

Hummā al-Yawm (Ephemeral Fever): Historical, Etiological and Pathological Insights from Unani Medicine

Ahmad Zeeshan^{1*}; Mohammad Shamsul Huda²; Irfan Ahmad³;
Arshad Kafi⁴; Mohd Bilal⁵

¹PG Scholar, Department of Mahiyatul Amraz (Pathology) State Unani Medical College and Hospital
Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India

²PG Scholar, Department of Mahiyatul Amraz (Pathology) State Unani Medical College and Hospital
Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India

³Professor, Department of Mahiyatul Amraz (Pathology) State Unani Medical College and Hospital Himmat
Ganj, Prayagraj 211001, Uttar Pradesh, India

⁴Assistant Professor, Department of Mahiyatul Amraz (Pathology) State Unani Medical College and
Hospital Himmat Ganj, Prayagraj 211001, Uttar Pradesh, India

⁵PG Scholar, Department of Ilmul Atfal (Pediatrics) State Unani Medical College and Hospital Himmat
Ganj, Prayagraj 211001, Uttar Pradesh, India

Corresponding Author: Ahmad Zeeshan^{1*}

Publication Date: 2026/01/12

Abstract:

➤ *Background:*

Hummā al-Yawm (Ephemeral Fever) is a well-recognized febrile entity in Unani medicine, characterized by its short duration and distinct etiopathogenesis. Classical physicians such as Hippocrates, Ibn Sīnā, and later Unani scholars provided detailed descriptions of its causes, clinical features, and differentiation from putrid fevers. Unani physicians described *Hummā al-Yawm* as a non-putrid, transient fever arising chiefly from *sukhūnat* (transient heat) acting on the *Rūh* (pneuma). Its causes include environmental heat, physical exertion, emotional perturbations, dietary factors, and closure of skin pores resulting in retention of vapours.

➤ *Objective:*

To present a concise overview of the historical background, etiological factors, and pathophysiological mechanisms of *Hummā al-Yawm* and its types as described in Unani literature.

➤ *Methods:*

A comprehensive review of classical Unani literature and contemporary translations was conducted, specifically examining the etiological factors, pathological mechanisms, and clinical presentations of *Hummā al-Yawm* (Ephemeral Fever).

➤ *Conclusion:*

Hummā al-Yawm represents a distinct febrile condition in Unani medicine with a clear theoretical framework. Understanding its classical concepts aids in accurate differentiation from other fevers and provides insight into traditional fever pathophysiology.

Keyword: *Hummā, Hummā al-Yawm, Fever, Ephemeral Fever, Mahiyatul Amrāq, 'Ilm al-Amrāq, Unani Medicine.*

How to Cite: Ahmad Zeeshan; Mohammad Shamsul Huda; Irfan Ahmad; Arshad Kafi; Mohd Bilal (2026) Hummā al-Yawm (Ephemeral Fever): Historical, Etiological and Pathological Insights from Unani Medicine. *International Journal of Innovative Science and Research Technology*, 11(1), 530-538. <https://doi.org/10.38124/ijisrt/26jan310>

I. INTRODUCTION

Fever (*Hummā*) has occupied a central position in Unani medical thought since antiquity. In Unani medicine, *Hummā* is defined as a transient, abnormal heat that originates in the heart and spreads throughout the body via the *Rūh* (pneuma) and circulating blood, resulting in disturbance of normal bodily functions. This febrile heat is distinguished from the physiological heat of emotions or exertion; however, when such heat exceeds normal limits and impairs function, it is likewise regarded as fever.[1]

Hummā al-Yawm (Ephemeral Fever) is a distinctive Unani entity characterized by its brief duration, usually resolving within one day and rarely persisting beyond three days. It arises mainly from external, functional, or psychic factors that primarily affect the *Rūh* rather than the *Akhlat* (humors), thereby differentiating it from humoral, putrid, and hectic fevers. Classical authorities, including Hippocrates, Galen, Rāzī, and Ibn Sīnā, described its causes, mechanisms, and clinical features in detail.[2]

This review provides a concise synthesis of the historical background, etiology, pathogenesis, and clinical characteristics of *Hummā al-Yawm*.

➤ Aims & Objectives

The primary aim of this study is to explore the historical significance of *Hummayāt*, with special emphasis on *Hummā al-Yawm*. The objectives of this study are to examine the historical evolution of *Hummā al-Yawm* as described in classical Unani literature, to analyze its etiology and pathophysiological mechanisms in light of core Unani principles such as *mizāj*, *akhlat*, and *harārat gharīzīyah*, and to systematically compile and critically organize relevant references from authoritative classical Unani texts.

II. MATERIAL AND METHODS

This study adopts the Input–Processing–Output model as its methodological framework. In the input phase, relevant literature was collected from primary and secondary sources, including original texts, translations, research studies, journals, and library resources from SUMC Prayagraj, Takmeel-ut-Tib Lucknow, AMU Aligarh, Jamia Hamdard New Delhi, NIUM Bengaluru and Ghaziabad, along with computerized database searches such as PubMed. The processing phase involved critical evaluation and systematic organization of the collected data. In the output phase, the findings are presented as a concise, chronological synthesis of sources, elucidating the postulates and concepts of *Hummayāt* derived from classical literature.[3]

III. DISCUSSION

Hummayāt (fever) is the plural form, which in Persian is called 'tap' and in the Indian language is called 'bukhar' (fever).[1] *Hummā* (Fever) is the name given to that transient heat which first ignites in the heart, and then spreads throughout the entire body through the *Rūh* (pneuma) and

blood in the arteries and veins, igniting in such a way that bodily functions are impaired.[2]

➤ Historical Background

The earliest documented account of fever is found in the Edwin Smith Papyrus, which differentiated between localized inflammation and generalized fever, the latter defined as an elevation in overall body temperature.[4]

During the 5th–4th century BCE, Hippocrates dismissed supernatural causes, proposing the four-humour theory to explain health and illness. He posited that fever resulted from an overabundance of "animal heat" disseminating throughout the body. Through meticulous observation, he started categorizing various fever types.[5]

He identified characteristic fever cycles in malaria, such as the tertian (occurring every 48 hours) and quartan (occurring every 72 hours) patterns. [6]

In the first century CE, Celsus described fever mainly qualitatively, cautioning that postpartum women faced a significant risk if they developed a severe headache accompanied by fever.[7]

Galen (2nd century CE), adhering to Hippocrates' teachings, viewed fever as a systemic condition resulting from excessive heat within the body.[8]

Even earlier, Herophilus (335–280 BCE) suggested a correlation between fever and alterations in pulse rate. He even invented a water clock to quantify pulse variations—potentially the first endeavor to measure fever objectively, although the specifics of its operation remain unclear.[9]

Arab and Persian physicians embraced Hippocrates' perspective, regarding fever as surplus heat originating in the heart and spreading throughout the body.[10]

Avicenna offered an extremely detailed depiction of fever and delineated its four phases onset, increase, peak, and resolution which resemble contemporary understandings of fever physiology.[11]

➤ Classification of *Hummā* (Fever)

Initially classified fever into two types: [1]

• *Hummā Mardīyya* (Primary Fever):

A fever that develops directly from its underlying cause, without the involvement of any intermediate pathological condition.

✓ Example: *Hummā 'Ufūniyya*, in which 'ufūnat (putrefaction) immediately leads to fever. Putrefaction itself is not regarded as a disease, but rather as a direct etiological factor.

• *Hummā 'Arḍīyya* (Secondary Fever):

A fever that appears as a result of another existing disease.

✓ *Example: Hammā Waramiyya*, where fever arises due to *waram* (inflammation). In this case, inflammation constitutes the primary disease, and fever is a secondary manifestation.

- *Classification of Hammā According to the Shaikh: [2]*

The human body contains three fundamental elements: organs, pneuma and humors. Organs are like the walls of a *Hammām*, humors like its water, and pneuma/vapours like its air.

Harārat Gharība (morbid heat) must first affect one of these, creating a primary ignition from which heat spreads.

- *Hummā Diqqiyya (Cachexic Fever)*

When the organs are the first to be ignited, like heated *Hammām* walls, this fever arises. Cooling the organs cools the whole body.

- *Hummā Khilītī (Humoral Fever)*

When heat begins in the humors like hot water warming the walls of *Hammām* this fever arises.

- *Hummā al-Yawm (Ephemeral fever/ Short term fever)*

When heat first affects the pneuma like hot air heating a *Hammām* this fever arises. Because pneuma dissipate quickly, it usually lasts no longer than one day and night, unless it changes into another type.

- *General Categorization of Fevers[1]*

Fevers are also categorized based on their intensity, duration, and pattern:

- *By Intensity/Duration:*

✓ *Hādda* (Acute): Severe and sharp.
✓ *Muzmina* (Chronic): Long-lasting and protracted.

- *By Time of Appearance:*

✓ *Laylīyya* (Nocturnal): Night fevers.
✓ *Nahārīyya* (Diurnal): Day fevers.

- *By Pattern:*

✓ *Salīma Mustaqīma* (Straightforward): Benign.
✓ *Muftarra* (Intermittent): Comes with intervals/breaks.
✓ *Lāzīma* (Continuous): Constantly present.
✓ Can be with varying exacerbations (intensities) or *Mutashābiha* (uniform).
✓ Can be associated with shivering/chill.

- *By Composition:*

✓ *Basīt/Mufrad* (Simple)
✓ *Murakkab* (Compound)

- *Stages of Fevers [12]*

Fevers have four stages:

- *Ibtidā'* (Beginning)

- *Tazayyud* (Increase/Ascent)

• *Waqūf / Intihā* (Climax / Stagnation)

• *Inhiṭāt* (Decline)

- *Ibtidā'* (Beginning)

✓ The accumulated matter obstructs and weakens the *hārārat gharīziyya* (innate heat).

✓ In general beginning, signs of *Nudj* (concoction) or *Did Nudj* are absent.

✓ Sometimes this stage is extremely short and hidden (e.g., *sonūkhūs* fever, epilepsy, apoplexy), giving the false impression that it is absent.

- *Tazayyud* (Increase)

✓ A direct interaction occurs between innate heat and the morbid substance.

✓ Signs of *Nudj* or *Did Nudj* start to appear.

- *Intihā / Waqūf* (Climax)

Tabī'at (nature) decisively confronts the accumulated matter. The duration varies:

✓ In severe fevers, the *Intihā* is recognized when the next paroxysm becomes milder.

✓ Usually lasts 1–2 paroxysms; in chronic diseases it may be delayed, and *Nudj* signs appear near the end.

- *Inhiṭāt* (Decline)

✓ The innate heat overcomes and disperses the matter gradually.

✓ The internal heat of the body appears to become milder and is often interpreted as a sign of improvement, although in some cases this apparent reduction occurs because the body's natural faculty has exhausted itself and ceased resisting the disease.

- *Duration of Climax by Disease Type [2]*

✓ *Hādda jiddan* (Extremely acute diseases): climax within 4 days (includes *Hummā al-Yawm*, though it is not considered dangerous).

✓ *Hādda muṭlaqan* (Acute diseases): climax within 7 days (e.g., *Hummā Muḥarriqa*, *Ghib Lāzīma*).

✓ Moderately acute diseases: climax up to 14 days.

✓ *Hāddat-ul-Muzmināt* (Acute on chronic diseases): climax up to 21 days.

✓ Chronic diseases: climax after 40–60 days or more.

- *Hummā al-Yawm* (ephemeral fever/ short term fever)

Hummā al-Yawm is the type of fever that arises due to external causes, whether those causes are *Badanī* (physical) or *Nafsānī* (psychological). [12]

At its beginning, there is neither shivering nor body ache nor is there any sense of pressure or heaviness in the head. Rather, at the onset, a mild sensation of cold may sometimes be felt, and occasionally goosebumps may

appear, though this happens infrequently.[13] According to Galen, the presence of headache and generalized body pain at the onset of fever, which resolve with the subsidence of fever, indicates *Hummā al-Yawm*.[14]

➤ Causes

Hummā al-Yawm arises from external or bodily factors that heat the body but do not exceed the point of agitate the humors. Main causes include:

- *Asbāb Khārijīyya* (External Causes):

These acts from outside the body and directly introduce heat:

- ✓ *Mulāqiyāt* (Contacting agents): Heat from the sun, hot air, hammam, or warm objects touching the body.
- ✓ *Mutanāwalāt* (Ingested substances): Hot foods, drinks, wine, and medicines taken orally.

- *Asbāb Badaniyya* (Bodily Causes):

These arise within the body due to activity or emotion:

- ✓ *Infī 'ālāt Badaniyya* (Bodily reactions): Severe exercise, excessive movement, fatigue, wakefulness.
- ✓ *Infī 'ālāt Nafsāniyya* (Psychic reactions): Strong emotions such as anger, joy, fear, sorrow, or intense mental stress.[2]
- ✓ *Awjā'* (pain) and *Awrām Khārijīyya* (external swellings/inflammations) may precipitate *Hummā al-Yaum*.[14]
- ✓ *Awrām Dākhiliyya* (internal swellings), however, generally result in *Hummā Khiltīyya* (humoral fever) rather than *Hummā Yaumiyya*.[10]
- ✓ In rare cases, *Sudda* (obstructions/blockages) and *Tukhma* (indigestion) may also cause *Hummā Yaum*.[14]
- ✓ The etiological factors of *Hummā al-Yaum* are confined to the primary ignition of the *Rūh* (pneuma) and do not significantly involve the *Akhlat* (humors). When the intensity of heat increases and the *Akhlat* (humors) become involved, *Hummā al-Yaum* transforms into *Hummā Diqqiyā* (hectic fever) or *Hummā Khiltīyya* (humoral fevers).[2]
- ✓ *Hummā al-Yaum* is not limited to distress and fatigue, it may also arise from excessive joy or happiness.[12]
- ✓ The fever typically resolves within one day and only rarely persists beyond three days. If a fever lasts longer than three days, it suggests *Intiqāl-i-Hummā* (transformation of the fever) into a different form i.e. *Hummā Khiltīyya* (humoral fever) or *Hummā Diqqiyā* (hectic fever).[2]

➤ Distinguishing Features

- *Qārūra* (Urine)

If the *qārūra* (urine) is *nudj-yāfta* (concocted) on the very first day and the *nabd* (pulse) remains normal and strong, it strongly indicates *Hummā al-Yawm*. The *rasūb* (urinary sediment) also appears *nudj-yāfta* (well-concocted), without the predominance of any *khilāt* (humor). [2] A degree of *ghamāma* (cloudiness) may be seen, either suspended in the middle of the urine or floating on its surface, while the

color of urine generally remains good and moderate. If a noticeable change occurs in the color of urine, it should be attributed not to the fever itself, but to another independent *sabab* (cause).[15]

- *Nabd* (Pulse)

In *Hummā al-Yawm*, the *nabd* (pulse) is generally *sarī'* (fast), *qawī* (strong), and *'azīm* (large). However, in certain exceptions the *nabd* may become *da'if* (weak) or *ṣaghīr* (small), such as in cases of *du'f nafsāni* (emotional weakness) due to *khawf* (fear) or *huzn* (sorrow), the presence of *khilāt muharrīk* (irritating humors) or *burūdat* (coldness) in the *fam-i-mi'da* (orifice of the stomach), or due to other non-febrile causes.

Taghayyur (variation) in the *nabd* is rare, and if it does occur, the regularity of the pulse remains preserved. Sometimes the *nabd* becomes *ṣulb* (hard) due to *burūdat* (coldness), *sahar* (sleeplessness), *huzn* (grief), *ta'b* (fatigue), *jū'* (hunger), or *istifrāgh* (evacuation). In some cases, the *inbisāt* (expansive movement) of the *nabd* is *sarī'* (fast) while the *inqibād* (contractive movement) is *baṭī'* (slow), though not to an excessive degree. A distinctive feature of this fever is that after the subsidence of *Hummā al-Yawm*, the *nabd* returns to its *tabī'ī hālat* (natural state), unlike in other types of fevers.[2]

- *Other Signs*

- ✓ Onset is mild, increase phase short (< 2 hours), climax has no severe complications.
- ✓ No intense heat or dominance of humors.
- ✓ Headache, backache are rare and short-lived.
- ✓ Fever usually ends with mild sweating.[2]

➤ Types of *Hummā al-Yawm*

- *Hummā al-Yawm Ghāmmiyya* [12]

Fever produced by intense sorrow.

- ✓ Etiology: Excessive grief causing inward movement of the *Rūh*.

Pathogenesis: Involves the compression of the *Rūh* (pneuma) internally, leading to a dominance of *Yubūsat* (dryness) and the development of mild *Harārat-i-Gharīziyya* (internal heat).

- ✓ *Symptoms*:

- *Qārūra* (urine) is *nāriyya* (fiery) and *hādd* (sharp) due to dominance of *yubūsat* (dryness).
- Eyes show downward movement and become sunken due to *tahlīl* (dissipation), with sluggish movement from *du'f-i-quwā* (weakness of faculties).
- *Wajh* (face) appears *asfar* (yellow) because heat turns inward.
- *Nabd* (pulse) is *ṣaghīr* (small) and *du'f* (weak), sometimes inclining toward *ṣalāba* (hardness).

- *Hummā al-Yawm Hammīyya[2]*

Fever due to excessive dilemma/ confusion over a desired thing.

- ✓ Etiology: Persistent worry and mental tension.
- ✓ Pathogenesis: Sometimes, excessive contemplation and worry for a desired thing cause a severe movement in the *Rūh*, which heats it and causes fever.

- ✓ *Symptoms:*

- *A 'lāmāt* (symptoms) resemble those of *Hummā Yaum Ghāmmiyya*.
- Eye are sunken due to *tahlīl* (dissipation) but also slightly prominent, with less depth than in *Ghāmmiyya*.
- *Nabd* (pulse) is not markedly weak or suppressed; even if slightly weak, it remains elevated.

- *Hummā al-Yawm Fikriyya [1]*

Fever from excessive thinking.

- ✓ Etiology: Intense contemplation.

- ✓ Pathogenesis: Moderate movement of *Rūh* leads to mild heat generation.

- *Symptoms:*

- Eyes neither too sunken nor prominent
- Pulse variable in height and depth.

- *Hummā al-Yawm Ghadabiyya [1]*

Fever due to excessive anger.

- ✓ Etiology: Excessive outward movement of the *Rūh* during anger.

- ✓ Pathogenesis: Sometimes, in a state of anger, the *Rūh* moves excessively outwards, producing overwhelming heat that, associated with the *Rūh*, causes fever.

- *Symptoms:*

- Facial color is red, if *khauf* (fear) accompanies *ghadab* (anger), it inclines toward yellowness.
- Face appears *mutawarrim* (swollen) and eyes are red and prominent due to *kharūj-e-Rūh* (outward movement of the pneuma) in anger.
- *Larza* (shivering) may occur in some due to movement of a humor or *du'f-e-tabī'at* (weakness of nature).
- *Qārūra* (urine) is red and *hādd* (sharp), with its sharpness felt.
- *Nabd* (pulse) is *ghalīz* (thick), *mumtalī* (full), *buland* (elevated), and *mutawātir* (continuous).

- *Hummā al-Yawm Sahriyya[12]*

Fever following prolonged awakening/ insomnia.

- ✓ Etiology: Lack of sleep causing vapour accumulation.

- ✓ Pathogenesis: Prolonged wakefulness leads to *Tahlīl* (dissipation), which causes an increase in *Harārat* (heat)

and *Yubūsat* (dryness), ultimately resulting in the heat of the *Rūh* (pneuma).

- *Symptoms:*

- ✓ Heaviness of the eyelids are present.
- ✓ The eyes are sunken due to *tahlīl al-akhlāt* (dissipation of humors).
- ✓ *Tahabbuj* (swelling) appears in the eyelids because of *sū'al-Hadīm* (poor digestion) and excessive vapours.
- ✓ The *qārūra* (urine) is turbid due to lack of digestion & *nabd* (pulse) is *da'if* (weak).
- ✓ Face is *asfar* (yellow) and *mutawarrim* (swollen) due to poor digestion, with no *surkhi* (redness) as seen in *Hummā Ghadabiyya*.

- *Hummā al-Yawm Nawmiyya wa Rāhiyya[1]*

Fever due to excessive sleep or rest.

- ✓ Etiology: Over-sleeping or sudden change to rest.

- ✓ Pathogenesis: The hot vapours of the *Rūh* continue to dissipate due to wakefulness and movement, but when sleep and rest become excessive, the vapours do not dissipate, and they heat the *Rūh* and cause fever.

- ✓ Symptoms: The pulse shows *imtilā' bukhārī* (vaporous fullness), in which a subtle, airy body is perceptible within the pulse.

- *Hummā al-Yawm Farahiyya[1]*

Fever due to excessive joy/ happiness.

- ✓ Etiology: Strong outward movement of *Rūh* but with pleasure.

- ✓ Pathogenesis: Sudden elevation of *Rūh* (pneuma) leads to production of heat.

- *Symptoms:*

- ✓ Symptoms similar to those of anger-related fever are present.
- ✓ The eyes show a state of pleasure, not the expression of anger.
- ✓ The pulse is rarely continuous.

- *Hummā al-Yawm Faz'iyya[2]*

Fever caused by excessive fear.

- ✓ Etiology: Sudden fear causing inward movement of *Rūh*.

- ✓ Pathogenesis: Immediate inner movement of *Rūh* produces heat which leads to fever.

- *Symptoms:*

- ✓ The pulse is extremely irregular.

- ✓ The appearance of the eye is like that of a terrified person.

- *Hummā al-Yawm Ta'biyya[12]*

Fever arising from excessive physical fatigue.

- ✓ Etiology: Over-exertion and muscular exhaustion.
- ✓ Pathogenesis: Excessive fatigue may generate intense heat in the *Rūh*, leading to fever that disturbs the *af'āl tabī'iyya* (natural functions) and mainly affects the *af'āl haywāniyya* (vital) and *af'āl nafsāniyya* (psychic functions).

- *Symptoms:*

- ✓ Preceding *ta'b* (fatigue) is present before the onset of fever.
- ✓ Increased heat in the joints compared to other organs.
- ✓ General exhaustion and dryness of the body are prominent.
- ✓ With severe exercise and fatigue, moisture and sweating are reduced.
- ✓ Dry cough may occur when the lungs are involved.
- ✓ Pulse is small and weak, sometimes tending toward hardness.
- ✓ Urine is yellow and sharp due to movement and heat, and *raqīq* (thin) because of dissipation of moisture.

- *Hummā al-Yawm Istifrāghiyā* [2]

Fever following diarrhea, vomiting, purgation, or phlebotomy.

- ✓ Etiology: Loss of fluids & agitation of humors.
- ✓ Pathogenesis: When moisture is depleted, the vapours become sharp and smoky, which in turn heats the *Rūh* (pneuma).

- *Symptoms:*

- ✓ Sometimes, *adwiya mushila* (purgative medicines) increase heat and may cause *Hummā al-Yawm Istifrāghiyā*.
- ✓ *Hummā al-Yawm Istifrāghiyā* can also occur after *faṣd* (venesection).
- ✓ *Faṣd* (venesection) reduces the moisture of vapours and their *damawiyat* (sanguineous).
- ✓ This leads to a *dukhānī kayfiyyat* and *ṣafrāwiyyat* (bilious).
- ✓ In essence, *Faṣd* decreases bodily moisture, resulting in sharpness and intensity in the body.

- *Hummā al-Yawm Waja'iyya* [1]

Fever caused by severe pain.

- ✓ Pathogenesis: *Waja'* (pain) triggers an intense increase in the heat of the *Rūh* (pneuma), which subsequently manifests as *Hummā* (fever).

- *Symptoms:*

This includes pain in the head, eyes, ears, teeth, joints, or hands and feet, or the pain of colic and hemorrhoids, or some other pain, such as the pain of *damāmil* (boils) and abscesses.

- *Hummā al-Yawm Ghashiyā* [2]

Fever associated with fainting episodes.

- ✓ Etiology: Excessive internal movement of *Rūh* during fainting.
- ✓ Pathogenesis: Physical exhaustion combined with intense inward heat leads to a sudden collapse and the onset of *Hummā* (fever).

- *Symptoms:*

- ✓ Fainting occurs concurrently with the fever.
- ✓ The patient exhibits exhaustion.
- ✓ The pulse is irregular, imperceptible or lost.
- ✓ These signs indicate severe depletion of bodily moisture and extreme systemic dryness.

- *Hummā al-Yawm Jū'iyya* [1]

Fever from prolonged fasting or insufficient food.

- ✓ Etiology: Lack of food.

- ✓ Pathogenesis: Lack of food causes intensity of heat in the body's vapours, which leads to fever.

- *Symptoms:*

- ✓ Pulse is weak and small with a slight degree of hardness
- ✓ General weakness and dryness of the body.

- *Hummā al-Yawm 'Atashiyya* [12]

Fever caused by intense thirst.

- ✓ Etiology: Lack of water which normally cools and moistens.

- ✓ Pathogenesis: This is close to *Humma Jū'iyya* and can cause heat in the vapours to a greater degree, because water is a means of soothing, and that is lost in the state of thirst.

- *Symptoms:*

Signs similar to hunger fever but more intense.

- *Hummā al-Yawm Sudhiyya* [2]

Fever caused by internal vascular blockages preventing vapor dissipation.

- *Etiology:*

- ✓ *External Pores (Skin):*

- Environmental cause: Exposure to cold, excessive dust, or burning by the sun.
- Lifestyle: Infrequent bathing or the use of astringent waters.
- Physical state: Excessive dryness of the skin.

- ✓ *Internal Vessels:*

- Humoral Abundance: An excess of blood (*Imtilā'*) or humors.
- Humoral Quality: Thickness or viscosity of the humors
- Mechanical Pressure: *Waram* (inflammation) or new growths pressing on veins from the outside.

- Coldness causing the vessels to contract and shrink.
- ✓ *Pathogenesis:*
- Obstruction of Respiration: Blockages in the fine branches (*Līf*) and main vessels (*Sawāqī*) of the veins prevent the body's natural cooling process.
- Accumulation of vapours: Because "cooling from the veins ceases," hot vapours cannot dissipate. This leads to *Iḥtiqān* (congestion) and *Imtilā'* (fullness).
- Ignition of *Rūh*: When these trapped hot vapours accumulate, they produce excessive heat. If this "ignition" is limited to the *Rūh*, it results in *Hummā al-Yaum*.
- If the ignition extends to the blood, it results in an *Hummā Sanūkhūs*, whereas the onset of putrefaction leads to *Hummā 'Ufūnī*.

- *Symptoms*

- ✓ Fever arises without any evident external cause.
- ✓ The period of *inqīṭā'* (decline) of the fever is prolonged.
- ✓ Absence of sweat on the body when the fever subsides.
- ✓ Presence of signs of *imtilā'* (fullness) supports the diagnosis.

- *The Body Shows Either:*

- ✓ Abundance of blood and its production, or
- ✓ Thick and viscous humors, recognized through associated signs and symptoms.
- *Hummā al-Yawm Tukhmiyya / Imtilā'iyya* [14]
Fever from indigestion producing putrid vapours.

- ✓ *Etiology:*

- *Tukhma* (indigestion) leading to the formation of putrid and smoky vapours.
- More common in individuals with *ṣafrāwī mizāj* (bilious temperament).

- ✓ *Pathogenesis:*

Indigestion produces smoky and putrid vapours, which ignite heat and cause inflammation of the *Rūh*, resulting in fever.

- ✓ *Key Symptoms:*

- Sour or acrid eructations
- Recovery sign: Normalization of eructations signifies resolution.
- Urine: Watery and unconcocted.
- Facial roughness and heaviness of eyelids present.

- *Hummā al-Yawm Waramiyya* [12]

Fever due to external swellings/abscesses.

- *Etiology:*

- ✓ External Swellings (*Awrām Zāhira*): Common types: Boils (*damāmil*) and abscesses (*kharrājāt*).
- ✓ Glandular locations: Accumulation of waste from the liver causes groin swelling, from the heart causes axillary swelling, and from the brain causes swelling below the ear.
- ✓ External Factors: Injuries such as ulcers (*qurūh*), scabies (*jarb*), physical trauma/falls, and general pain.
- ✓ Pre-existing Factors: Fullness of matter (*imtilā' māddā*) and existing blockages

- *Pathogenesis:*

When *sukhūnat* (heat) reaches the heart from an external swelling without accompanying *'ufūnat* (putrefaction), it produces *Hummā al-Yaum*. When the swelling is primary and the fever is secondary, the fever is usually of the type *Hummā al-Yaumiyya*, while when the fever is primary and the swelling is secondary, the fever is generally putrid, although the reverse may occasionally occur.

- *Key Symptoms:*

- ✓ Face: Redness with roughness
- ✓ Heat: Marked heat is present, but without intense burning sensation.
- ✓ Resolution: Moisture appears in the body toward the end of the fever.
- ✓ Pulse: Large, rapid, and continuous due to fullness and heat.
- ✓ Urine: Watery and pale/white, as morbid matter is diverted toward the swellings or ulcers.

- *Hummā al-Yawm Qashfiyya* [1]

Fever from superficial skin blockage preventing vapor escape.

- ✓ Etiology: People who abandon their habit of bathing.

- *Pathogenesis:*

Superficial closure of the pores leads to retention of hot vapours, which in turn heats the *Rūh*.

- *Key Symptoms:*

- ✓ *Salābat* (hardness) develops in the skin.
- ✓ *Nabd* (pulse): Becomes *sarī'* (rapid) and *saghīr* (small).
- ✓ *Qārūra* (urine): Appears *Abyād* (white).

- *Hummā al-Yawm Harrīyya/ Samoomiyya /Shamsiyya/ Hammamiyya* [1]

Fever caused by external heat (Sun, *Hammām*, Hot air).

- *Etiology:*

- ✓ Direct and intense exposure to the sun.
- ✓ High ambient temperatures.

- ✓ Excessive heat encountered in *Hammām*.
- ✓ Any other air-based thermal exposure.

- *Pathogenesis:*

- ✓ Direct exposure of the head to solar heat transmits heat to the brain, first affecting the *Rūh Nafsānī*, then spreading systemically; it may lead to *Imtilā'* by attracting morbid humors to the head.
- ✓ Inhalation of hot ambient air conveys heat directly to the heart, producing fevers.

- *Key Symptoms:*

- ✓ Intense burning sensation in the head.
- ✓ Heaviness and fullness of the head
- ✓ Deep and forceful breathing.
- ✓ Mild thirst
- ✓ Pulse *Sarī'*; urine variable (white or colored)

- *Hummā al-Yawm Istihsāfiyya Min al-Bard* [2]
Fever from pore closure due to cold exposure.

- ✓ Etiology: Cold weather, cold baths

- *Pathogenesis:*

Tightening of the *Masām* (pores) traps the vapours, leading to internal heating of the *Rūh* often leads to putrid fever unless vapours are strong.

- *Key Symptoms:*

- ✓ Pulse: Generally rapid due to the need for air intake & may incline toward *salābat* (hardness).
- ✓ Eyes: Not sunken; may appear swollen due to congestion of vapours .
- ✓ Urine: Sometimes white due to transfer of heat inward and sometimes colored when heat, previously escaping through pores, is eliminated via urine.

- *Hummā al-Yawm Istihsāfiyya* [12]
Fever due to bathing in astringent/mineral waters.

- ✓ Etiology: Waters containing alum, vitriol, metallic salts.

- *Pathogenesis:*

Astringent action closes the *Masām* (pores), trapping the *Abkhira* (vapours) and thereby producing internal heat. Often progresses to putrid fever.

- *Symptoms:*

- ✓ Skin: Extremely dry, feeling tanned or hardened to touch.
- ✓ Heat: Mild on initial touch, increases after sustained contact.
- ✓ Pulse: Very weak, very small, and rapid.
- ✓ Urine: Very white and dilute.
- ✓ General state: No emaciation of the body or sunken eyes.

- *Hummā al-Yawm Sharābiyya* [2]

Triggered by wine/alcohol consumption.

- ✓ Etiology: Excessive alcohol intake

✓ Pathogenesis: Inhalation or absorption of alcoholic fumes agitates the *Rūh* (pneuma), causing overheating and resulting in *Hummā*.

- *Key Symptoms:*

- ✓ Clinical signs similar to alcohol consumption
- ✓ Headache; relief by vomiting or phlebotomy
- ✓ Needs cooling, hydration, and sometimes bathing after fever

- *Hummā al-Yawm Ghidhā'iyya* [2]

Fever from consumption of hot/pungent foods.

- ✓ Etiology: Hot, irritant, spicy foods causing internal heat

- *Pathogenesis:*

Heat from ingested foods first reaches the liver, heating the *Rūh-i-Tabī'* and subsequently producing a generalized fever.

- *Symptoms:*

- ✓ Heat centered on hepatic region
- ✓ General heat without strong burning
- ✓ Similar to solar fever but affecting natural *Rūh* instead of psychic *Rūh*

IV. CONCLUSION

Hummā al-Yawm is conceptualized within a well-structured theoretical framework rooted in classical Unani principles. This study highlights that Unani scholars developed a coherent understanding of this transient fever by outlining its historical, etiological, and pathophysiological dimensions. Classical accounts associate *Hummā al-Yawm* primarily with temporary disturbances of *harārat gharīzīyah* (innate heat) and minor functional alterations, rather than marked humoral imbalance, distinguishing it from other febrile conditions. The critical review of classical Unani texts facilitates accurate differentiation of *Hummā al-Yawm* from other fever categories and demonstrates the depth of traditional insights into fever mechanisms.

REFERENCES

- [1]. Khan MA. Akseere Aazam (Al Akseer). (Urdu Translation by Mohd Kabeeruddin). New Delhi: Idara Kitabul Shifa; 2011. p. 850-858
- [2]. Kabiruddin M. *Hummiyat-e-Qanoon* Vol I [or II] [Urdu translation]. New Delhi: Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, Government of India; 2009.p.25-63.
- [3]. Huda, MS., Ahmad, I., Kafi, A. & Fatima, SZ.(2025). Unveiling the sources and references (*Marajey Wa*

Masadir) of Ilmul Amraz: a perspective from Unani medicine. *Int J Pharmacognosy* 12(3): 185-95. doi link: [http://dx.doi.org/10.13040/IJPSR.0975-8232.IJP.12\(3\).185-195](http://dx.doi.org/10.13040/IJPSR.0975-8232.IJP.12(3).185-195).

[4]. El-Radhi AS, Carroll J, Klein N. History of fever. In: El-Radhi AS, Carroll J, Klein N, editors. *Clinical Manual of Fever in Children*. Berlin, Heidelberg: Springer; 2009.

[5]. Mackowiak PA. Concepts of fever. *Arch Intern Med*. 1998;158(17):1870–1881.

[6]. Hippocrates. Prognostics. In: Chadwick J, Mann WN, editors. *The Medical Works of Hippocrates: Epidemics Book I*. Oxford: Blackwell Scientific Publications; 1950.

[7]. Celsus AC. *De medicina*. Spencer WG, translator. Cambridge (MA): Harvard University Press; 1971.

[8]. Gensini GF, Conti AA. The evolution of the concept of fever in the history of medicine: from pathological picture *per se* to clinical epiphemonon (and vice versa). *J Infect*. 2004;49(2):85–87.

[9]. von Staden H. *Herophilus: The Art of Medicine in Early Alexandria*. Cambridge: Cambridge University Press; 1989.

[10]. Tabari RS. *Firdaus al-Hikmat fi'l-Tibb*. New Delhi: Central Council for Research in Unani Medicine (CCRUM); 2010.p.577-580.

[11]. Ibne Sina. *Al Qanoon fi al-Tib*. Nigarshat, Temple Road, Lahore; 1992. Vol 4. p. 21–24.

[12]. Samargandi N, Kirmani NBA. Sharah Asbaab. (Translated by Kabeeruddin HM). New Delhi: Idara Kitaushshifa; 2011. vol 3rd & 4th p. 394-400.)

[13]. Chandpuri K. *Moojaz al Qanoon*. New Delhi: Qaumi Council Baraye Farogh Urdu Zabaan; 1998 , pp 412

[14]. Qamri HMA. Ghina Muna. New Delhi: CCRUM; 2008. p. 525-529.

[15]. Huda MS, Fatima SZ, Ahmad I, Kafi A, Zeeshan A. An integrative perspective on urine analysis: from humoureal theory to biomarkers. *Int J Res Med Sci [Internet]*. 2025 Dec. 30 [cited 2026 Jan. 5];14(1):366-72. Available from: <https://www.msjonline.org/index.php/ijrms/article/view/16153>