Available online on 15.07.2026 at http://jddtonline.info

Journal of Drug Delivery and Therapeutics

Open Access to Pharmaceutical and Medical Research

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the CC BY-NC 4.0 which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited

Open Access Full Text Article

Review Article

Rua'af (Epistaxis) in Unani Medicine: Classical Insights and Therapeutic Approaches

Abdul Nasir [1]*, Zehra Khatoon [2], Gazala Fatma [3]

[1] Assistant Professor, Department of Ain Uzn Anf wa Halaq (ENT), School of Unani Medical Education and Research, Jamia Hamdard, New Delhi, India

[2] Associate Professor & Head, Department of Ain Uzn Anf wa Halaq (ENT), School of Unani Medical Education and Research, Jamia Hamdard, New Delhi, India

[3] Research Officer (Unani), HAKILHRUM, Central Council for Research in Unani Medicine (CCRUM), New Delhi, India

Article Info:

Article History:

Received 17 April 2026
Reviewed 04 June 2026
Accepted 22 June 2026
Published 15 July 2026

Cite this article as:

Nasir A, Khatoon Z, Fatma G, Rua'af (Epistaxis) in Unani Medicine: Classical Insights and Therapeutic Approaches, Journal of Drug Delivery and Therapeutics. 2026; 16(7):307-310 *DOI: https://doi.org/10.22270/jddt.v16i7.7895*

For Correspondence:

Abdul Nasir, Assistant Professor, Department of Ain, Uzn Anaf wa Halaq (Eye & ENT), School of Unani Medical Education & Research, Jamia Hamdard (Deemed to be University), New Delhi 110062, India.

Abstract

Rua'af (epistaxis) refers to bleeding from the nasal cavity and is among the most common otorhinolaryngological emergencies encountered in clinical practice. Although most episodes are self-limiting, recurrent or severe epistaxis may indicate underlying local or systemic pathology requiring prompt medical intervention. In modern medicine, epistaxis is associated with trauma, infections, hypertension, vascular disorders, neoplasms, and systemic diseases. Unani medicine provides a comprehensive description of Rua'af under disorders of blood and vascular imbalance, attributing its pathogenesis primarily to excess blood (Imtila-i-Dam), increased heat of blood (Hararat-i-Dam), weakness of blood vessels (Za'f al-Aw'iya), and derangement of humours (Fasad al-Akhlat).

Classical Unani scholars including Ibn Sina, Al-Razi, Jurjani, and Arzani extensively discussed the causes, classification, clinical manifestations, and management of Rua'af. The therapeutic approach in Unani medicine emphasizes correction of humoral imbalance through Ilaj bil Tadbeer (regimental therapy), Ilaj bil Ghidha (dietotherapy), and Ilaj bil Dawa (pharmacotherapy). Various cooling, haemostatic, and astringent formulations are recommended for controlling nasal bleeding and strengthening vascular integrity. Surgical intervention is considered only in resistant or life-threatening cases.

The present review aims to elaborate the concept of Rua'af in Unani medicine and correlate it with contemporary understanding of epistaxis. The paper highlights classical etiological concepts, symptomatology, preventive measures, and therapeutic interventions described in Unani literature, thereby emphasizing the relevance of traditional approaches in the holistic management of epistaxis.

Keywords: Rua'af, Epistaxis, Nose bleed, Hiddat-i-Dam, Imtila-i-Dam.

INTRODUCTION

Epistaxis, commonly known as nosebleed, is defined as bleeding originating from the nasal mucosa. The term is derived from the Greek word *epistazein*, meaning "to drip from the nose." It is one of the most frequently encountered emergencies in otorhinolaryngology and affects individuals of all age groups. Approximately 60% of the population experiences epistaxis at least once during their lifetime, although only a small proportion requires medical attention.[1,2]

The incidence of epistaxis demonstrates a bimodal age distribution, occurring commonly among children and older adults between 45 and 65 years of age.[3] Most episodes are minor and self-limiting; however, severe posterior epistaxis can become life-threatening, especially in elderly hypertensive patients.[4] Hypertension, trauma, infections, coagulation disorders, environmental factors, and neoplasms are among the important etiological factors associated with epistaxis.[5]

The nasal mucosa is richly supplied with blood vessels derived from both internal and external carotid circulations. Due to the superficial location of these vessels, the nasal mucosa is particularly vulnerable to injury and bleeding. Little's area (Kiesselbach's plexus) on the anterior nasal septum is the most common site of bleeding.[6]

In Unani medicine, epistaxis is referred to as "Rua'af" and is discussed extensively in classical literature. Unani physicians considered Rua'af as a manifestation of humoral imbalance, particularly related to excess and overheating of blood. Classical scholars such as Ibn Sina, Zakariya Razi, Jurjani, and Arzani elaborated its causes, clinical presentation, and treatment modalities.[7,8] The Unani system adopts a holistic approach emphasizing restoration of humoral equilibrium and strengthening of

vascular structures through dietary regulation, regimental therapies, and medicinal formulations.

UNANI CONCEPT OF RUA'AF

In Unani medicine, Rua'af is categorized under disorders involving abnormal bleeding due to derangement of humours (Akhlat). According to Ibn Sina in *Al-Qanoon fi'l-Tibb*, epistaxis occurs because of increased heat and fluidity of blood, leading to rupture of nasal vessels.[7] Excessive accumulation of blood (Imtila-i-Dam) and increased vascular pressure are regarded as major contributing factors.

Al-Razi in *Al-Hawi* described epistaxis as a condition resulting from altered blood quality and vascular fragility.[8] He emphasized that treatment should focus not merely on arresting bleeding but also on correcting the underlying humoural imbalance.

Ibn Hubal in *Mukhtarat fi'l Tib* attributed Rua'af to excessive Hararat (heat), dryness, trauma, or increased blood pressure within nasal vessels.[9] Arzani in *Tibb-e-Akbar* further emphasized the influence of environmental factors, diet, and temperament in the pathogenesis of nasal bleeding.[10]

According to Unani principles, the balance among four humours—Dam (blood), Balgham (phlegm), Safra (yellow bile), and Sauda (black bile)—is essential for maintaining health. Disturbance of this equilibrium leads to disease manifestations, including Rua'af.

AETIOLOGY OF EPISTAXIS

Modern Perspective

The causes of epistaxis are broadly classified into local and systemic factors.

A.Local Causes

Trauma

- Nose picking
- Facial injuries
- Nasal fractures
- Intranasal surgery
- Forceful nose blowing
- Violent sneezing

Infections

- Acute and chronic rhinitis
- Sinusitis
- Nasal diphtheria
- Tuberculosis
- Syphilis
- Atrophic rhinitis

Foreign Bodies

- Rhinoliths
- Neglected foreign bodies
- Maggots and leeches

Neoplasms

- Haemangioma
- Papilloma
- Juvenile nasopharyngeal angiofibroma
- Carcinoma and sarcoma

Other Local Factors

- Deviated nasal septum
- Atmospheric pressure changes
- Nasopharyngeal disorders

B.Systemic Causes

- Hypertension
- Arteriosclerosis
- Blood dyscrasias
- Haemophilia
- Vitamin K deficiency
- Liver disease
- Chronic kidney disease
- Drug-induced bleeding
- Acute febrile illnesses
- Pregnancy-associated hypertension

ASBAB-I-RUA'AF (CAUSES OF EPISTAXIS IN UNANI MEDICINE)

According to Unani literature, the important causes include:

1. Imtila-i-Dam (Excess accumulation of blood)
2. Hiddat-i-Dam (Increased heat of blood)
3. Za'f al-Aw'iya (Weakness of blood vessels)
4. Fasad al-Akhlat (Corruption of humours)
5. Excessive intake of hot and spicy foods
6. Exposure to hot and dry climates
7. Trauma and excessive sneezing
8. Febrile conditions
9. Nasal ulcers and irritation
10. Increased vascular pressure due to systemic disorders

CLASSIFICATION OF EPISTAXIS

Modern Classification

According to Age

- Childhood epistaxis
- Adult epistaxis

According to Etiology

- Primary epistaxis
- Secondary epistaxis

According to Site

- Anterior epistaxis
- Posterior epistaxis

AQSAM-I-RUA'AF (UNANI CLASSIFICATION)

1. **Damvi Rua'af (Sanguineous):** Bright red profuse bleeding due to excess blood and heat.

2. **Safravi Rua'af (Bilious):** Yellowish bleeding associated with heat and dryness.

3. **Balghami Rua'af (Phlegmatic):** Pale bleeding due to cold and moist temperament.

4. **Saudavi Rua'af (Melancholic):** Dark or clotted bleeding associated with black bile dominance.

CLINICAL FEATURES

The common manifestations of Rua'af include:

- Sudden bleeding from one or both nostrils
- Headache
- Dizziness
- Fullness in the head
- Heat sensation around face and head
- Weakness in severe blood loss
- Anxiety and restlessness

MANAGEMENT OF EPISTAXIS

General Measures

Initial management includes:

- Reassurance of the patient
- Maintaining airway and haemodynamic stability
- Sitting position with slight forward bending
- Pinching the nose for 5–10 minutes
- Application of cold compresses
- Monitoring pulse and blood pressure
- Oxygen supplementation when required

Nasal Cauterization and Packing

When conservative management fails, the following measures are adopted:

Nasal Cautery

- Chemical cautery
- Electrocautery
- Endoscopic cauterization

Nasal Packing

- Anterior nasal packing
- Posterior nasal packing

These procedures are generally reserved for persistent or severe bleeding.

UNANI MANAGEMENT OF RUA'AF

Ilaj bil Ghidha (Dietotherapy)

Dietary regulation plays a vital role in Unani management.

Recommended Foods

- Barley water
- Pomegranate juice
- Sugarcane juice
- Cucumber
- Yogurt
- Tamarind
- Masoor with Sumaq

Foods to Avoid

- Spicy foods
- Fried foods
- Hot temperament diets
- Heavy oily meals

Cooling and astringent foods are preferred to reduce heat and vascular congestion.

Ilaj bil Dawa (Pharmacotherapy)

Unani pharmacotherapy focuses on haemostatic, cooling, and astringent drugs.

Commonly Used Drugs

Qabiz (Astringent) Drugs

- Gul-e-Nar
- Gul-e-Ward
- Mazoo
- Aqaqiya
- Phitkari

Mubarrid (Cooling) Drugs

- Kafoor
- Tukhm Kahu
- Tukhm Khurfa
- Bartang
- Afiyoon

Compound Formulations

- Sharbat-e-Nilofar
- Arq Gaozaban
- Jawarish Anarain
- Kushta Faulad

These medicines help reduce vascular congestion, cool the blood, and arrest bleeding.

Ilaj bil Tadbeer (Regimental Therapy)

Various regimental therapies have been described in classical Unani literature.

Sa'oot (Nasal Instillation)

- Aab-e-Ghoora
- Kafoor
- Aab-e-Kishneez

Fatila (Nasal Plug)

- Phitkari
- Kundur
- Qalaqtar

Dimad (Paste Application)

- Gil-e-Armani with vinegar
- Gil Multani with Luab-e-Isabghol
- Gulab and Post Anar formulations

Nashooq and Nafookh

Insufflation of powdered haemostatic medicines through the nostrils.

Fasd (Venesection)

Venesection on the same side of bleeding has been recommended in severe cases.

Hijama bila Shart (Dry Cupping)

Applied to divert blood flow and reduce vascular congestion.

DISCUSSION

Epistaxis is a multifactorial condition with both local and systemic causes. Contemporary management focuses primarily on stabilization, localization of bleeding, and haemostasis. However, Unani medicine offers a broader holistic framework emphasizing correction of underlying humoural imbalance and restoration of vascular integrity.

Classical Unani physicians demonstrated a sophisticated understanding of the disease process and proposed individualized treatment according to temperament and humoural derangement. Many Unani drugs possessing cooling, haemostatic, anti-inflammatory, and astringent properties may have significant therapeutic relevance even in modern practice.

Integration of evidence-based Unani interventions with contemporary management protocols may provide a safe, cost-effective, and holistic approach for recurrent or chronic epistaxis.

CONCLUSION

Rua'af (epistaxis) is a common clinical condition ranging from mild self-limiting bleeding to severe life-threatening haemorrhage. Both modern medicine and Unani medicine recognize the importance of identifying underlying causes and instituting timely management. Unani literature provides a detailed account of the pathogenesis, classification, symptomatology, and treatment of Rua'af based on humoural theory and temperament.

The Unani approach emphasizes holistic management through dietary regulation, pharmacotherapy, and regimental therapies aimed at restoring humoural balance and strengthening blood vessels. Classical formulations and regimens described in Unani texts may offer complementary therapeutic benefits in the management of epistaxis. Further scientific validation and clinical research are required to evaluate the efficacy and safety of these interventions in evidence-based integrative healthcare.

Acknowledgements: The authors would like to acknowledge the all teachers and library staff of School of Unani Medical education and Research for their work through their keen observations and experiences.

Conflict of Interest: The authors declare that they have no competing interests.

REFERENCES

1. Soyka MB, Nikolaou G, Rufibach K, Holzmann D. Current approaches to epistaxis treatment in primary and secondary care. Dtsch Arztebl Int. 2018;115(1-2):12-22.
2. Womack JP, Kropa J, Jimenez Stabile M. Epistaxis: Outpatient management. Am Fam Physician. 2018; 98 (4):240-245.
3. Rao P. Diagnosis and management of epistaxis: A summary from recent systematic reviews. Int J Health Sci Res. 2017;7(3):361-365.
4. Watkinson JC. Epistaxis. In: Mackay IS, Bull TR, editors. Scott-Brown's Otolaryngology. London: Butterworths; 1997. p.106-121.
5. Maqbool M, Maqbool S. Textbook of Ear, Nose and Throat Diseases. 11th ed. New Delhi: Jaypee; 2007. p.180. https://doi.org/10.5005/jp/books/11154_32
6. Dhingra, P.L., Dhingra, S. and Dhingra, D., 2016. Diseases of ear, nose and throat & head and neck surgery. 7th ed., pp.197-200.
7. Pope LER, Hobbs CGL. Epistaxis: an update on current management. Clin Otolaryngol. 2005;30:309-314. https://doi.org/10.1136/pgmj.2004.025007 PMid:15879044 PMCid:PMC1743269
8. Ibn Sina. Al-Qanoon fi'l-Tibb. Vol II. New Delhi: Idara Kitab-ul-Shifa; 2010. p.657-660.
9. Razi MZ. Al-Hawi (Urdu translation by CCRUM). Vol III. New Delhi: CCRUM; 1994. p.59-60.
10. Ibn Hubal. Kitab al-Mukhtarat fi'l Tibb. Vol III. New Delhi: CCRUM; 2004. p.132-133.
11. Arzani HA. Tibb-e-Akbar. Deoband: Faisal Publications; p.234-235.
12. Jurjani I. Zakheera Khawarizam Shahi. Part III. New Delhi: Idara Kitab-ul-Shifa; 2010. p.197-198.
13. Majoosi AIA. Kamil al-Sana'a. Vol V. New Delhi: CCRUM; 2010. p.355.
14. Arzani HMA. Meezan-e-Tib. New Delhi: Idara Kitab-ul-Shifa; 2002. p.87.
15. Kabiruddin H. Bayaz-e-Kabir. Hyderabad Deccan: Hikmat Book Depot; 1935. p.57-58.
16. Akhtar J. Ilaj bit Tadbeer. New Delhi: Hidayat Publishers and Distributors; 2019. p.110-120.