

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

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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 *Rūḥ* (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 Amrād*, *‘Ilm al-Amrād*, *Unani Medicine*.

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I. INTRODUCTION

Fever (*Humṁā*) has occupied a central position in Unani medical thought since antiquity. In Unani medicine, *Humṁā* is defined as a transient, abnormal heat that originates in the heart and spreads throughout the body via the *Rūḥ* (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]

Humṁā 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 *Rūḥ* rather than the *Akhlāt* (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 *Humṁā al-Yawm*.

➤ Aims & Objectives

The primary aim of this study is to explore the historical significance of *Hummayāt*, with special emphasis on *Humṁā al-Yawm*. The objectives of this study are to examine the historical evolution of *Humṁā al-Yawm* as described in classical Unani literature, to analyze its etiology and pathophysiological mechanisms in light of core Unani principles such as *mizāj*, *akhlāt*, and *ḥarārat 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] *Humṁā* (Fever) is the name given to that transient heat which first ignites in the heart, and then spreads throughout the entire body through the *Rūḥ* (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 *Humṁā* (Fever)

Initially classified fever into two types: [1]

• *Humṁā Marḍīyya* (Primary Fever):

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

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

• *Humṁā ‘Arḍīyya* (Secondary Fever):

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

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

• *Classification of Hummā 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 Khilfī (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.
- ✓ *Lāzima* (Continuous): Constantly present.
- ✓ Can be with varying exacerbations (intensities) or *Mutashābiha* (uniform).
- ✓ Can be associated with shivering/chill.

• *By Composition:*

- ✓ *Basīṭ/Mufrad* (Simple)
- ✓ *Murakkab* (Compound)

➤ *Stages of Fevers [12]*

Fevers have four stages:

• *Ibtidā' (Beginning)*

- *Tazayyud* (Increase/Ascent)
- *Waqūf / Intihā* (Climax / Stagnation)
- *Inhiṭāṭ* (Decline)

• *Ibtidā' (Beginning)*

- ✓ The accumulated matter obstructs and weakens the *harārat gharīziyya* (innate heat).
- ✓ In general beginning, signs of *Nuḍj* (concoction) or *Ḍid Nuḍj* 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 *Nuḍj* or *Ḍid Nuḍj* start to appear.

• *Intihā / Waqūf (Climax)*

Ṭabī'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 *Nuḍj* signs appear near the end.

• *Inhiṭāṭ (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 Lāzima*).
- ✓ 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 *Humḡā al-Yawm*. [14]

➤ Causes

Humḡā 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:

- ✓ *Infi'ālāt Badaniyya* (Bodily reactions): Severe exercise, excessive movement, fatigue, wakefulness.
- ✓ *Infi'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 *Humḡā al-Yaum*. [14]
- ✓ *Awrām Dākhiliyya* (internal swellings), however, generally result in *Humḡā Khilṭiyya* (humoral fever) rather than *Humḡā Yaumiyya*. [10]
- ✓ In rare cases, *Sudda* (obstructions/blockages) and *Tukhma* (indigestion) may also cause *Humḡā Yaum*. [14]
- ✓ The etiological factors of *Humḡā al-Yaum* are confined to the primary ignition of the *Rūḡ* (pneuma) and do not significantly involve the *Akhlāt* (humors). When the intensity of heat increases and the *Akhlāt* (humors) become involved, *Humḡā al-Yaum* transforms into *Humḡā Diqqiyya* (hectic fever) or *Humḡā Khilṭiyya* (humoral fevers). [2]
- ✓ *Humḡā 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-Humḡā* (transformation of the fever) into a different form i.e. *Humḡā Khilṭiyya* (humoral fever) or *Humḡā Diqqiyya* (hectic fever). [2]

➤ Distinguishing Features

• *Qārūra (Urine)*

If the *qārūra* (urine) is *nuḡj-yāfta* (concocted) on the very first day and the *nabḡ* (pulse) remains normal and strong, it strongly indicates *Humḡā al-Yawm*. The *rasūb* (urinary sediment) also appears *nuḡj-yāfta* (well-concocted), without the predominance of any *khilṭ* (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]

• *Nabḡ (Pulse)*

In *Humḡā al-Yawm*, the *nabḡ* (pulse) is generally *sarī'* (fast), *qawī* (strong), and *'aẓīm* (large). However, in certain exceptions the *nabḡ* may become *ḡa'īf* (weak) or *ṣaghīr* (small), such as in cases of *ḡu'f nafsānī* (emotional weakness) due to *khawf* (fear) or *ḡuzn* (sorrow), the presence of *khilṭ muḡarrrik* (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 *nabḡ* is rare, and if it does occur, the regularity of the pulse remains preserved. Sometimes the *nabḡ* becomes *ṣulb* (hard) due to *burūdat* (coldness), *sahar* (sleeplessness), *ḡuzn* (grief), *ta'b* (fatigue), *jū'* (hunger), or *istifrāgh* (evacuation). In some cases, the *inbisāt* (expansive movement) of the *nabḡ* is *sarī'* (fast) while the *inqibād* (contractive movement) is *baṡī'* (slow), though not to an excessive degree. A distinctive feature of this fever is that after the subsidence of *Humḡā al-Yaum*, the *nabḡ* returns to its *ṡabī'ī ḡālat* (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 *Humḡā al-Yaum*

• *Humḡā al-Yaum Ghammiyya* [12]

Fever produced by intense sorrow.

- ✓ Etiology: Excessive grief causing inward movement of the *Rūḡ*.
Pathogenesis: Involves the compression of the *Rūḡ* (pneuma) internally, leading to a dominance of *Yubūsat* (dryness) and the development of mild *ḡarārat-i-ḡarāziyya* (internal heat).
- ✓ Symptoms:
 - *Qārūra* (urine) is *nāriyya* (fiery) and *ḡādd* (sharp) due to dominance of *yubūsat* (dryness).
 - Eyes show downward movement and become sunken due to *taḡlīl* (dissipation), with sluggish movement from *ḡu'f-i-quwā* (weakness of faculties).
 - *Wajh* (face) appears *aṣḡar* (yellow) because heat turns inward.
 - *Nabḡ* (pulse) is *ṣaghīr* (small) and *ḡu'f* (weak), sometimes inclining toward *ṣalāba* (hardness).

- *Ḥummā al-Yawm Hammiyya*[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 *Rūḥ*, which heats it and causes fever.

- ✓ *Symptoms:*

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

- *Ḥummā al-Yawm Fikriyya* [1]

Fever from excessive thinking.

- ✓ Etiology: Intense contemplation.
- ✓ Pathogenesis: Moderate movement of *Rūḥ* leads to mild heat generation.

- *Symptoms:*

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

- *Ḥummā al-Yawm Ghaḍabiyya* [1]

Fever due to excessive anger.

- ✓ Etiology: Excessive outward movement of the *Rūḥ* during anger.
- ✓ Pathogenesis: Sometimes, in a state of anger, the *Rūḥ* moves excessively outwards, producing overwhelming heat that, associated with the *Rūḥ*, causes fever.

- *Symptoms:*

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

- *Ḥummā 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 *Ḥarārat* (heat)

and *Yubūsat* (dryness), ultimately resulting in the heat of the *Rūḥ* (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-Haḍm* (poor digestion) and excessive vapours.
- ✓ The *qārūra* (urine) is turbid due to lack of digestion & *nabḍ* (pulse) is *ḍa'if* (weak).
- ✓ Face is *aṣfar* (yellow) and *mutawarrim* (swollen) due to poor digestion, with no *surkhi* (redness) as seen in *Ḥummā Ghaḍabiyya*.

- *Ḥummā al-Yawm Nawmiyya wa Rāḥiyya*[1]

Fever due to excessive sleep or rest.

- ✓ Etiology: Over-sleeping or sudden change to rest.
- ✓ Pathogenesis: The hot vapours of the *Rūḥ* continue to dissipate due to wakefulness and movement, but when sleep and rest become excessive, the vapours do not dissipate, and they heat the *Rūḥ* and cause fever.

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

- *Ḥummā al-Yawm Farāḥiyya*[1]

Fever due to excessive joy/ happiness.

- ✓ Etiology: Strong outward movement of *Rūḥ* but with pleasure.
- ✓ Pathogenesis: Sudden elevation of *Rūḥ* (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.

- *Ḥummā al-Yawm Faz'iyya*[2]

Fever caused by excessive fear.

- ✓ Etiology: Sudden fear causing inward movement of *Rūḥ*.
- ✓ Pathogenesis: Immediate inner movement of *Rūḥ* produces heat which leads to fever.

- *Symptoms:*

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

- *Ḥummā 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 *Rūḥ*, leading to fever that disturbs the *af'āl ṭabī'iyya* (natural functions) and mainly affects the *af'āl ḥaywāniyya* (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.
- *Ḥummā al-Yawm Istifrāghiyya* [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 *Rūḥ* (pneuma).
- *Symptoms:*
 - ✓ Sometimes, *adwiya mushila* (purgative medicines) increase heat and may cause *Ḥummā al-Yawm Istifrāghiyya*.
 - ✓ *Ḥummā al-Yawm Istifrāghiyya* can also occur after *faṣd* (venesection).
 - ✓ *Faṣd* (venesection) reduces the moisture of vapours and their *damawīyyat* (sanguineous).
 - ✓ This leads to a *dukhānī kayfiyyat* and *ṣafrāwiyyat* (bilious).
 - ✓ In essence, *Faṣd* decreases bodily moisture, resulting in sharpness and intensity in the body.
- *Ḥummā al-Yawm Waja' iyya* [1]
Fever caused by severe pain.
 - ✓ Pathogenesis: *Waja'* (pain) triggers an intense increase in the heat of the *Rūḥ* (pneuma), which subsequently manifests as *Ḥummā* (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 *damāmīl* (boils) and abscesses.
- *Ḥummā al-Yawm Ghashiyya* [2]
Fever associated with fainting episodes.
 - ✓ Etiology: Excessive internal movement of *Rūḥ* during fainting.
 - ✓ Pathogenesis: Physical exhaustion combined with intense inward heat leads to a sudden collapse and the onset of *Ḥummā* (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.
- *Ḥummā 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.
- *Ḥummā al-Yawm 'Aṭashiyya* [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.
- *Ḥummā al-Yawm Suddiyya* [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 *Rūḥ*: When these trapped hot vapours accumulate, they produce excessive heat. If this "ignition" is limited to the *Rūḥ*, it results in *Ḥummā al-Yaum*.
- If the ignition extends to the blood, it results in an *Ḥummā Sanūkhūs*, whereas the onset of putrefaction leads to *Ḥummā 'Ufūnī*.

• *Symptoms*

- ✓ Fever arises without any evident external cause.
- ✓ The period of *inqiṭā'* (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.

- *Ḥummā 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 *Rūḥ*, 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.

- *Ḥummā 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 (*qurūḥ*), scabies (*jarb*), physical trauma/falls, and general pain.
- ✓ Pre-existing Factors: Fullness of matter (*imtilā' mādda*) and existing blockages

• *Pathogenesis:*

When *sukhūnat* (heat) reaches the heart from an external swelling without accompanying *'ufūnat* (putrefaction), it produces *Ḥummā al-Yaum*. When the swelling is primary and the fever is secondary, the fever is usually of the type *Ḥummā 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.

- *Ḥummā 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 *Rūḥ*.

• *Key Symptoms:*

- ✓ *Ṣalābat* (hardness) develops in the skin.
- ✓ *Nabḍ* (pulse): Becomes *sarī'* (rapid) and *ṣaghīr* (small).
- ✓ *Qārūra* (urine): Appears *Abyaḍ* (white).

- *Ḥummā al-Yawm Ḥarriyya/ Samoomiyya /Shamsiyya/ Hammamiyya* [1]

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

• *Etiology:*

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

- ✓ Excessive heat encountered in *Ḥammām*.
- ✓ Any other air-based thermal exposure.
- *Pathogenesis:*
 - ✓ Direct exposure of the head to solar heat transmits heat to the brain, first affecting the *Rūḥ 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)
- *Ḥummā al-Yawm Istiḥṣāfiyya 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 *Rūḥ* often leads to putrid fever unless vapours are strong.
- *Key Symptoms:*
 - ✓ Pulse: Generally rapid due to the need for air intake & may incline toward *ṣalābat* (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.
- *Ḥummā al-Yawm Istiḥṣāfiyya*[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.

- *Ḥummā al-Yawm Sharābiyya* [2]
Triggered by wine/alcohol consumption.
- ✓ Etiology: Excessive alcohol intake
- ✓ Pathogenesis: Inhalation or absorption of alcoholic fumes agitates the *Rūḥ* (pneuma), causing overheating and resulting in *Ḥummā*.
- *Key Symptoms:*
 - ✓ Clinical signs similar to alcohol consumption
 - ✓ Headache; relief by vomiting or phlebotomy
 - ✓ Needs cooling, hydration, and sometimes bathing after fever
- *Ḥummā 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 *Rūḥ-i-Ṭabī'ī* and subsequently producing a generalized fever.
- *Symptoms:*
 - ✓ Heat centered on hepatic region
 - ✓ General heat without strong burning
 - ✓ Similar to solar fever but affecting natural *Rūḥ* instead of psychic *Rūḥ*

IV. CONCLUSION

Ḥummā 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 *Ḥummā al-Yawm* primarily with temporary disturbances of *ḥarārat gharīziyyah* (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 *Ḥummā al-Yawm* from other fever categories and demonstrates the depth of traditional insights into fever mechanisms.

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