism of acne.

4.4 *Ḥarārat-i-Gharīziyya* and Adolescence

Adolescence represents an important period in the development of acne. In contemporary medicine, hormonal changes, particularly increased androgenic activity, contribute to sebaceous gland stimulation and the development of acne [1,2].

The Unani system interprets the physiological changes of adolescence through its own concepts, including changes in *Ḥarārat-i-Gharīziyya*, blood and humoral activity [5,7]. The increased physiological activity during this period is considered capable of influencing the movement and transformation of bodily matter.

This provides an interesting point of comparison between the two systems. Nevertheless, *Ḥarārat-i-Gharīziyya* should not be described as equivalent to androgenic stimulation unless supported by specific experimental evidence.

4.5 *Saddah* and Localized Accumulation

Saddah, or obstruction, is another important concept in Unani pathology. Accumulation of abnormal material at the openings of the skin is traditionally considered capable of producing obstruction followed by the development of eruptions [5-8].

Modern dermatology identifies follicular hyperkeratinization and microcomedone formation as early events in acne pathogenesis [1,2]. Thus, a descriptive relationship can be drawn between the traditional concept of *Saddah* and the modern concept of follicular obstruction.

The two concepts, however, arise from different theoretical systems and should not be presented as identical mechanisms.

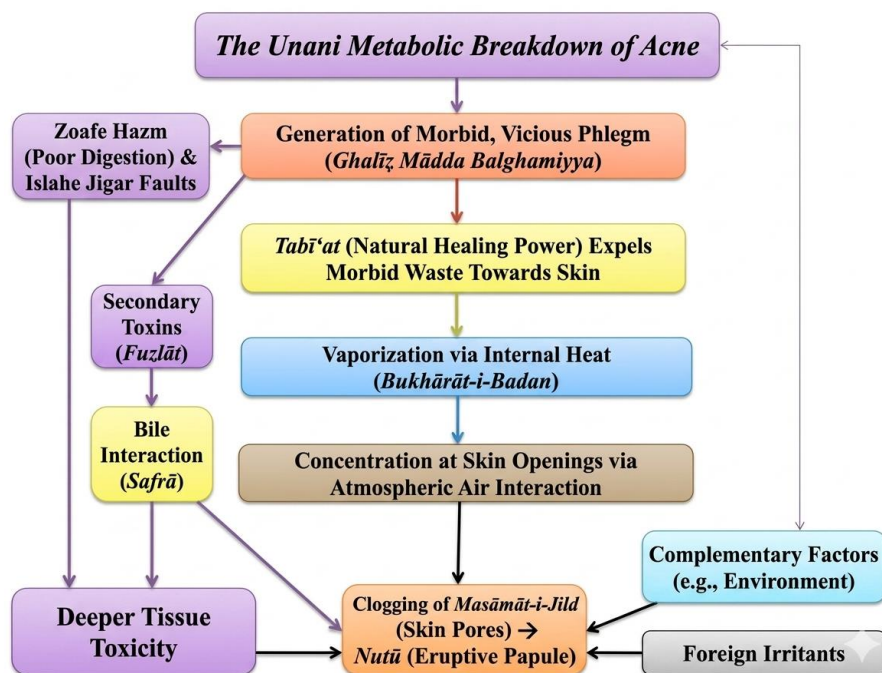


Figure 2.

5. Contemporary Understanding of Acne Pathogenesis

Acne is currently understood as a multifactorial disorder involving four closely interconnected processes: follicular hyperkeratinization, increased sebum production, alteration of the follicular microbial environment and inflammation [1,2].

Follicular hyperkeratinization contributes to the formation of microcomedones. Accumulation of keratinous material and sebum within the follicular canal subsequently results in clinically recognizable comedones.

Sebaceous gland activity increases under the influence of androgens, particularly during puberty. Sebum provides a lipid-rich environment within the follicle and contributes to the development of the acne lesion [1,2].

The follicular microbial environment also plays a role. *Cutibacterium acnes*, previously known as *Propionibacterium acnes*, is a normal component of the skin microbiome; however, alterations in the follicular environment and bacterial interactions with the host immune system can contribute to inflammation [1,2].

Inflammatory signalling involving innate immune pathways and cytokines contributes to the development of papules, pustules and deeper inflammatory lesions. Acne should therefore not be reduced to a purely infectious disorder.

This modern understanding differs from the traditional humoral explanation, but the two perspectives can be discussed together when their respective evidentiary bases are clearly distinguished.

6. Clinical Manifestations

Buthūr-i-Labaniyya may manifest as a combination of non-inflammatory and inflammatory lesions. Closed comedones appear as small, skin-coloured elevations, while open comedones have a characteristic dark surface. Papules and pustules represent inflammatory lesions, and deeper nodules may occur in more severe disease [1,2].

The face is the most commonly involved area, although the upper chest, shoulders and back may also be affected.

Traditional Unani descriptions emphasize the morphology, consistency and contents of the eruptions. Later literature has attempted to relate these descriptions to different clinical forms of acne [3,4,20].

A fixed six-stage progression of acne should, however, be avoided. Microcomedones, comedones and inflammatory lesions can occur simultaneously, and not every patient

progresses through each morphological stage. The modern classification is better understood in terms of lesion type and severity rather than a compulsory sequence.

Standardized clinical assessment is important when evaluating treatment. The Global Acne Grading System (GAGS), Patient Global Assessment and other validated clinical scales have been used in studies of Unani interventions [10,11].

7. Principles of Unani Management

Management of Buthūr-i-Labaniyya in Unani medicine traditionally combines systemic and local measures. The therapeutic plan is influenced by the patient's *Mizāj*, the presumed nature of *Mādda*, severity of disease and the characteristics of the lesions.

The principal approaches include:

- *Tanqiya* — removal or evacuation of pathological matter.
- *Ta'dīl-i-Mizāj* — correction of abnormal temperament.
- *Islāḥ-i-Hazm* — correction of digestive function.
- *Islāḥ-i-Jigar* — management directed towards hepatic function within the Unani framework.
- *Muṣaffī* therapy — use of drugs traditionally described as purifying or correcting abnormal blood.
- Local *Tajfīf* — drying or reducing excessive moisture.
- *Tahlīl* — resolution of localized swelling or accumulated material.
- *Jālī* — cleansing or deterrent action.

These principles are traditionally combined according to the individual presentation rather than being applied as a uniform treatment protocol [5-9].

8. Single Drugs Used in Unani Management

Unani pharmacopoeias contain numerous single drugs that are used for disorders involving the skin, blood, liver and digestive system [9,15-18].

8.1 *Shāhtra* (*Fumaria parviflora*)

Shāhtra is traditionally regarded as an important *Muṣaffī-i-Dam* drug and has been incorporated into several compound formulations used in skin disorders. Its role in acne has also been investigated clinically, particularly in combination therapy [12].

8.2 *Kalonjī (Nigella sativa)*

Kalonjī is widely used in traditional medicine and has received considerable pharmacological interest. Thymoquinone, one of its important constituents, has demonstrated anti-inflammatory and antioxidant activities in experimental studies [21,22].

These properties provide a rationale for further investigation of *Nigella sativa* in inflammatory skin disorders. However, laboratory evidence should not be interpreted as direct proof of clinical efficacy in acne.

8.3 *Neem (Azadirachta indica)*

Neem has a long history of use in traditional medicine for skin disorders. It is traditionally described as possessing cleansing and antimicrobial properties and is included in various preparations used for cutaneous conditions [9,15].

8.4 *Unnāb (Ziziphus jujuba)*

Unnāb is traditionally used in formulations intended to reduce excessive heat and inflammatory manifestations. It is also a principal ingredient of *Sharbat-i-Unnāb*, which has been studied in combination with *Itrifal Shāhtra* in acne [23].

8.5 *Dārchīnī (Cinnamomum zeylanicum)*

Experimental investigation of selected Unani drugs has demonstrated antimicrobial activity of cinnamon extracts against organisms relevant to acne [24]. Such findings are useful in generating hypotheses concerning the possible contribution of individual ingredients to compound formulations.

8.6 *Injīr (Ficus carica)*

Ficus carica is traditionally used in several preparations and has been investigated for its phytochemical and pharmacological properties [25]. Its inclusion in recent topical Unani preparations has generated interest in its possible contribution to the management of inflammatory acne lesions.

9. Compound Unani Formulations

9.1 *Itrifal Shāhtra*

Itrifal Shāhtra is a traditional polyherbal preparation containing *Shāhtra* and other ingredients. It is traditionally used in conditions in which correction of abnormal bodily matter and *Tasfiya-i-Dam* are considered appropriate.

A preliminary clinical study evaluated *Itrifal Shāhtra* together with *Sharbat-i-Unnāb* in adolescents and young adults with acne and reported improvement in clinical parameters with

acceptable tolerability [23]. Because the study was preliminary and had limitations in sample size and design, its findings should be considered supportive rather than definitive.

9.2 *Sharbat-i-Unnāb*

Sharbat-i-Unnāb is traditionally used for conditions associated with excessive heat and inflammatory manifestations. Its use with *Itrifal Shāhtra* reflects the Unani approach of combining drugs with complementary therapeutic actions [23].

9.3 *Zimād-i-Muhāsā*

Zimād-i-Muhāsā is a topical compound preparation intended for direct application to acne lesions. Clinical evaluation has been conducted using a randomized standard-controlled design in which the Unani combination was compared with conventional treatment [12].

The study reported improvement in both treatment groups. Such findings are relevant to the growing clinical evidence for Unani topical therapy, although conclusions concerning superiority require careful interpretation of the actual between-group analysis.

9.4 *Tila-i-Muhāsā*

Tila-i-Muhāsā is one of the Unani topical preparations that has been evaluated in a randomized controlled clinical study. Azahar et al. conducted a randomized controlled study comparing *Tila-i-Muhāsā* with 5% benzoyl peroxide for six weeks. Sixty patients completed the study, with 30 patients in each group. Both groups showed significant reductions in GAGS and Patient Global Assessment scores from baseline. The mean percentage reduction in GAGS was 66.97% in the Unani group and 59.09% in the benzoyl peroxide group; corresponding reductions in PGA were 57.44% and 50.23%, respectively. No serious adverse events were reported, while mild adverse events were reported more frequently in the benzoyl peroxide group [10].

These findings support further evaluation of *Tila-i-Muhāsā*, although the study duration was only six weeks and larger trials with longer follow-up were recommended by the investigators themselves [10].

9.5 *Laṭūkh*

Laṭūkh is a topical epithem used in Unani medicine. Recent clinical research has evaluated a *Laṭūkh* containing *Ficus carica* and *Nigella sativa* in a vinegar-based preparation against topical clindamycin. The study provides additional clinical evidence for the investigation of traditional topical preparations, although its findings require confirmation in larger and methodologically robust studies. [13]

10. Evidence from Clinical Studies

The available clinical literature suggests that Unani interventions have been evaluated through a variety of designs, ranging from uncontrolled clinical studies to randomized controlled trials.

Sultana et al. evaluated a locally applied Unani formulation in acne vulgaris and reported clinical improvement following treatment [11]. The study is important as an early clinical investigation, although its uncontrolled nature limits the ability to distinguish treatment effects from spontaneous improvement or other influences. The publication is indexed in PubMed and reports the study in Ancient Science of Life [11].

Azahar et al. subsequently evaluated Tila-i-Muhāsā against 5% benzoyl peroxide in a randomized controlled clinical study. Both interventions produced significant improvement during six weeks of treatment, and the investigators reported acceptable tolerability of the Unani preparation [10].

A randomized standard-controlled study investigated combination therapy involving oral Shāhtra and topical Zimād-i-Muhāsā compared with systemic azithromycin and topical benzoyl peroxide [12]. The study contributes to the comparative evidence base, although differences in study design and outcome reporting should be considered when interpreting the findings.

The preliminary study of Itrifal Shāhtra and Sharbat-i-Unnāb also reported improvement in acne among adolescents and young adults [23].

Taken together, these studies indicate that Unani preparations have progressed beyond purely traditional use and have begun to undergo clinical evaluation. Nevertheless, the evidence remains insufficient to establish definitive comparative efficacy across the entire range of Unani acne therapies.

Table 1. Selected clinical evidence on Unani interventions in acne vulgaris.

Study	Study design	Intervention	Comparator	Main observation
Sultana et al. [11]	Clinical study	Local Unani formulation	None	Clinical improvement reported
Azahar et al. [10]	Randomized controlled study	Tila-i-Muhāsā	5% benzoyl peroxide	Significant within-group improvement in both groups
Khan et al. [12]	Randomized standard-controlled study	Shāhtra + Zimād-i-Muhāsā	Azithromycin + BPO	Improvement reported in both groups
Salam et al. [23]	Preliminary clinical study	Itrifal Shāhtra + Sharbat-i-Unnāb	Baseline comparison	Improvement and acceptable tolerability reported
Imlaque et al. [26]	Open intervention study	Ghazā-i-Husn Afzā	No conventional comparator	Clinical improvement reported
Mehraja et al. [13]	Randomized controlled study	Laṭūkh	Clindamycin	Improvement reported in clinical outcomes

11. Pharmacological Basis of Selected Unani Interventions

The pharmacological interest in Unani acne preparations has increased because many of their constituent plants contain compounds with experimentally demonstrated antimicrobial, antioxidant or anti-inflammatory activities.

Nigella sativa, particularly its constituent thymoquinone, has been investigated extensively for its pharmacological properties [21,22]. These activities may be relevant to inflammatory skin conditions, although the clinical significance in acne remains to be established.

Vinegar-based preparations have also attracted attention. Studies of fruit vinegars have demonstrated antioxidant and antimicrobial properties, including activity against selected microorganisms [28-30]. Such observations may partly explain the continued use of vinegar as a vehicle in certain traditional topical preparations.

The traditional concept of *Tajfif* can be understood as a therapeutic action directed towards drying excessive moisture or discharge. *Tahlil* refers to the resolution of localized swelling or accumulated material, whereas *Jāli* denotes cleansing or detergent action. These concepts are useful in describing the traditional pharmacological rationale of topical formulations.

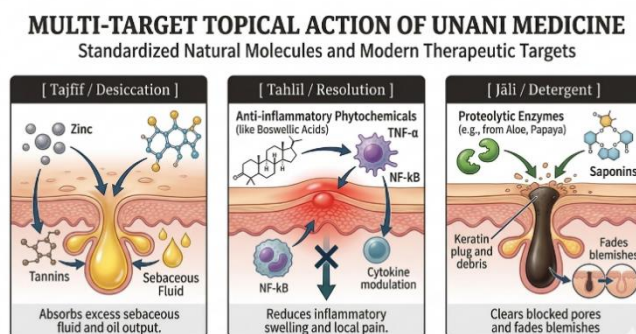


Figure 3.

However, it would be premature to assign a specific modern molecular mechanism to each of these traditional actions. Experimental studies are required to determine whether and how these preparations influence sebum production, follicular keratinization, microbial activity, inflammatory signalling or skin-barrier function.

12. Critical Appraisal of the Existing Evidence

The current literature provides an encouraging basis for further investigation but does not yet provide sufficiently consistent evidence for broad conclusions regarding the efficacy of Unani medicine in acne.

One major limitation is the small sample size of many studies. Studies involving a limited number of participants may provide useful preliminary findings but have limited statistical power and generalizability.

A second concern is the short duration of follow-up. Most clinical studies have evaluated outcomes over several weeks, whereas acne is a chronic condition in which recurrence and long-term treatment response are clinically important.

A third issue is methodological heterogeneity. Randomization, allocation concealment, blinding, comparator selection and outcome assessment are not reported with the same degree of detail across studies. These factors influence the reliability of clinical evidence.

Another important issue is the diversity of Unani formulations. The term “Unani treatment” encompasses a wide range of individual drugs, polyherbal preparations and dosage forms. Findings obtained with one formulation cannot automatically be generalized to another.

Safety reporting also requires greater attention. Although several studies have reported good tolerability, larger studies are necessary to identify less frequent adverse effects and to assess safety during prolonged use.

Finally, experimental evidence and clinical evidence should remain clearly separated. An antimicrobial or anti-inflammatory effect observed *in vitro* may provide a rationale for clinical investigation but does not establish therapeutic efficacy in patients.

13. Research Gaps and Future Perspectives

Future research should focus on selected Unani formulations for which preliminary clinical evidence is already available. Rather than conducting numerous small exploratory studies, adequately powered randomized controlled trials should be prioritized.

Formulations should be standardized with appropriate botanical identification, quality control and reproducible manufacturing procedures. Where possible, marker compounds and physicochemical characteristics should be documented to ensure consistency between batches.

Clinical trials should use validated outcome measures such as GAGS, Investigator Global Assessment, lesion counts and patient-reported quality-of-life measures. Longer follow-up should be incorporated to assess recurrence and persistence of therapeutic benefit.

Mechanistic studies should investigate specific biological endpoints. For example, promising topical formulations could be evaluated for antimicrobial activity, anti-inflammatory effects, sebaceous regulation, follicular keratinization and effects on the skin barrier.

Future research should also explore whether different Unani formulations are more appropriate for particular clinical patterns of acne. Such investigations could provide a more clinically meaningful interpretation of traditional concepts such as *Mizāj*, rather than treating temperament as a universal explanation for disease.

Multicentric studies would further improve generalizability. Independent replication of promising findings would also strengthen the evidence base.

14. CONCLUSION

Buthūr-i-Labaniyya represents an established concept within Unani dermatological literature, where its development has traditionally been discussed in relation to *Mizāj*, *Akhlāt*, *Mādda*, *Balgham*, digestion and the accumulation of abnormal material in the skin. Classical Unani literature provides a detailed therapeutic framework involving systemic correction, purification and local treatment.

Modern dermatology explains acne through the interaction of follicular hyperkeratinization, sebaceous activity, microbial factors and inflammation. Although certain traditional concepts, such as *Saddah*, *Tajfīf*, *Tahlīl* and *Jālī*, may be discussed alongside modern observations, they should not be presented as direct equivalents of specific modern biological mechanisms without supporting evidence.

Clinical investigations of Tila-i-Muhāsā, Zimād-i-Muhāsā, Itrifal Shāhtra, Sharbat-i-Unnāb and Laṭūkh provide preliminary evidence supporting continued scientific investigation of selected Unani interventions. The randomized study of Tila-i-Muhāsā, in particular, demonstrated significant improvement in both the Unani and benzoyl peroxide groups over six weeks, with no serious adverse events reported [10].

At present, however, the evidence base remains limited by small samples, short follow-up, heterogeneous interventions and variable methodological quality. The most appropriate next step is therefore not to generalize the findings to Unani medicine as a whole, but to identify promising individual formulations and evaluate them through rigorous, adequately powered clinical and pharmacological studies.

The integration of classical Unani knowledge with contemporary research methodology may provide a scientifically credible pathway for evaluating traditional approaches to Buthūr-i-Labaniyya while preserving the conceptual framework from which these therapies originated.

REFERENCES

1. Zaenglein AL, Pathy AL, Schlosser BJ, Alikhan A, Baldwin HE, Berson DS, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016;74:945-973.
2. Drake L, Reyes-Hadsall S, Barbieri JS, Mostaghimi A. New developments in topical acne therapy. *Am J Clin Dermatol*. 2022;23:125-136.
3. Sultana S, Ansari AH, Shahnawaz. Buthūr-i-Labaniyya (Acne vulgaris) with special reference to Unani medicine: review. *J AYUSH*. 2015.
4. Khatoon F, Azahar M, Jabeen A, Uddin Q, et al. A comprehensive review on Buthūr Labaniyya (Acne vulgaris) with special references of Unani System of Medicine. *J Phytopharmacol*. 2021;10(6):468-477.
5. Ibn Sina AA. *Al-Qanun fi al-Tibb*. Urdu translation by Kantoori SG. New Delhi: Idara Kitab-us-Shifa; 2007.
6. Zakariya R. *Kitab al-Hawi*. Vol 21. New Delhi: CCRUM; 2007.
7. Ahmad KR. *Tarjuma Sharah Asbab*. Vol 4. New Delhi: CCRUM; 2010.
8. Rashid B. Acne vulgaris in perspective of Unani literature: a review. *J Biol Sci Opin*. 2018;6(2):36-39.
9. Jeelani G. *Makhzanul Ilaj*. Vol 1. New Delhi: Idara Kitab-us-Shifa; 2005.
10. Azahar M, Uddin Q, Kazmi MH, Khatoon F, Husain N. Therapeutic evaluation of a topical Unani formulation, Tila-i Muhāsā in Buthūr Labaniyya (Acne vulgaris): a randomized, controlled clinical study. *CellMed*. 2020;10(2):15. doi:10.5667/CellMed.2020.0015. (DOI
11. Sultana S, Zulkifle M, Ansari AH, Shahnawaz. Efficacy of local application of an Unani formulation in acne vulgaris. *Anc Sci Life*. 2015;35(2):124-128. doi:10.4103/0257-7941.171668. (PubMed Central (PMC))
12. Khan S, Shamsi Y, Jahangir U, Manjhi M, Akhtar MW. Efficacy of Unani combination therapy in the management of acne vulgaris: a randomised standard controlled study. *Chettinad Health City Med J*. 2022;11(3):10-16.
13. Mehraja M, Hussaina Z, Kalamb MA, Ashrafa A. Evaluation of Unani formulation of Laṭūkh (epithem) in the management of Buthūr Labaniyya (Acne vulgaris): a single-blind, randomised, controlled study. *J Herbal Med*. 2026;58:101106.
14. Sheema, Sidra, Naaz I. Pathophysiology of Buthūr-i-Labaniyya (Acne vulgaris) in the Unani System of Medicine. *J Biol Sci Opin*. 2023;11(2):23-25.
15. Najmul G. *Khazainul Advia*. New Delhi: Idara Kitab-us-Shifa; 2011.
16. Ahmad NT. *Tajul Mufradat*. New Delhi: Idara Kitab-us-Shifa; 2010.
17. Baitar I. *Aljame li-Mufradatil Advia wal Aghzia*. Vol 3. New Delhi: CCRUM; 2003.

18. Mohammad K. *Ilmul Advia Nafeesi*. New Delhi: Ejaaz Publishing House; 2007.
19. Khan Q, Salam MU. Management of acne vulgaris (Busoor-e-Labaniya) in Unani medicine—a concise review. *Int J Adv Pharm Med Bioallied Sci*. 2021;9(1):5-8.
20. Jamal MA, Khan MR. *Jild wa Tazeeniyat*. New Delhi: Hidayat Publishers and Distributors; 2021.
21. Hannan MA, Rahman MA, Sohag AAM, et al. Black cumin (*Nigella sativa* L.): a comprehensive review on phytochemistry, health benefits, molecular pharmacology, and safety. *Nutrients*. 2021;13:1784.
22. Malekian S, Ghassab-Abdollahi N, Mirghafourvand M, Farshbaf-Khalili A. The effect of *Nigella sativa* on oxidative stress and inflammatory biomarkers: a systematic review and meta-analysis. *J Complement Integr Med*. 2021;18:235-259.
23. Salam M, Khan Q, Sehar N, et al. A preliminary study on the efficacy and safety of two Unani pharmacopoeial formulations (Itrifal Shahatra and Sharbat Unnab) in adolescent and young adult cases of acne vulgaris. *World J Pharm Med Res*. 2020;6(4):85-89.
24. Chaudhary SS, Tariq M, Zaman R, Imtiyaz S. The in vitro anti-acne activity of two Unani drugs. *Anc Sci Life*. 2013;33(1):35-38.
25. Shahrajabian MH, Sun W, Cheng Q. A review of chemical constituents, traditional and modern pharmacology of fig (*Ficus carica* L.), a super fruit with medical astonishing characteristics. *Polish J Agron*. 2021;44:22-29.
26. Imlaque M, Sherwani AM, Ahmad MZ. An open intervention field trial of Ghazae Husn Afza in Busoore Labaniya (*Acne vulgaris*) among workers of micro, small and medium enterprises. *J AYUSH*. 2021;10(3):40-48.
27. Bashir B, Quamri MA, Wani UH, Ayoub M. Efficacy of a topical Unani formulation, Zimad Irsa and Kharbaq Safed in Basoore Labaniyya (*Acne vulgaris*)—a case study. *Eur J Pharm Med Res*. 2024;11(12):298-300.
28. Ousaaaid D, Bakour M, Laaroussi H, El Ghouizi A, Lyoussi B, El Arabi I. Fruit vinegar as a promising source of natural anti-inflammatory agents: an up-to-date review. *Daru*. 2023;32(1):307-317.
29. Kahraman HA, Tutun H, Kaya MM, et al. Total phenolic content, antiradical, antimicrobial and antibiofilm properties of grape and apple vinegar. *J Adv Vet Bio Sci Technol*. 2021;6:150-158.
30. Antoniewicz J, Jakubczyk K, Kwiatkowski P, et al. Analysis of antioxidant capacity and antimicrobial properties of selected Polish grape vinegars obtained by spontaneous fermentation. *Molecules*. 2021;26:4727.