



**EFFECT OF *HAMMAM* (STEAM BATH) WITH HERBAL DECOCTION  
OF *BURG-I-NĪM* AND *BURG-A* CASE STUDY**

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**ABSTRACT**

**Introduction:** Boils also referred as furuncles are infections of hair follicles caused by the bacteria producing painful, nodular pus-filled lesions on skin surfaces. There are various conditions and co-morbidities which lead to the formation of boils on skin surfaces like diabetes, weaning immunity, variety of skin infections, poor hygiene. In Unani System of Medicine (USM), boil occurs due to the imbalance of *Akhlat* (humours) which is actually increase of hot and moist humours. This imbalance leads to the accumulation of morbid matter in blood causing skin inflammation. *Hammam* is a regimenal therapy which causes the diversion and evacuation of morbid wastes from the body. **Clinical presentation:** A 50 year old male patient with no co-morbidity visited the OPD of Regional Research Institute of Unani Medicine, Habak, Srinagar, Jammu and Kashmir in the month of November in 2024. The patient was a diagnosed case of boils which were present on the left flank of abdomen, on left iliac crest, gluteal region. The patient had no aggravating or relieving factor. **Intervention:** The patient was treated with *Hammam* therapy infused with *Burg-i-Nīm* (BN) and *Burg-i-Hina* (BH) for a period of 15 days. All the pre and post treatment SOP's were

taken into consideration. **Results:** The presenting signs and symptoms were reduced which was assessed through Visual Analogue Scale (VAS). **Discussion:** *Hammam*, a known regiminal therapy in USM helps through the evacuation of morbid wastes from the body leading to complete detoxification. The use of *Burg-i-Nīm*(BN) and *Burg-i-Hina* (BH) as a decoction in *hammam* helped in blood purification. Also, being a potent antibacterial agent, it aides in wound treatment and healing. The chemical constituents like quercetin,  $\beta$ -sitosterol, margolone, etc. possess antibacterial, antifungal and anti-inflammatory properties. **Conclusion:** In this study, it was validated that *Hammam* has significant effect on boils and is beneficial in the treatment of boils.

**KEYWORDS:** Boils, *Buthūr*, *Hammam*, Regiminal therapy, Unani treatment.

## INTRODUCTION

A boil, also known as a furuncle, is a bacterial infection that results in a pus-filled lump on the skin arising from hair-bearing sites. An infection of a hair follicle and the surrounding tissue results in boils. Boils are painful swollen bumps, ranging from roughly the size of a cherry stone to that of a walnut. They feel warm and look red, and yellowish pus is seen through the skin. Boils mainly occur on the face and neck, including the back of the neck. But they sometimes also develop in the armpits, groin, genital area, on the back, bottom or thighs. These often arise as an associated factor with obesity, blood dyscrasia, defects in neutrophil function (defects in chemotaxis associated with eczema and high IgE levels, etc.). If several boils develop in neighboring hair follicles and merge into a larger connected area of infection under the skin, it's called a carbuncle. Carbuncles often occur at the back of the neck, and go deeper into the tissue than boils.<sup>[1,2,3]</sup>

The bacteria causing boils can affect any organ system, areas draining into brain and other vital viscera can carry serious infections there. If the patient suffers from chronic boils (more than two years), cosmetic surgery is indicated.

## Causes and risk factors

Boils are caused by bacteria, most commonly by *Staphylococcus aureus* bacteria. They are more likely to lead to boils or other skin infections in people who have weakened immune systems. For this reason, boils are more common in people with medical conditions such as diabetes, chronic infections or cancer. They are also more common in people with eczema, conjunctivitis or certain allergies such as allergic asthma.

### Prevalence and outlook

Skin infections are generally very common, but most of them are caused by something else. Only about 3 out of 100 people who go to their doctor with a skin infection have a boil.

Boils develop within a few hours or days. Once the pus has escaped from the red, swollen lump after a few days - either on its own or following treatment – the boil heals within a few weeks. A small scar is left behind. Sometimes boils heal without the pus coming out. The pus is then broken down by the body.

### Diagnosis

Doctors usually recognize boils based on their typical appearance and a description of the symptoms. Further diagnostic procedures such as blood tests or a pus swab are only needed if someone often gets boils, has several boils at the same time, or is thought to be at high risk of complications.

The pus is then examined in a laboratory in order to find out exactly what kind of bacteria are causing the infection, and determine which antibiotics are most likely to work the best. Blood tests help to find out whether the infection has already spread and whether the person has any other medical conditions that could increase the risk of bacterial infections occurring.

### Treatment

Simple furunculosis may be aided by local application of moist heat. A furuncle surrounded by cellulitis or one associated with fever is to be treated with systemic antibiotics. For severe infections, antibiotics are advised through parenteral route. When lesions are large, painful and fluctuant, then incision and drainage is advised. If the infection is recurrent or complicated by co-morbidities, a culture is sent. Antimicrobial therapy is advised until the evidence of inflammation has regressed.<sup>[3]</sup>

### An outlook on Hammam

*Hammam* forms an important element of *Ilaj bit tadbeer* (IBT). The word *hammam* is derived from an Arabic root *Hamm* meaning ‘spreader of warmth’ or that produces heat. It consists of 4 rooms: 1<sup>st</sup> room is *Barid Ratab*, 2<sup>nd</sup> is *Har Ratab*, 3<sup>rd</sup> one *Garm Khushk* and the 4<sup>th</sup> one is *Moatadil*. The temperature ranging from 100-120° F. It is beneficial in numerous diseases mentioned in Classical Unani literature which include weight loss, detoxifying agent,

strengthens nerves, reduces inflammation, has anti-microbial activity, dyspepsia, liver weakness, etc.<sup>[4,5,6,7,8,9]</sup>

## CASE REPORT

A 50year old, male patient,non-diabetic,normotensive and euthyroidicreported to the OPD of RRIUM on 12-11-2024 with the complaint of severe pain in nodular pustule present on left flank. (Fig.1).The patient was unable to bend or move freely. He was a diagnosed with boilswhich were pustular in nature present on the left flank of abdomen, on left iliac crest, gluteal region.The patient was not on any allopathic treatmentand there was no relevant history of recurrence.On history taking it was found that the patient had no allergic history.Drug history,surgical history,medical history,family history wereall non-significant.Patient had no co-morbidities and no history of any psychological disease.His sleep,appetite and bowel were all normal. The nutritional status of the patientwas good, He had a muscular body with a weight equal to 90 kgs and height was 5"7.All the vitals were within the normal range with B.P =120/80,Pulse =74bpm,Respiratory rate=16/min and temperature =97.6 F.Systemic examination consisting of thorough examination of Central nervous,cardiovascular,digestive and respiratory systems were found with the normal parameters.

## LOCAL EXAMINATION

- Site: Left flank of abdomen, on left iliac crest, gluteal region.
- Nature: pustular nodules.
- Number of nodules: one to two on each site.
- Size of nodules: 3x2 cm
- Pain: Present
- Inflammation: Present
- Itching: Present

## TREATMENT PROTOCOL

Oral administration of *Habb-i-Musaffi* (HM) was used for 15 days; topical use of *Marham-i-Kafoor*(MK) was done for 15 days and *Hammam* was done alternativelyfor 15 days.

## Procedure

**Oral Medication*Habb-i-Musaffi*(HM):***Habb-i-Musaffi* in a dose of 250 mg twice daily (see ingredient in Table 1) weregiven orally daily for a duration of 15 days.<sup>[10]</sup>

**Local application of *Marham-i-Kafoor*(MK):** Patient was asked to locally apply *Marham-i-Kafoor* (see ingredient in Table 2) twice daily for a period of 15 days.

**Table 1: Ingredients of *Habb-i-Musaffi*(HM)<sup>[10]</sup>**

Name of the drug	Botanical name	Quantity of drug
<i>Post-i-Halela Zard</i>	<i>Terminalia chebula</i>	3g
<i>Sarphukra</i>	<i>Tephrosia purpurea</i>	3g
<i>Gul-i-Surkh</i>	<i>Rosa damascena</i>	3g
<i>Barg-i-Shahtara</i>	<i>Fumaria indica</i>	3g
<i>Tukhm-i-Kishneez</i>	<i>Coriandrum sativum</i>	3g
<i>Barg-i-Hina</i>	<i>Lawsonia inermis</i>	2g
<i>Dhamaya</i>	<i>Cassia absus</i>	3g
<i>Sandal Surkh</i>	<i>Pterocarpus santalinus</i>	3g
<i>Sandal Safaid</i>	<i>Santalum album</i>	3g
<i>Brahmdandi</i>	<i>Tricholepis glaberrima</i>	3g
<i>Neel Kanthi</i>	<i>Ajuga bracteosa</i>	3g
<i>Zeera Safaid</i>	<i>Cuminum cyminum</i>	1g
<i>Filfil Siyah</i>	<i>Piper nigrum</i>	1g
<i>Gul-i-Kachnal</i>	<i>Bauhinia racemosa</i>	1g
<i>Barg-i-Bakayin</i>	<i>Melia azedarach</i>	5 no.
<i>Barg-i-Neem</i>	<i>Azadirachta indica</i>	5 no.

**Table 2: Ingredients of *Marham-i-Kafoor* (MK)<sup>[11,12]</sup>**

Name of the drug	Botanical name	Quantity of drug
<i>Safaidkashgari</i>	<i>Eucalyptus globulus</i>	14g
<i>Kafoor</i>	<i>Cinnamomum camphora</i>	2g
<i>Murdar-i-Sang</i>	<i>Plumbioxidum</i>	14g
<i>Rogan-i-Till</i>	<i>Sesamum indicum</i>	70g
Moum	Wax	28g
Ghee	Clarified butter	As req.

#### ***Hammam* with the decoction of *Burg-i-Nīm* and *Burg-i-Hina*:**

*Hammam* therapy was given to the patient using the decoction of *Burg-i-Nīm* and *Burg-i-Hina* on alternate days for a period of 15 days. A decoction was prepared with *Burg-i-Nīm* and *Burg-i-Hina* at a dose of 5g each. The decoction was used in *hammam* which was done at the temperature ranging from 100-120° F helping in the evacuation of toxins from the body.<sup>[4]</sup>

#### **DURATION OF THE STUDY**

The duration of study was 15 days. The intervention duration was 15 days and after a week from the last sitting of *Hammam*, patient was again examined.

## OUTCOME

The patient was assessed before and after the treatment based on *Warm* (inflammation), *Alam* (pain) and *Hikka*(itching).

## OBSERVATIONS AND RESULTS

Both the regimenal and the pharmacopoeial intervention are responsible for the results achieved. The efficacy of the regimenal therapy was evaluated by assessing the improvement in *Buthūr* (boils), using the Visual Analogue Scale (VAS). The nodules were assessed based on their number, size and associated symptoms. The symptoms such as *Warm*(inflammation), *Alam*(pain), *Hikka*(itching) were assessed using Visual Analogue Scale (VAS). The total VAS score was documented at baseline and at follow-up visit.

The treatment led to a notable improvement in the condition, with relief reported before the first follow-up. Furuncles improved within days, and by the 7<sup>th</sup> day inflammation was completely gone. Erythema reduced, and normal skin appeared. By the 15<sup>th</sup> day, boils were nearly cured without side effects. While all symptoms were moderate at baseline disappeared after the 15 days of treatment.

**Table 03: Assessment of symptoms on the basis of VAS.**

Clinical features	Baseline	Day 5	Day 10	Day 15
<i>Warm</i> (inflammation)	++++	+++	++	-
<i>Hikka</i> (itching)	++++	++++	-	-
<i>Alam</i> (pain)	++++	-	-	-



**Figure 1: Day 1 before treatment. Figure 2: Post-treatment picture.**



## DISCUSSION

The improvements achieved in this case can be attributed to the regimenal therapy that is *hammam*. According to USM, illness can result from a disruption in blood balance caused by an imbalance in the four humors. It is advised to purify blood in order to eliminate toxins, improve immunity, prevent disease, lower cholesterol, lessen the risk of cancer, improve heart health, and minimize inflammation brought on by toxins.<sup>13</sup> The use of *Habb-i-Musaffi* renowned for its antibacterial, antifungal, wound-healing, antiulcer and antipyretic therapeutic qualities helped to cleanse the blood.<sup>14</sup> In USM, *Barg-i-Nimis* acknowledged as a blood purifier with antibacterial properties that aids in wound treatment and healing. The chemical constituents like quercetin,  $\beta$ -sitosterol, margolone, margolonone and isomargolonone which possess antibacterial, antifungal and anti-inflammatory properties.<sup>15</sup> *Burg-i-Hinā* (henna) has been shown to be more beneficial than hydrocortisone when it comes to treating newborn diaper dermatitis due to its anti-inflammatory, antibacterial, and immune-modulatory qualities.<sup>16</sup> *Hammam* helps through the principle of *Imala-i-Mawad* (diversion of morbid matter) and *Istifrāgh-i-Mawād* (evacuation of morbid matter). The root cause of this disease is accumulation of morbid wastes which causes congestion, stagnation and blockage which results in pain and inflammation and through *Hammam* breakage of congestion, resolving of blockage and restoring of free flow of blood circulation and eliminating toxins that is *Akhlat-i-Fasida* are evacuated from the body.<sup>4,17,18</sup>

## CONCLUSION

From the results and discussion, it could be concluded that boils which is one of the commonly occurring problem also prevalent in co-morbidities like diabetes, etc. showed significant improvement with *hammam* making it an important option in the treatment of boils. It can act as a good option to the conventional treating of boils. However, studies on large scale need to be done to validate the effectiveness of this regimenal therapy.

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## CONSENT OF PATIENT

The consent of the patient was taken on a written consent form, after duly explaining the procedure of the study.

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No funding source used.

**CONFLICT OF INTEREST**

Author declares no conflict of interest.

**ABBREVIATIONS**

RRIUM	Regional Research Institute of Unani Medicine
USM	Unani System of Medicine
OPD	Outside Patient Department
IBT	<i>Ilaj bit tadbeer</i>
BN	<i>Burg-i-Nīm</i>
BH	<i>Burg-i-Hina</i>
HM	<i>Habb-i-Musaffi</i>
MK	<i>Marham-i-Kafoor</i>
VAS	Visual Analogue Scale

**REFERENCES**

1. Ansari MY. *Ilmul Amraz*. New Delhi: Idara Kitab Ul Shifa, Darya Ganj, 2015; 315.
2. Shaikh SR, Shaikh SS. *Rahbar-e-Jild*. New Delhi: Idara Kitab Ul Shifa, Darya Ganj, 2023; 37.
3. Wolff K, Goldsmith LA, Katz SI, Paller BGA, Leffell DJ. *Fitzpatrick's Dermatology in General Medicine*. 7th ed. Vol 2. New York: The McGraw-Hill Companies, Inc, 2008; 1699-1702.
4. Sheeraz M, Nazmeen. *Risāla-e-hammam*. New Delhi: Idara Kitab Ul Shifa, Darya Ganj, 2022; 34: 56, 117.
5. Qurshi HMH. *Jamiul Hikmat*. 1st ed. New Delhi: Idara Kitabus Shifa, 2011; 264.
6. Hamdani HSMK. *Buniyadialsool (Ilaj bit Tadbeermutabiqtibbunani)*. 1st ed. New Delhi: Ejaz Publishing House, 2004; 31-33.
7. Maseehi Kitabul Miya I. 1st ed. New Delhi: Markazi Council Barae Tahqeeqat Tibb Unani, 2008; 176-177.
8. Rahman HSZ. *Tibbitaqaddume*. Aligarh: Muslim University, 2000; 31-42.
9. Ahsanullah. *Ilaj Bit Tadbeer M*. 2nd ed. New Delhi: Qaumi Council Barae Farogh Urdu Zaban, 2006; 111-118.
10. Anonymous. *National Formulary of Unani Medicine. Part 3*. 1st ed. New Delhi: Ministry of Health and Family Welfare, Govt. of India, 2001; 32-33.
11. Kabiruddin M. *Al-Qarabadin*. New Delhi: Central Council for Research in Unani



- Medicine, 2006; 1062.
12. Anonymous. Qarabadeen-i-Majeedi. Delhi: All India Unani Tibbi Conference, 1986; 343.
  13. Alam A, Siddiqui JI, Kāzmī MH, Moin MS. Tasfiya al-Dam (Blood purification) in Unani perspective: A comprehensive review. *Int J Herbal Med*, 2020; 8(2): 100-105.
  14. Shamim. Bakayan (*Melia azedarach*) pharmacological actions, therapeutic uses and phytochemistry: A review. *The Pharma Innovation Journal*, 2019; 8: 86-92.
  15. Raghavan K, Kumar A, Pal A, Khanum F, Bawa AS. Nutritional, medicinal and industrial uses of sesame (*Sesamum indicum* L.) seeds—An overview. *Agric Conspec Sci.*, 2010; 75(4): 159-168.
  16. Keshavarz A, Zeinaloo AA, Mahram M, Mohammadi N, Sadeghpour O, Maleki MR. Efficacy of traditional medicine product henna and hydrocortisone on diaper dermatitis in infants. *Iran Red Crescent Med J.*, 2016; 18(5):22: e24809.
  17. Ali M, Ansari AN, Nayab M, Ansari H, Ansari S. Efficacy of a polyherbal Unani formulation and dry cupping in treatment of post-stroke hemiplegia: An exploratory, single arm clinical trial. *Adv Integr Med*, 2021; 8(4): 298-304.
  18. Anonymous. Standard Treatment Guidelines on Management of Common Musculoskeletal Disorders in Unani System of Medicine. New Delhi: Ayush Vertical, Directorate General of Health Services, 2024; 137-153.