



BUTHUR LABANIYYA (ACNE VULGARIS): CLASSICAL CONCEPTS AND THERAPEUTIC APPROACHES IN UNANI MEDICINE

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Abstract

Acne vulgaris, known in *Unani* medicine as *ButhūrLabanīyya*, is a common chronic inflammatory disorder of the pilosebaceous unit that mainly affects adolescents and young adults. It is characterized by the presence of comedones, papules, pustules, nodules and cystic lesions that commonly appear on the face, chest and back. Classical *Unani* literature describes *ButhūrLabanīyya* as small whitish eruptions resembling drops of milk caused by the accumulation of thick morbid material within the sebaceous glands. According to *Unani* concepts, the disease develops due to *humoral* imbalance, particularly excessive heat and the movement of morbid matter toward the skin. Various etiological factors such as improper diet, digestive disturbances, hormonal changes and environmental influences have also been described by *Unani* physicians. The management of *Buthūr Labanīyya* in *Unani* medicine focuses on correction of humoral imbalance, purification of blood and evacuation of morbid matter from the body. Different therapeutic approaches including *Ilājbi 'Itadbeer*, *Ilājbi 'IDawā* and *Ilājbi 'IGhidhā* are recommended for its management. Several medicinal plants possessing anti-inflammatory, antimicrobial and blood-purifying properties are widely used in *Unani* therapeutics. This review highlights the *Unani* concept, etiopathogenesis and therapeutic approaches for the management of acne vulgaris.

Index Terms – *Buthūr Labanīyya*, Acne vulgaris, *Unani* medicine, *Unani* therapeutics

I. INTRODUCTION

Acne vulgaris in *Unani* medicine known as *ButhūrLabanīyya*, is a chronic inflammatory disorder of the pilosebaceous unit that predominantly affects adolescents and young adults and may persist into adulthood, particularly among females. Clinically, it is characterized by the presence of comedones, papules, pustules, nodules, or cystic lesions, most commonly involving the face, chest, and back (1–3). In addition to cutaneous manifestations, acne may lead to post-inflammatory hyperpigmentation, permanent scarring, and considerable psychosocial distress, thereby significantly affecting the quality of life of affected individuals (4).

Acne vulgaris is among the most prevalent dermatological disorders worldwide, affecting approximately 9.4% of the global population and ranking among the most common skin diseases globally (5). The condition predominantly affects adolescents, with studies reporting that more than 85% of teenagers experience acne at some stage of life, largely due to hormonal changes during puberty (6). Epidemiological studies have further demonstrated that the prevalence of acne among adolescents varies widely, ranging from 28.9% to 91.3% depending on geographic region and population characteristics (7).

In classical *Unani* literature, acne vulgaris has been described under the term *Busoor-e-Labaniya*, referring to small whitish eruptions resembling drops of milk that appear mainly on the face. Several classical *Unani* physicians have described its clinical features, causes, and management in their classical texts (8–18).

Table 1: Description of *Busoor-e-Labaniya* in *unani* classical text

Rabban al-Tabari (Ahmad bin Tabri) (770-850 AD)	Described <i>Busoor-e-Labaniya</i> as “ <i>Zeezan</i> ,” presenting as whitish eruptions on the face, particularly on the nose and cheeks, resembling <i>Nuqta-e-Sheer</i> (drops of milk). On pressure, an oily substance similar to <i>Rogham-e-Zard</i> (clarified butter) may be discharged. He also provided a detailed description of sebaceous glands in relation to these skin eruptions.
Thabit ibn Qurra (836-901 AD)	Mentioned various formulations for treating small eruptions over the face.
Muhammad ibn Zakariya al-Razi (850-923 AD)	Described a type of facial eruption called <i>Atiasoos</i> , characterized by small, hard rashes on the face, and also explained the treatment of <i>Busoor-e-Labaniya</i> occurring on the face and nose.
Ibn Sina (980-1037 AD)	Described <i>Busoor-e-Labaniya</i> as small whitish eruptions caused by <i>Ma'dda-e-Sadidiyah</i> directed toward the skin and explained its etiopathogenesis and clinical features
Ismail Jurjani (12 th century AD)	Explained that morbid humours are expelled toward the skin, leading to the formation of <i>busoor</i> (eruptions) and described the etiology of these skin lesions.
Ibn Hubal al-Baghdadi (1122-1213 AD)	Described the clinical features and causes of <i>Busoor-e-Labaniya</i> .
Dawud al-Antaki (1541-1599 AD)	Attributed <i>Busoor-e-Labaniya</i> to filthy <i>Ma'da-e-Balghamiyah</i> and explained the humoral basis of acne.
Akbar Arzani (18 th century AD)	Considered <i>Khilt-e-Balgham</i> as the main cause of <i>Busoor-e-Labaniya</i> and described its clinical features.
Azam Khan (1813-1902 AD)	Described the clinical features of <i>Busoor-e-Labaniya</i> .
Hakim Ajmal Khan (1868-1927 AD)	Mentioned that the disease may affect facial beauty and is associated with poor hygiene and dietary habits.

II. ETIOPATHOGENESIS OF BUTHŪR LABANĪYYA

The development of *Buthūr Labanīyya* is mainly associated with disturbance of humoral balance and abnormal activity of sebaceous glands (*Ghudud-e-Duhniyya*). Excessive production and accumulation of oily material within the pilosebaceous glands lead to obstruction of glandular openings. This blockage results in the retention of thick viscid material resembling milk, producing whitish eruptions on the skin. Continuous retention of this material causes inflammation of the glands and surrounding tissues, leading to pustular lesions (12, 19, 20).

Another explanation proposed by Unani physicians suggests that a yellowish suppurative material known as *Mādda-e-Sadīdiyya* moves towards the skin under the influence of excessive abnormal heat (*Ifrāt-e-Harārat*). Due to its thick nature, this material cannot easily be expelled through the pores and gradually accumulates beneath the skin, resulting in the formation of *Buthūr Labanīyya* (21). These eruptions are commonly observed during adolescence, when increased body heat drives morbid material towards the skin surface (13–17, 21).

From the modern dermatological perspective, acne vulgaris is considered a multifactorial disorder of the pilosebaceous unit. The pathogenesis mainly involves increased sebum production, follicular hyperkeratinization, colonization by *Cutibacterium acnes*, and inflammation (2,1).

Table 2: Etiological factors involved in *Buthūr Labanīyya*(21)

Category	Causes
Sebaceous factors	Hyperactivity of sebaceous glands (<i>Ghudud-e-Duhniyya</i>), obstruction of glandular ducts

Hormonal factors	Increased androgen secretion during puberty, irregular menstruation, amenorrhea, pregnancy
Digestive factors	Indigestion (<i>Sue-e-Hazm</i>), constipation (<i>Qabz</i>)
Humoral factors (Unani concept)	Impurities of blood (<i>Fasād-e-Dam</i>), anaemia (<i>Qillat-e-Dam</i>), excess blood accumulation (<i>Imtilā-e-Dam</i>), hot temperament of blood
Dietary factors	Consumption of hot and spicy foods, heavy and unhealthy diet (<i>ThaqilwaRaddīGhiza</i>), alcohol intake
Environmental factors	Air pollution, excessive exposure to sunlight, high environmental humidity
Microbial factors	Colonization by Cutibacterium (Propionibacterium) acnes
Lifestyle factors	Emotional stress, use of oil-based cosmetics and creams
Other factors	Adolescence (young age), hereditary predisposition

III. CLINICAL PRESENTATION OF BUTHŪR LABANĪYYA (ACNE VULGARIS)

ButhūrLabanīyya in Unani medicine refers to small whitish eruptions appearing on the skin due to the accumulation of thick material within the sebaceous glands. These eruptions commonly occur on the face and may sometimes extend to the neck, chest, and back. In modern dermatology, acne vulgaris is described as a chronic inflammatory disorder of the pilosebaceous unit characterized by different types of lesions such as comedones, papules, pustules, nodules, and cysts. The clinical manifestations described in *Unani* and modern literatures are summarized in Table 3.

Table 3: Clinical Features of *ButhūrLabanīyya* (Acne Vulgaris) (2, 11, 13, 22)

Clinical Feature	Unani Description	ModernDescription
Common sites	Mainly face; may also involve neck, chest and back	Face, chest, shoulders and upper back
Appearance of lesions	Small whitish eruptions resembling papules or pustules	Presence of comedones, papules, pustules, nodules and cysts
Nature of lesions	Raised eruptions containing thick whitish material	Inflammatory and non-inflammatory lesions
Non-inflammatory lesions	Early whitish eruptions	Open comedones (blackheads) and closed comedones (whiteheads)
Inflammatory lesions	Painful or inflamed eruptions with redness	Papules, pustules, nodules and cysts
Discharge	Thick whitish or yellowish material resembling milk or pus	Sebum mixed with keratin debris and pus
Associated symptoms	Mild pain, redness and inflammation	Redness, swelling and tenderness
Age of occurrence	Common during adolescence	Common during adolescence due to hormonal changes
Complications	Persistent lesions may leave marks or scars	Post-inflammatory hyperpigmentation and scarring

Table 4: Types of Acne Lesions (4)

Type of Lesion	Description
Open comedones (Blackheads)	Dilated follicular openings filled with keratin and sebum appearing black due to oxidation
Closed comedones (Whiteheads)	Small whitish papules formed due to obstruction of the follicular opening
Papules	Small, red, raised inflammatory lesions without pus
Pustules	Inflamed lesions containing pus surrounded by redness
Nodules	Large, deep-seated painful inflammatory lesions
Cysts	Severe lesions containing pus and inflammatory material that may lead to scarring

IV. UŞŪL-I-ILĀJ (PRINCIPLES OF TREATMENT)

The management of *Buthūr Labanīyya* in Unani medicine is based on certain fundamental therapeutic principles, which include treatment of the underlying cause of the disease, *Tanqīya-e-Balgham* (evacuation of phlegmatic humour), and systemic therapy using *Muṣaffī-e-Khūn advia* (blood-purifying drugs). Local cleansing of acne is achieved through *Tajliya* by *Jāliadvia*, while *Tahlīl wa Tajfīf* (resolution and desiccation) help in reducing inflammation and drying the lesions. Correction of menstrual abnormalities and *Iṣlāḥ-e-Hazm* (improvement of digestion) are also considered important components of therapy (2, 11, 13, 15–18).

The treatment of *Buthūr Labanīyya* mainly comprises *Ilāj bi'l Tadbeer*, *Ilāj bi'l Dawā'* and *Ilāj bi'l Ghidhā* (23, 24).

V. ILĀJ BI'L TADBĪR (REGIMENAL THERAPY)

Tanqīya-e-Badan (evacuation of morbid humours) from the body and head is carried out through procedures such as *Faṣd* of *Sarar'o* and vessels of the nose, *Istifrāgh-e-Balgham* and *Ishāl*. Additionally, oral administration of decoction of *Aftimoon* and preparations like *Habb-e-Qooqaya*, *Habb-e-Ayaraj*, and *Habb-e-Sib'r* is recommended (2, 4, 13).

VI. ILĀJ BI'L DAWĀ (PHARMACOTHERAPY)

Pharmacotherapy includes both systemic therapy and topical therapy.

6.1 Systemic Therapy (*Mufrad Advia*)

Several medicinal plants are used in Unani medicine for the treatment of acne because of their anti-inflammatory, antibacterial, antioxidant and blood-purifying properties (25–28).

Table 5: Important Unani Single Drugs Used in the Management of *Buthūr Labanīyya*

S. No.	Unani Name	Scientific Name	Pharmacological Action
1.	Chirchita	<i>Achyranthes aspera</i>	Anti-androgenic, anti-inflammatory
2.	Asgand	<i>Withania somnifera</i>	Anti-inflammatory, antibacterial
3.	Sambhalu	<i>Vitex negundo</i>	Anti-inflammatory
4.	Khus	<i>Vetiveria zizanoides</i>	Refrigerant, antiseptic
5.	Giloy	<i>Tinospora cordifolia</i>	Blood purifier, antioxidant
6.	Halela	<i>Terminalia chebula</i>	Antibacterial, detoxifying
7.	Neem	<i>Azadirachta indica</i>	Antibacterial, anti-inflammatory
8.	Kutki	<i>Picrorhiza kurroa</i>	Anti-inflammatory
9.	Ushba	<i>Hemidesmus indicus</i>	Blood purifier
10.	Aslussus	<i>Glycyrrhiza glabra</i>	Anti-inflammatory, antimicrobial
11.	Nagarmootha	<i>Cyperus rotundus</i>	Anti-inflammatory
12.	Haldi	<i>Curcuma longa</i>	Anti-inflammatory
13.	Baboona	<i>Matricaria chamomilla</i>	Anti-inflammatory
14.	Gule Surkh	<i>Rosa damascena</i>	Emollient, anti-inflammatory
15.	Babchi	<i>Psoralea corylifolia</i>	Antibacterial

6.2 Compound Formulations

Ibn Sina, Hakim Ajmal Khan, Muhammad ibn Zakariya al-Razi, and Akbar Arzani mentioned several formulations for the management of *Busoor-e-Labaniya*. A decoction for blood purification contains Shahitra, Chiraita, SarpHOOKA, Gul Mundi, Unnab, and Shakar. Compound formulations such as Itrifal Shahtara (7 g at bedtime), Majoon Ushba (12 g at bedtime), Qurs Maveezi (2 tablets in the morning), and Qurs Mugarabi (2 tablets in the evening) are also recommended (11, 17).

6.3 Topical Therapy

Table 6: Topical Unani formulations used for the management of *Busoor-e-Labaniya* (*Acne vulgaris*) (2, 4, 7, 19)

Category	Formulations/ Ingredients	Pharmacological Action
Ubṭān	<ul style="list-style-type: none"> • Maghz-e-Ghongchi Safaid with Roghan-e-Kunjad • Sandal Safaid and Sandal Surkh with rose water 	Jāli (cleansing), Muḥallil (resolvent) and Mujafif (desiccative)
Ḍimād	<ul style="list-style-type: none"> • Irsa, Neem leaves, Post-e-Saras • Al'si, Gule Surkh, Kalonjitogether with Sirka • Kharbaq 2 parts, Bekhe So'san1 part admixed with Sirka • Saleekha with honey • Shuneez with vinegar 	
Ṭilā'	<ul style="list-style-type: none"> • Tila-e-Muhasa • Tila-e-Akbar • Murdarsang with Roghan-e-Gul 	

VII. ILĀJ BI'L GHIDHĀ' (DIETOTHERAPY)

In Unani medicine, patients with *Busoor-e-Labaniya* are advised to consume easily digestible and cooling foods such as vegetable soups, *chapati*, *turai*, *kaddu*, *palak*, and *shalgham*, along with fruits like orange, pomegranate, apple, and pear. Putrefied, flatulent, and oily foods such as black gram, peas, and cauliflower should be avoided to prevent the formation of morbid humours and recurrence of lesions (2, 20).

VIII. PREVENTIVE MEASURES

Prevention of *ButhūrLabanīyya* (*acne vulgaris*) involves maintaining proper skin hygiene, balanced diet, and healthy lifestyle habits. Regular cleansing of the skin helps remove excess sebum and impurities that may obstruct the sebaceous ducts (2, 4). In Unani medicine, light and easily digestible foods are recommended, while hot, spicy, oily, and heavy diets should be avoided as they may promote the formation of morbid humours (2,20). Correction of digestive disturbances such as *Sue-e-Hazm* and *Qabz*, along with avoidance of oily cosmetics and stress, may also help prevent recurrence of acne lesions (4, 21, 23).

IX. DISCUSSION

Buthūr Labanīyya described in Unani medicine closely resembles *acne vulgaris* recognized in modern dermatology. Classical Unani physicians attributed the condition to the accumulation of morbid humours, particularly thick viscid material within the sebaceous glands and the movement of *Mādda-e-Sadīdiyya* towards the skin. This concept is comparable to the modern understanding of *acne pathogenesis*, which involves excessive sebum production, follicular blockage, microbial colonization, and inflammation of the pilosebaceous unit (1, 2, 11).

Unani scholars have also emphasized the role of dietary factors, digestive disturbances, and humoral imbalance in the development of skin eruptions. Modern studies similarly suggest that hormonal changes, diet, stress, and environmental factors may influence *acne severity* (2, 5). The therapeutic approach in Unani medicine focuses on correction of humoral imbalance, purification of blood, evacuation of morbid matter, and use of herbal drugs possessing anti-inflammatory, antimicrobial, and detoxifying properties. Many medicinal plants such as *Azadirachtaindica*, *Curcumalonga*, and *Glycyrrhizaglabra* have shown pharmacological activities that support their traditional use in *acne management* (25–28).

Thus, the classical Unani concept of *ButhūrLabanīyya* demonstrates considerable similarity with modern dermatological understanding, and the holistic Unani approach may offer a safe and effective option for the management of *acne vulgaris*.

X. CONCLUSION

Buthūr Labaniyya (acne vulgaris) is a common dermatological disorder that primarily affects adolescents and young adults. Classical Unani literature provides detailed descriptions of its etiology, clinical features, and management. The Unani system emphasizes correction of humoral imbalance, purification of blood, and use of herbal medicines along with dietary and lifestyle modifications. Integration of traditional Unani principles with modern scientific knowledge may provide a comprehensive and effective approach for the prevention and management of acne vulgaris.

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