

Classification of *Ṣudā* (Headache) in Unani System of Medicine

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Abstract: *Ṣudā* (Headache) is one of the most common neurological complaints worldwide and has been extensively described in classical Unani medical literature. In Unani medicine, headache is understood as a manifestation of *Sū'-i-Mizāj* (dys temperament) or *Tafarruq-i-Ittiṣāl* (breach in continuity) affecting the structures of the head, including the meninges, vessels, and associated organs. The present study is a narrative review aimed at compiling, analysing, and systematically presenting the classification of headache as described by eminent Unani scholars and physicians. The methodology involved an extensive narrative review of classical Unani texts, including *Al-Qānūn fi'l Ṭibb*, *Kāmil al-Ṣanā'a*, *Dhakhīra Khwarazm Shāhī*, and *Kitāb al-Mukhtārāt fi'l Ṭibb*, etc. Headaches were classified based on *Asbāb* (causes), *Ālāmāt* (signs and symptoms), *Maḥall* (location), and *Ālāmāt Al-Waja* (characteristics of pain), etc. The review identifies 16-28 distinct types of *Ṣudā* (headache), each characterised by specific causes, clinical features, and associated symptoms. This detailed classification reflects the holistic and individualised diagnostic approach of Unani medicine, providing a rational basis for targeted therapeutic and preventive strategies. Future research should focus on harmonising classical Unani classifications of *Ṣudā* with contemporary headache frameworks and validating these categories through clinical and integrative studies, thereby strengthening the evidence base and supporting more individualised and rational approaches to headache management.

Keywords: *Ṣudā*, Headache, Unani Medicine, *Sū'-i-Mizāj*, Classical Unani Literature.

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I. INTRODUCTION

The term "*Ṣudā*" refers to feeling of any kind of pain or discomfort occurring in the head. This pain may be caused by *Sū'-i-Mizāj* (dys temperament) or a *Tafarruq-i-Ittiṣāl* (breach in continuity) in any part of the head.⁶ A headache may be caused by *Tafarruq-i-Ittiṣāl* in the *Ghilāf-i-Dimāgh* (meninges), *Warīd* (vein), *Sharāyīn* (arteries), or *Jawhar-e-Dimāgh* (parenchyma of the brain). It can occur due to the accumulation of vapours or *Akhlāṭ* (humours), which can penetrate inside the related organs and cause damage.⁷

According to *Tabari*, *Ṣudā* (headache) refers to the *Waja* (pain) that occurs in parts of the head, including the

jild (skin) or *Ghishā'* (membranes) and muscles outside the skull, without involving the *Jawhar-e-Dimāgh* (parenchyma of the brain).⁵

Headache is the most prevalent neurological symptom¹¹ and is experienced by almost everyone. A headache can be a symptom of a serious life-threatening disease, such as a brain tumour, but in most cases it is a benign disorder.¹² Overall, the current global prevalence of headache is 47%, of migraine is 10%, of TTH is 38%, and of chronic headache is 3%. As expected, the lifetime prevalences are higher: 66% for headache, 14% for migraine, 46% for TTH, and 3-4% for chronic headache.¹³ According to literature reviews, between 64 and 77 % of individuals have had a headache at some point

in their lives. Between 46% to 53% of people get headaches annually.^{14,15} However, depending on how the survey was done, researchers have found that the lifetime prevalence of headaches ranges from as low as 8% to as high as 96%.¹³⁻¹⁵ The classification of headache is fundamental for accurate diagnosis, effective treatment, and meaningful clinical research. In modern medicine, headache classification differentiates primary and secondary headaches, guiding diagnostic and therapeutic strategies. Likewise, Unani classification of headache provides a multidimensional understanding of the disorder. Headaches are not viewed as isolated symptoms but as manifestations of underlying systemic imbalance. Eminent Unani scholars such as *Ibn Sīnā* and *Aḥmad ibn Muḥammad Ṭabarī* stressed the importance of categorizing headaches according to specific *Asbāb* (causes) and *‘Alāmāt* (clinical features), including location, duration, characteristic quality of pain produced, and associated symptoms. This detailed categorization enables the precise selection of therapeutic interventions, including appropriate pharmacotherapy, *Ilāj bil-Tadbīr* (regimental therapies) such as massage, cupping, and venesection, as well as preventive lifestyle modifications. Consequently, this approach ensures targeted, effective, and patient-centered management.

II. METHODOLOGY

Most of the information was gathered from different classical sources with their Urdu translations, such as *Kāmil us Sana ‘a*, *Al-Qanūn Fil Tibb*, *Zakhira Khwarazm Shahi*, *Kitab-ul-Mukhtarāt fit Tib*, etc and other Unani literatures were consulted. These sources were selected based on their historical importance, frequent citation, and detailed discussion on headache. The relevant literature was compiled based on the current and previous spectrum of understanding. The collected literature was systematically read and examined to extract information related to the definition, aetiology, classification, and clinical features of headache. Particular attention was given to identifying the number of headache types described by different Unani physicians and the criteria used for their classification. The extracted data were then organised thematically according to *Asbāb* (causes), *Mizāj* and *Akhlāt* (temperamental and humoral) imbalance, pathological involvement, location of pain, and association with other organs. Rather than applying rigid inclusion-exclusion criteria or quantitative synthesis, the findings were narratively synthesised, allowing comparison, interpretation, and contextualization of differing scholarly viewpoints.

Table 1: Description of Types of Headache by Various Unani Scholars

S.NO	Book	Author	Description
1.	<i>GhināMunā</i>	Abū al-Manṣūr al-Ḥasan ibn NūḥAl-Qamarī	16 Types of Headache ¹
2.	<i>Kāmil al-Ṣanā‘a al-Ṭibbiyya</i>	Alī ibn ‘Abbās Majūsī	22 types of headache ²
3.	<i>Kitāb al-Ḥawī fi’l Ṭibb</i>	Abū Bakr Muḥammad ibn Zakariyyā Rāzī	Vol 1, 22 types of headache ³
4.	<i>Kitāb al-Fākhir</i>	Abū Bakr Muḥammad ibn Zakariyyā RāzīSayyid Ismā‘īl Jurjānī	Volume- 1 20 types of headache ⁴
5.	<i>Al Mu‘ālajāt al-Buqrāṭiyya</i>	Abū al-ḤasanAḥmad ibn Muḥammad Ṭabarī	Vol 1, 18 types of headache ⁵
6.	<i>Al-Qānūn fi’l Ṭibb</i>	Ḥusayn ibn ‘Abdullāh Ibn Sīnā,	28 Types of Headache. ⁶
7.	<i>Kitāb al-Mukhtārāt fi’l Ṭibb</i>	<i>Ibn Hubal Baghdādī</i>	Volume-3 24 types of headache ⁷
8.	<i>Dhakhīra KhwarizmShāhī</i>	<i>Sayyid Ismā‘īl Jurjānī</i>	22 types of headache ⁸
9.	<i>Ṭibb-i-Akbar</i>	<i>Muḥammad Akbar Arzānī</i>	22types of headache ⁹
10.	<i>Iksīr-i-A‘zam</i>	<i>MuḥammadA‘zamKhān</i>	28 Types of Headache ¹⁰

III. CLASSIFICATION OF ṢUDĀ‘ (HEADACHE) IN UNANI SYSTEM OF MEDICINE

The medieval Unani medical texts included information on the characteristics of the headache, including its location, strength, and quality of pain, as well as its aggravating and triggering factors. Many classical Unani physicians described headaches in detail, classifying them

into various types based on *Asbab*(causes), *Alamat* (signs and symptoms), location, etc. They emphasised that the cause of headache can arise from various internal and external factors. These causes were used to differentiate between different types of headaches. Each type of headache is described by specific clinical features, which help physicians distinguish among them. For eg, Throbbing or pulsating pain refers to a headache caused by congestion in a

blood vessel. Dull pain refers to *Şudā' Balghamī*, whereas sharp pain indicates *Şudā' Şafrāwī*. Similarly associated

symptoms, such as nausea and vomiting, can be seen accompanied by *Şaqīqa* / *Şudā' Nisft*.

Table 2: Classification of Headache in Unani System of Medicine.

S.N	Headache type	DESCRIPTION	REFERENCES
A)	Based upon <i>Sui e mizaj sada</i> (dys temperament without the involvement of morbid matter).		
1.	<i>Şudā' Hārsada</i> (Simple hot headache)	Headache on exposure to a hot environment. This headache does not involve madda (organic matter) or any pathological change inside the body. Associated symptoms include signs of excessive hararat(heat) such as increased thirst, insomnia, dryness of the mouth and lips, etc.	1-9
2.	<i>Şudā' Bāridsada</i> (simple cold headache)	Headache on exposure to a cold environment without involvement of madda (organic matter). Associated symptoms include signs of coldness, such as fatigue, dizziness, etc.	1-9
B)	Based on <i>sui e mizaj maddi</i> (dys temperament due to involvement of matter either in quantity or quality)		
S.NO	Headache type	Description	References
3.	<i>Şudā' Damawī</i> (sanguineous headache)	Headache due to predominance of Dam (blood). Associated symptoms include hyperaemia in cerebral vessels, throbbing, and pulsatile pain. The face and eyes appear red, often accompanied by a tingling feeling in the nose, and noticeable prominence of the neck veins.	1-9
4.	<i>Şudā' Balghamī</i> (phlegmatic headache)	Headache due to predominance of Balgham (phlegm). In <i>Şudā' Balghamī</i> , cold, moist humour accumulates in the cranial region, leading to heaviness, dull pain, lethargy, drowsiness, and moisture in the nostrils.	1-9
5.	<i>Şudā' Şafrāwī</i> (bilious headache)	Headache due to predominance of Safra (yellow bile). <i>Şudā' Şafrāwī</i> , can be accompanied with symptoms such as intense burning and irritation, yellowish discoloration of the tongue, dryness in the nostrils, excessive thirst, and insomnia.	1-9
6.	<i>Şudā' Sawdāwī</i> (melancholic headache)	Headache due to predominance of <i>Sawda'</i> (black bile). Thick, cold, dry humour causes chronic, localized pain, associated with insomnia, and excessive thoughts or overthinking. ⁷	1-9
7.	<i>Şudā' Rīhī Dākhilī</i> (headache due to internal gases)	Headache caused by gases arising from the body and accumulating in the head, characterized by abnormal burudat in the head and ringing in the ear. Accumulation of gas in cranial cavities causes frequent stretching and distension. Heaviness indicates the presence of <i>riyāh</i> , accompanied by a dull, dragging type of pain. ⁷	2-4,6-8
8.	<i>Şudā' Rīhī Khārijī</i> (headache due to external gases)	Headache caused by gases of external origin due to environmental factors such as cold air etc. these gases get accumulated in the brain and produce headache through their abnormal quality and quantity.	2,3,6-8

9.	<i>Şudā' BukhārīDākhilī</i> (headache due to internal vapours)	Headache caused by vapours originating from the body or head itself, characterized by severe throbbing pain and ringing in the ear.	1,3-6
10.	<i>Şudā' BukhārīKhārijī</i> (headache due to external vapours)	Headache caused by the accumulation of morbid vapours in the head due to external factors, characterized by severe pain and ringing in the ear.	1,3-6
C) Based on <i>Mahiyat – E- Marzi</i> (Pathology) in the Head			
s.no	Headache type	Description	references
11.	<i>Şudā' Waramī</i> (inflammatory headache)	A headache caused by inflammation may result from inflammatory conditions affecting the brain, meninges, scalp, or other related structures.	1-4,6,7,9
12.	<i>Şudā' Suddī</i> (headache due to obstruction)	Headache due to Sudda (obstruction). The obstruction can occur in the blood vessels, meningeal vessels, or brain tissues.	2,3,6,7,9
13.	<i>Şudā' Darabānī</i> (throbbing headache)	Headache due to increased pulsation of arteries in the brain. It is characterized by congestion of blood vessels.	1,6,8
14.	<i>Şudā Hissī</i> (headache due to increased sensitivity of the brain)	A headache resulting from heightened sensitivity of the brain, where even minor or normally non-painful stimuli can trigger pain due to an overly responsive nervous system.	2,6-8
15.	<i>Şudā' Du'f Dimāghī</i> (headache due to weakness of the brain)	A headache provoked by minor stimuli such as gas, fragrances, or sounds, etc., due to weakening of the brain.	2,3,6,7,9
16.	<i>Şudā' Yubsī / Şudā' Khiffa</i> (headache due to dryness)	A headache resulting from excessive dryness in the body, often caused by factors such as over-evacuation, blood loss, lack of sleep, emotional distress, sorrow, or grief.	1-4,6-9
17.	<i>Şudā' Dūdī</i> (headache due to worms)	A headache caused by the presence of worms in the region of the brain near the nostrils, marked by brain irritation, a foul smell in the nose, occasional discharge of blood or yellowish fluid from the nostrils, and worsening of pain with movement or during hunger.	6-9
D) Based on <i>Tafarruq-i-Ittişāl</i>			
s.no	Headache type	Description	references
18.	<i>Şudā' Tafarruq-i-Ittişālī</i> (traumatic headache)	Same as Suda' Darbi.	2,6,7
19.	<i>Şudā' Taza 'zu'ī</i> (Concussional headache)	Headache due to a concussion of the brain.	3,5,6,9
20.	<i>Şudā' Darbī-o-Saqī</i> (traumatic headache)	Headache due to a traumatic injury of head.	1-9
D) Other types of Headaches			
s.no	Headache type	Description	references
21.	<i>Suda' Khumārī</i> (liquor-induced headache)	Headache occurring after the intake of an excessive amount of liquor.	2-9

22.	<i>Şudā' Shammī</i> (smell-induced headache)	A headache triggered by inhaling strong or pungent odors, whether pleasant or unpleasant, results from the brain's sensitivity to intense smells.	2,5-9
23.	<i>Şudā' Nawmī</i> (Somnial headache)	Headache due to excessive sleep.	1,3,6-9
24.	<i>Şudā' Jimā'ī</i> (post-coital headache)	A headache that occurs after excessive sexual intercourse.	2,4-6,9
25.	<i>Şudā' Buhrānī</i> (headache during the crisis period of fevers)	Headache in the crisis/critical stage of diseases.	4,6,7,9

E) Based on the participation of other organs

S.NO.	Headache type	Description	References
26.	<i>Şudā' Shirkī</i> (Referred headache/headache due to morbid matter of related organs)	A headache caused by a disease in a related organ, which worsens or improves in accordance with the state of the underlying pathological condition.	1,3-7,9
a)	<i>Şudā' ShirkīMi'dī</i> (headache due to the morbidity of the stomach)	a) Headache due to stomach diseases. It usually starts from the anterior part of the head and is associated with nausea, indigestion, loss of appetite, etc.	
b)	<i>Şudā' ShirkīKabidī</i> (headache due to the morbidity of the liver)	b) Headache due to liver diseases.	
c)	<i>Şudā' ShirkīTihālī</i> (headache due to morbidity of spleen)	c) Headache due to spleen diseases.	
d)	<i>Şudā' Marāqī</i> (headache due to morbidity of the peritoneum)	d) Headache due to involvement of <i>Baritun</i> (peritoneum).	
e)	<i>Şudā' Raḥimī</i> (headache due to morbidity of the uterus)	e) Headache due to uterine diseases.	

F) Based on the *Mahiyat – E- Marzi*(pathology) in the body

s.no	Headache type	Description	references
27.	<i>Şudā' 'Arđī</i> (Secondary headache)	Symptomatic headache, which is produced as a symptom of other diseases, e.g., fever.	2,3,5-7,9
28.	<i>Şudā' Nazlī</i> (Catarrhal headache)	Headache due to catarrh.	4,5

G) Based on the Location of pain in the Head

s.no	Headache type	Description	references
29.	<i>Şudā' Bayḍa-o-Khūdha</i> (Circumferential headache)	Severe continuous headache involving the whole head, characterized by a liking of darkness, loneliness, and silence, a dislike of sound, light, and movement, and aggravation by insignificant factors, e.g., slight movement, walking, usage of flatulent diets, sounds, etc.	1,3-7,9
30.	<i>Şaqīqa / Şudā' Nişfī</i> (migraine)	It is a type of severe episodic headache involving one half of the head, accompanied by nausea and vomiting. It can be acute and chronic, for example, <i>Şaqīqa Hārā</i> , caused by predominance of sanguine and yellow bile, is acute in nature, whereas <i>Şaqīqa Bārīda</i> , caused by predominance of phlegm and black bile, is chronic in nature.	1,3-7,9

IV. CONCLUSION

The classification of headache is crucial for accurate diagnosis, effective treatment planning, and clinical research. In modern medicine, it guides appropriate diagnostic strategies by distinguishing between primary and secondary headaches based on underlying pathology. Similarly, in Unani medicine, classification is central to its holistic diagnostic and therapeutic approach. Headaches, being symptomatic of various underlying causes, require a detailed and structured classification to ensure targeted treatment. This allows for the precise use of pharmacological remedies, regimental therapies (Ilāj bil-Tadbīr), and preventive lifestyle modifications.

AUTHOR'S CONTRIBUTION

- Humera Zaki conceived the idea for the review, was responsible for manuscript drafting, conceptualised the study and contributed to the classical Unani literature review.
- Rushda Khatoon was responsible for the synthesis of Unani concepts, assisted in literature collection, formatting, and referencing and overall coordination.
- Azizur Rahman provided essential revisions, added valuable insights, and contributed to the analysis and interpretation of the data.
- Sidra Shaheen contributed to manuscript preparation.

All authors collaborated equally in refining the manuscript and addressing the feedback from reviewers. They also both reviewed and approved the final version of the paper.

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