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Review Article

Revisiting Classical Unani Concepts of Nasal Obstruction and Their Relevance in Contemporary Medicine

Abstract

Background: Nasal congestion or nasal obstruction is one of the most frequently encountered complaints in otorhinolaryngology practice worldwide. It commonly results from inflammation, mucosal edema, excessive secretions, or structural blockage of the nasal passages and is associated with conditions such as rhinitis, sinusitis, allergic disorders, and upper respiratory tract infections. Persistent nasal obstruction significantly impairs quality of life by affecting breathing, sleep, olfactory function, and overall well-being. Despite the availability of modern pharmacological and surgical interventions, recurrent and chronic forms remain challenging to manage. The Unani (Greco-Arabic) system of medicine offers a distinct perspective on nasal disorders based on the theory of humoral imbalance. In classical Unani literature, nasal obstruction is described as Anfī Tasdīd, in which the accumulation of morbid humours, particularly Balgham, leads to blockage of the nasal passages and disturbance of normal respiratory function.

Objective: This review aims to examine the concept of nasal congestion in modern medicine and correlate it with clinically comparable conditions described in classical Unani literature under Anfī Tasdīd, as discussed by scholars such as Jālīnūs (Galen), Muḥammad ibn Zakariyyā al-Rāzī, Ibn Sīnā, ʿAlī ibn al-ʿAbbās al-Majūsī, Ibn Zuhr, and Ibn Hubal al-Baghdādī. Methods: A comprehensive review of classical Unani texts and contemporary scientific literature was conducted. Classical sources including Al-Qānūn fī al-Ṭibb and Al-Ḥāwī were examined alongside modern biomedical databases such as PubMed, ScienceDirect, and Google Scholar.

Results: Classical scholars describe Anfī Tasdīd as resulting from thick morbid humours obstructing the nasal passages, leading to symptoms such as nasal blockage, discharge, headache, heaviness of the head, and impaired smell. Management focuses on restoring humoral balance through ‘Ilāj bi’l-Ghidhā, ‘Ilāj bi’l-Tadbīr, and ‘Ilāj bi’l-Dawā, including inhalation therapy, nasal instillation, and herbal formulations.

Conclusion: The Unani concept of Anfī Tasdīd shows notable parallels with modern descriptions of nasal congestion. These holistic therapeutic approaches may provide insights for the integrative management of chronic nasal disorders, although further scientific validation is required.

Keywords: Anfī Tasdīd; nasal congestion; nasal obstruction; Unani medicine; Balgham; humoral imbalance; respiratory disorders.

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1. Introduction

Nasal obstruction is one of the most common complaints encountered in clinical practice and represents a significant proportion of visits to otorhinolaryngology clinics worldwide. It affects individuals of all age groups and may result from a wide spectrum of conditions, including allergic rhinitis, chronic rhinosinusitis, nasal polyps, deviated nasal septum, and upper respiratory tract infections (Eccles, 2011)Epidemiological studies suggest that nasal obstruction is frequently associated with inflammatory disorders of the nasal mucosa and may affect nearly 20–30% of the general population at some point in life (Pawankar R, 2013). Persistent nasal blockage can significantly impair nasal airflow, leading to difficulty in breathing, disturbance of sleep, reduced olfactory function, and decreased quality of life (Meltzer & Hamilos, 2011).

The nasal cavity plays a crucial role in respiration by conditioning inspired air through warming, humidification, and filtration. Obstruction of nasal passages results in altered airflow dynamics and may predispose individuals to secondary complications such as sinusitis, sleep disturbances, and impaired cognitive functioning (Dykewicz & Hamilos, 2010). The pathophysiology of nasal obstruction is complex and involves mucosal inflammation, edema, excessive mucus secretion, and structural abnormalities of the nasal cavity (Settipane, 1996). Despite the availability of modern treatment modalities, including antihistamines, corticosteroids, decongestants, and surgical interventions, recurrence and chronicity remain common challenges in clinical management (Fokkens et al., 2020).

The Unani (Greco-Arabic) system of medicine provides a distinct and comprehensive understanding of diseases based on the theory of humoral balance. According to Unani principles, the maintenance of health depends on the equilibrium of four humors—Dam (blood), Balgham (phlegm), Safra (yellow bile), and Sauda (black bile) —and

disturbance in this equilibrium leads to disease (CCRUM, 2009). Nasal obstruction is described in classical Unani literature under the term Anfi Tasdeed, which refers to blockage of the nasal passages due to accumulation of thick morbid humors, particularly phlegm, within the nasal cavity (Sina I., 2010). This obstruction interferes with normal respiratory function and may be associated with symptoms such as nasal discharge, headache, heaviness of the head, anosmia, and impaired ventilation.

The theoretical foundations of Unani medicine originate from the teachings of Hippocrates (460–370 BC) and were further elaborated by Galen (129–210 CE). These principles were later expanded and refined by eminent Arab and Persian scholars, including *Muhammad ibn Zakariya al-Razi (Rhazes), Ibn Sina, Abulcasis,* and *Ibn al-Nafis* (Al-Razi Z, 1955).(Majusi AA., 2010) In classical texts such as *Al-Qanoon fi al-Tibb* and *Al-Hawi,* detailed descriptions of nasal disorders, their etiopathogenesis, clinical manifestations, and therapeutic interventions are documented (Jurjani I., 2010).

Unani medicine conceptualizes the human body through seven fundamental components known as Umūr-i-Tabi'iyya*:* ***Arkān*** **(elements*), Mizāj* (temperament), *Akhlāṭ* (humors*), A'ḍā'* (organs*), Rūḥ* (vital spirit), *Quwā* (faculties*), and Af'āl* (functions*)**. Any disturbance in these components leads to the development of disease (Nafis I, 2011). The management of nasal obstruction in Unani medicine focuses on restoration of humoral balance and correction of deranged temperament through three principal therapeutic approaches: ***'Ilāj bi'l Ghidhā (dietotherapy), 'Ilāj bi'l Tadbīr (regimenal therapy),*** **and *'Ilāj bi'l Dawā* (pharmacotherapy)** (Kabiruddin M., 2006).

In recent years, there has been increasing interest in traditional systems of medicine due to their holistic approach and comparatively fewer adverse effects. The Unani system offers several therapeutic modalities, including herbal formulations, inhalation therapies, and regimenal procedures aimed at resolving humoral obstruction and restoring normal nasal function (Ansari AH., 2010). Therefore, exploring classical Unani concepts alongside modern medical understanding may provide valuable insights for developing integrative approaches to the management of nasal obstruction.

However, despite the detailed descriptions of nasal disorders in classical Unani literature, comprehensive scientific reviews that critically analyze these concepts in relation to contemporary biomedical knowledge remain limited. Most existing studies discuss nasal obstruction either from a modern clinical perspective or within the framework of traditional medicine alone, without systematically correlating the two systems of knowledge. This lack of integrative analysis creates a gap in understanding how classical Unani concepts such as Anfī Tasdīd correspond to the modern pathophysiological mechanisms of nasal obstruction and its clinical management.

Therefore, the present review has been undertaken to address this gap by providing a comprehensive and integrative analysis of nasal obstruction from both contemporary medical perspectives and classical Unani literature. The primary aim of this study is to examine the conceptual understanding, etiopathogenesis, clinical manifestations, and therapeutic approaches described in Unani medicine while simultaneously relating these concepts to modern scientific explanations of nasal obstruction.

The novelty of this review lies in its attempt to bridge traditional Unani medical knowledge with contemporary biomedical understanding. By synthesizing classical textual descriptions with current scientific evidence, this study aims to highlight the relevance of Unani concepts in the modern context and to identify potential areas for future pharmacological and clinical research. Such an integrative approach may contribute to the development of holistic and evidence-based strategies for the management of nasal obstruction while preserving valuable insights from the Unani medical heritage.

2. Methadology

Study Design

The present review was conducted using a systematic literature review approach to collect, analyze, and synthesize information related to nasal obstruction from both classical Unani literature and contemporary biomedical sources. The methodology was designed in accordance with principles commonly used in systematic reviews to ensure transparency, reproducibility, and comprehensive coverage of relevant literature.

Literature Sources

Two categories of sources were used for this review: classical Unani medical texts and contemporary scientific literature.

Classical Unani literature was examined manually to identify descriptions of nasal obstruction and related nasal disorders. Important classical sources included *Al-Qanoon fi al-Tibb* by Ibn Sina, *Al-Hawi fi al-Tibb* by Muhammad ibn Zakariya al-Razi, *Kamil al-Sana'ah al-Tibbiyah* by Ali ibn Abbas Majusi, *Zakhira Khwarazm Shahi* by Ismail Jurjani, and *Kulliyat-e-Nafisi* by Nafis ibn Iwaz Kirmani. These texts were reviewed to extract information related to the concept of *Anfī Tasdīd*, its etiopathogenesis, symptomatology, and therapeutic approaches described in the Unani system of medicine.

For contemporary literature, electronic databases including PubMed, ScienceDirect, Google Scholar, DOAJ (Directory of Open Access Journals), and the AYUSH Research Portal were systematically searched to identify relevant peer-reviewed publications.

Search Strategy

A structured search strategy was adopted to retrieve relevant literature. Keywords used in the search included *nasal obstruction*, *nasal congestion*, *rhinitis*, *rhinosinusitis*, *nasal blockage*, *Unani medicine*, and *Anfī Tasdīd*. Boolean operators such as "AND" and "OR" were used to refine the search and identify studies focusing on etiology, pathophysiology, clinical manifestations, diagnosis, and therapeutic interventions related to nasal obstruction.
For contemporary scientific literature, studies published primarily within the last 10 years (2014–2024) were prioritized to ensure the inclusion of recent advances in understanding and managing nasal obstruction. However, earlier landmark studies and foundational references were also included where necessary.

Eligibility Criteria

To ensure the relevance and quality of the literature included in the review, predefined inclusion and exclusion criteria were applied.

Inclusion criteria

- Articles discussing nasal obstruction or closely related conditions such as rhinitis and rhinosinusitis.
- Studies describing epidemiology, etiopathogenesis, clinical features, diagnosis, or management of nasal obstruction.
- Peer-reviewed research articles, review papers, and authoritative academic sources.

- Classical Unani texts describing Anfī Tasdīd or nasal disorders.

Exclusion criteria

- Articles not directly related to nasal obstruction or nasal disorders.
- Duplicate publications across multiple databases.
- Non-scientific reports, editorials, or opinion pieces lacking methodological rigor.
- Studies with insufficient information relevant to the objectives of the review.

Study Selection Process

The study selection process was carried out in multiple stages. Initially, titles and abstracts retrieved from the electronic databases were screened to identify potentially relevant studies. Articles that appeared relevant were subsequently subjected to full-text review to determine their eligibility according to the predefined inclusion and exclusion criteria.

Relevant classical Unani texts were also screened manually to identify sections describing nasal obstruction and related conditions. The selected literature from both classical and modern sources was then compiled for further analysis.

Data Extraction

Data extraction was performed by systematically reviewing the selected sources and extracting relevant information related to definitions, epidemiology, etiological factors, pathophysiological mechanisms, clinical manifestations, diagnostic approaches, and therapeutic modalities of nasal obstruction.

From classical Unani texts, information was extracted regarding the concept of *Anfī Tasdīd*, its causes, clinical features, and recommended therapeutic interventions. From contemporary biomedical literature, information regarding modern understanding of nasal obstruction, including its epidemiology, pathophysiology, and current treatment strategies, was collected.

Data Synthesis and Analysis

The extracted information from classical and modern sources was organized and analyzed thematically. Comparative analysis was carried out to identify similarities and differences between classical Unani concepts and contemporary biomedical understanding of nasal obstruction.

The synthesized data were subsequently integrated to provide a comprehensive and coherent overview of nasal obstruction, highlighting the conceptual framework, etiopathogenesis, clinical presentation, and therapeutic approaches described in the Unani system of medicine alongside modern medical perspectives.

Terminology and Transliteration

Terminology and transliteration of Unani medical concepts were standardized according to the nomenclature commonly used in contemporary Unani medical literature and CCRUM transliteration guidelines. This was done to maintain consistency, clarity, and academic accuracy throughout the review.

3. Results

Nasal congestion/Anfi Tasdeed can be defined as a subjective sensation of insufficient airflow through the nasal cavity and can be anatomical, physiological, or of combined aetiology.

Anfi Tasdeed is a symptom that can be caused by various conditions, such as Nazla-i Haar, Nazla-i Barid, Nazla-i Muzmin, Iltihab-i Tajaweef-i Anaf, Anaf al-Anza, Bawaseer-i Anaf, Iltihab-i Ghisha-i Anaf, Munharif-i Anaf etc.(CCRUM, 2015)

3.1 Concept of Anfi Tasdeed In the Unani System of Medicine

In the Unani system of medicine, nasal obstruction is described under the term Anfī Tasdīd, which denotes blockage or occlusion of the nasal passages that interferes with normal respiration. According to the principles of Unani medicine, diseases occur due to an imbalance in the humours (*Akhlāṭ*) and disturbance in the temperament (*Mizāj*) of organs. The brain (*Dimāgh*) plays an important role in the production and regulation of secretions that may drain through the nasal passages. Classical Unani scholars explained nasal diseases primarily based on the derangement of the temperament of the brain and the accumulation of abnormal humours in the head region (Ansari AH., 2010).

ʿAlī ibn al-ʿAbbās al-Majūsī explained that Suʾ-i-Mizāj Bārid (abnormal cold temperament) of the brain leads to liquefaction and excessive production of secretions within the cranial cavity. These secretions may pass through the nasal passages and nostrils. According to him, sour and saline forms of Balgham produced in the head may migrate toward other organs and stimulate secretory processes. Environmental factors such as excessive heat or cold can influence the consistency and movement of these secretions. Exposure to heat may liquefy brain secretions and attract other bodily secretions toward the brain, whereas excessive cold may also liquefy accumulated humours, causing them to flow toward the nasal passages and produce symptoms such as nasal discharge and obstruction (Zaidi, 2021).

Similarly, Ibn Sīnā in *Al-Qānūn fī al-Ṭibb* described nasal disorders under Amrāḍ-i-Anf, where he discussed conditions such as Nazla-i-Ḥār (hot catarrh) and Nazla-i-Bārid (cold catarrh). He explained that abnormal heat or cold within or outside the brain can disturb the normal temperament of the head and result in excessive secretion of humours, which then drain toward the nasal cavity and produce symptoms of nasal congestion, discharge, and obstruction (Zaidi, 2021)(Rahman SZ, 2015).

Thus, the Unani concept of Anfī Tasdīd is closely associated with disturbances in the temperament of the brain and accumulation of abnormal humours in the head. When these humours accumulate in excessive amounts, they descend toward the nasal passages and obstruct the normal pathway of airflow. Classical Unani physicians emphasized that restoration of humoral balance and correction of temperament are essential for the management of nasal obstruction and related disorders.

3.2 Epidemiology of nasal congestion and associated diseases

Nasal congestion is a common complaint observed by primary care physicians and otolaryngologists and can result from a variety of anatomic, physiologic, and pathophysiologic factors.(Hsu & Suh, 2018)

Kimmelman has estimated that approximately 5 billion dollars are spent annually to relieve nasal airway obstruction, and an estimated 60 million dollars are spent on surgical procedures intended to relieve nasal airway obstruction. Patients will often use the term congestion, which may either refer to mucus secretions or obstructive nasal pathology.(Chandra et al., 2009a)

The burden of the symptom of nasal congestion has been studied in surveys of patients with allergic rhinitis. The Roper Public Affairs Group of NOP World conducted a large Internet survey between

May and June 2004 that included 2355 adults and children with self-reported allergic rhinitis; about 50% of the sample population identified congestion as the most bothersome symptom, 59% of employed adults stated that nasal congestion impaired their functioning at work: poor productivity and inability to concentrate and 61% of the paediatric caregivers blamed nasal congestion for their children's poor concentration and diminished performance at school. The continued desire by patients to get relief from nasal congestion highlights the need for more effective therapies for this symptom(M. Stewart et al., 2010)

The global economic burden of allergic rhinitis (AR) and chronic rhino-sinusitis (CRS), the conditions most associated with NO, is huge. In addition, they impair quality of life and adversely affect sleep quality(Whyte & Boeddinghaus, 2020)

3.3 ETIOLOGY

The aetiology of nasal obstruction is polyfactorial and can be understood from the Table No. given below:

Table 1. Differential Diagnoses for Patients Presenting with Nasal Congestion(Chandra et al., 2009),(Corey et al., 2000)

Category	Condition	Key Clinical Features for Differentiation
Inflammatory	*Rhinosinusitis*	*Nasal obstruction with facial pain/pressure, purulent nasal discharge, headache, reduced sense of smell*
	Nasal polyposis	*Bilateral nasal obstruction with pale, edematous polyps visible on nasal examination; associated with anosmia*
	Inferior turbinate hypertrophy	*Chronic nasal blockage due to enlarged turbinates; often associated with allergic rhinitis*
	Samter's triad (Aspirin sensitivity triad)	*Chronic nasal blockage due to enlarged turbinates; often associated with allergic rhinitis*
	Allergic rhinitis	*Sneezing, itching, watery rhinorrhea, nasal congestion; seasonal or perennial; associated with allergen exposure*
	Non-allergic rhinitis	*Chronic nasal congestion without identifiable allergic trigger*
	Non-allergic rhinitis with eosinophilia (NARES)	*Persistent nasal obstruction and rhinorrhea with nasal eosinophilia but negative allergy tests*
	Infectious rhinitis (viral/bacterial /fungal)	*Nasal congestion with mucopurulent discharge, fever, and systemic symptoms*
	Vasomotor rhinitis	*Nasal congestion triggered by temperature changes, strong odors, or irritants*
	Atrophic rhinitis	*Nasal crusting, foul odor (ozena), widened nasal cavity*
	Rhinitis medicamentosa	*Rebound nasal congestion due to prolonged use of topical decongestants*
Infectious	*Syphilis*	*Nasal ulceration, septal destruction, crusting*
	Birth control pills	*Hormonal rhinitis with mucosal edema*
	Estrogen replacement therapy	*Nasal congestion associated with hormonal changes*
	Antihypertensive medications	*Drug-induced nasal congestion (e.g., due to vasodilatory effects)*
Neoplasm (Benign)	*Juvenile nasopharyngeal angiofibroma*	*Adolescent males with recurrent epistaxis and nasal obstruction*
	Hemangioma	*Vascular tumor causing epistaxis and obstruction*
	Dermoid	*Congenital midline nasal mass*
	Papilloma	*Benign epithelial tumor with unilateral obstruction*
	Nasal osteoma	*Bony growth causing obstruction or sinus blockage*
	Rhinophyma	*Thickened nasal skin associated with rosacea*
	Benign salivary gland tumour	*Rare mass within nasal cavity causing obstruction*
	Neurofibroma	*Soft tissue tumor associated with neurofibromatosis*
Neoplasm (Malignant)	*Esthesioneurobl-astoma*	*Tumor arising from olfactory epithelium with nasal obstruction and epistaxis*
	Malignant salivary gland neoplasm	*Mass lesion with progressive obstruction*
	Nasopharyngeal carcinoma	*Nasal obstruction with epistaxis and cervical lymphadenopathy*
	Basal cell carcinoma	*Skin lesion involving nasal region*
	Adenocarcinoma	*Rare tumor associated with occupational exposure*
	Lymphoma	*Nasal mass with systemic symptoms*
	Mucosal melanoma	*Pigmented lesion with aggressive behavior*
	Squamous cell carcinoma	*Ulcerative nasal lesion causing obstruction*
	Metastatic lesions	*Secondary tumor involving nasal cavity*
	Verrucous carcinoma	*Slow-growing wart-like tumor*
	Sarcoma	*Malignant mesenchymal tumor*
Neurogenic	*Encephalocele*	*Herniation of intracranial contents through skull defect presenting as nasal mass*
	Glioma	*Congenital non-malignant mass derived from glial tissue*
	CSF leak	*Clear watery nasal discharge, often positional*
Congenital / Anatomical	*Choanal atresia*	*Congenital blockage of posterior nasal passage; respiratory distress in newborns*
	Adenoid hypertrophy	*Nasal obstruction with mouth breathing and snoring in children*
	Nasal septal deviation	*Structural deviation causing unilateral nasal obstruction*

Category	Condition	Key Clinical Features for Differentiation
	Nasal tip ptosis	*Drooping nasal tip leading to airflow obstruction*
	Internal/external nasal valve incompetence	*Collapse of nasal valve during inspiration*
	Septal perforation	*Whistling sound, crusting, epistaxis*
	Concha bullosa	*Pneumatized middle turbinate causing obstruction*
	Cystic fibrosis	*Thick mucus secretions leading to chronic sinus disease*
	Ciliary dysmotility	*Impaired mucociliary clearance leading to recurrent infections*
Trauma related	*Synechiae*	*Adhesions within nasal cavity causing obstruction*
	Facial nerve paralysis	*Nasal valve collapse due to muscle weakness*
	Overaggressive osteotomies	*Post-surgical nasal obstruction*
	Post-rhinoplasty nasal valve narrowing	*Iatrogenic airway narrowing*
	Empty nose syndrome	*Paradoxical nasal obstruction despite wide nasal cavity*
	Cocaine abuse	*Septal perforation and mucosal damage*
Systemic Disorders	*Wegener's granulomatosis (Granulomatosis with polyangiitis)*	*Chronic sinusitis, nasal crusting, systemic vasculitis*
	Sarcoidosis	*Granulomatous lesions in nasal mucosa*
	Midline lethal granuloma	*Progressive midline tissue destruction*
	Rhinoscleroma	*Chronic granulomatous infection of the nasal cavity*
	Histiocytosis	*Rare proliferative disorder affecting the nasal cavity*
	Tuberculosis	*Chronic granulomatous infection involving the nasal mucosa*
Other Causes	*Nasal foreign body*	*Unilateral foul-smelling discharge, common in children*
	Hypothyroidism	*Mucosal edema causing nasal obstruction*
	Pregnancy	*Hormonal rhinitis due to increased estrogen levels*
	Obesity	*Associated with nasal obstruction and sleep-related breathing disorders*

3.4 Etiology and Pathogenesis (Asbāb Wa Maraziyyat) Of Anfī Tasdīd In Unani

In the Unani system of medicine, diseases of the nose, such as Anfī Tasdīd, Nazla, and Zukām, are explained based on disturbance in Mizāj (temperament) and imbalance of Akhlāṭ (humours). Classical Unani physicians stated that excessive production and abnormal movement of Balgham (phlegm) from the cranial region toward the nasal cavity results in the accumulation of secretions and obstruction of the nasal passages (CCRUM, 2015). The causes of this condition are broadly classified into Asbāb-i-Badaniyya (intrinsic causes), Asbāb-i-Khārijiyya (extrinsic causes), and Asbāb-i-Mutafarriqa (miscellaneous causes).

3.4.1. Asbāb-i-Badaniyya / Dākhilī Asbāb (Intrinsic Factors

Intrinsic causes are related to internal physiological disturbances of the body.

1. **Harārat-i-Badaniyya mein be-i'tidālī :** Imbalance in body heat leads to alteration in the production and consistency of humours, which may result in excessive nasal secretions.

2. **Burūdat-i-Jismānī (excessive coldness of the body):** Cold temperament promotes the production of Balgham, which accumulates in the cranial region and nasal passages **(CCRUM, 2015)**.

3. **Fasād-i-Ruṭūbat-i-Badan (disturbance of body fluids):** Putrefaction or abnormal alteration of body fluids may predispose to increased nasal secretions.

4. **Kasrat-i-Ruṭūbat-i-Badan (excessive moisture in the body):** Excess moisture leads to excessive phlegmatic secretions that flow toward the nasal cavity.

5. **Kasrat-i-Sumūm (exposure to toxic substances):** Toxic substances may irritate the mucosa and stimulate abnormal secretions.

6. **Istinshāq-i-Adwiya Harra (inhalation of irritant drugs):** Inhalation of strong substances such as Mushk, Za'farān, Lehsun, Piyāz, and Jundbedastar may irritate the nasal mucosa and induce secretions.

7. **Takhalkhul-i-Badan (loosening of body tissues):** Weak body tissues may facilitate movement of humours toward the head and nasal passages.

8. **Harārat wa Burūdat-i-Dimāgh (abnormal heat or cold of the brain):** Temperature imbalance of the brain affects the production and movement of secretions from the cranial cavity. (CCRUM, 2015)

9. **Ża'f-i-Dimāgh wa A'ṣāb (weakness of brain and nerves):** Weakness of neural and cranial structures predisposes to abnormal secretions.

10. **Su'-i-Mizāj-i-Dimāgh (derangement of brain temperament):** This may occur due to congestion of any humour (*Dam, Balgham, Ṣafrā', Sawdā'*). Evaporation of these humours toward the brain causes liquefaction of cranial secretions, which subsequently descend into the nasal passages, leading to nasal obstruction (CCRUM, 2015).

3.4.2. Asbāb-i-Bādiyā / Khārijī Asbāb (Extrinsic Factors)

Extrinsic factors refer to environmental influences affecting the body.

1. **Burūdat (cold exposure):** Contact with cold substances such as ice, hail, cold water, and cold foods increases phlegmatic secretions.

2. **Specific coldness affecting the brain:** Exposure to cold winds, toxic substances, use of cold-temperament drugs, sadness, and psychological stress may disturb brain temperament and increase nasal secretions.
3. **Sudden alternation between heat and cold:** Rapid environmental changes may cause liquefaction of secretions in the brain and promote their downward flow toward the nasal passages (CCRUM, 2015).

3.4.3. Asbāb-i-Mutafarriqa (Miscellaneous Factors)

Several additional factors may contribute to the development of nasal obstruction.

1. **Faṣd with excessive blood loss:** Excessive venesection leading to significant blood loss may weaken the body.
2. **Daytime sleep during the winter season:** Daytime sleep in cold seasons may predispose one to the accumulation of phlegm.
3. **Kasrat-i-Imtilāʾ (excessive fullness or indigestion):** Overeating and accumulation of undigested matter may increase humoral imbalance.
4. **Change in position of the head:** Lowering of the head facilitates the downward movement of cranial secretions.
5. **Kasrat-i-Riyāzat (excessive physical exertion):** Excessive exercise may disturb body equilibrium.
6. **Inhalation of dust and smoke particles:** Entry of dust and smoke (Gard wa Ghubār) into the nasal passages irritates the mucosa and increases secretions.
7. **Kharāsh-i-Ghishāʾ-i-Mukhāṭī (irritation of nasal mucosa):** Inflammation or irritation of the nasal mucosa may produce excessive discharge.
8. **Taḍiyya (trauma):** Mechanical injury may also contribute to nasal obstruction (CCRUM, 2015).

3.5 Pathophysiology of Nasal Airflow Obstruction

Optimal nasal airflow requires five key conditions: (i) patent nasal passages, (ii) intact mucociliary function, (iii) normal airflow receptor activity, (iv) absence of mucosal inflammation, and (v) unimpeded anatomical pathways.(Jones et al., 1989; Viani et al., 1990) Disruption of any condition produces a subjective sense of reduced airflow, commonly termed nasal obstruction.(Eccles, 1992) Air flows through the nasal valve—the narrowest upper airway segment—past the septum and turbinates, and into the nasopharynx, where anatomical disruptions elevate resistance and trigger symptoms.(M. G. Stewart et al., 2004)

Anatomic Causes

Structural anomalies impede airflow, including internal or external nasal valve stenosis/collapse, septal deviation, enlarged septal swell body, inferior turbinate hypertrophy, choanal stenosis/atresia, nasopharyngeal obstruction, and iatrogenic scarring. These changes increase nasal resistance, measurable via rhinomanometry, and correlate with patient-reported obstruction(Viani et al., 1990).(Hsu & Suh, 2018)

Physiologic Factors

Non-structural contributors include the nasal cycle (periodic unilateral congestion), autonomic nervous system variations, and sinonasal inflammation like allergic rhinitis. Mucociliary dysfunction or altered receptor signaling distorts airflow perception, even without measurable blockage.(Baroody, 2007; Fokkens et al., 2020; M. G. Stewart et al., 2004)

3.5.1 Pathogenesis (Maraziyyat)

According to Unani scholars, the pathogenesis of nasal disorders begins with the production of excessive Balgham in the anterior part of the brain. This phlegmatic humour descends downward through the nasal passages, a phenomenon described as *Nazla* (descent of secretions). When these secretions accumulate and obstruct the nasal cavity, the condition is termed Zukām, which is characterized by symptoms such as nasal discharge, nasal obstruction, heaviness of the head, reduced sense of smell, and nasal speech (CCRUM, 2015).

3.6 Clinical Features and Diagnosis of Nasal Congestion in Modern Medicine

Nasal congestion or nasal obstruction is one of the most common symptoms encountered in disorders of the upper respiratory tract, including allergic rhinitis, chronic rhinosinusitis, and nasal polyposis. It occurs due to inflammation of the nasal mucosa, vascular engorgement, excessive mucus secretion, or structural abnormalities that narrow the nasal airway and impair airflow(Eccles, 2011) Persistent nasal congestion can significantly affect breathing, sleep quality, olfactory function, and overall quality of life (Fokkens et al., 2020).

Clinical Features

The clinical manifestations of nasal congestion depend on the underlying etiology, severity of mucosal inflammation, and degree of obstruction in the nasal cavity.

1. **Nasal obstruction or blocked nose**

The primary symptom is the sensation of reduced airflow through the nasal passages, which may be unilateral or bilateral. This occurs due to swelling of the nasal mucosa, turbinate hypertrophy, or structural narrowing of the nasal cavity (Eccles, 2011)(Rimmer et al., 2019).

2. **Nasal discharge (Rhinorrhea)**

Rhinorrhea is commonly observed in nasal disorders and may present as watery, mucoid, or purulent discharge depending on the cause. Viral infections and allergic rhinitis typically produce watery discharge, whereas bacterial sinusitis may produce thick, purulent secretions (Meltzer & Hamilos, 2011)

3. **Facial pressure or headache**

Patients frequently report facial pain or pressure in the forehead, cheeks, or peri-orbital region, especially in cases of rhinosinusitis. This occurs due to inflammation of the paranasal sinuses and obstruction of sinus drainage pathways(Fokkens et al., 2020).

4. **Postnasal drip**

Excess mucus may drain posteriorly into the nasopharynx, producing throat irritation, cough, and frequent throat clearing (Meltzer & Hamilos, 2011).

5. **Hyposmia or anosmia**

Inflammation and obstruction of the olfactory cleft may impair the sense of smell, leading to hyposmia or anosmia in patients with chronic nasal obstruction.(Soler & Smith, 2010)

6. **Sneezing and nasal itching**

These symptoms are particularly associated with allergic rhinitis and are caused by immunoglobulin-E mediated inflammatory reactions in the nasal mucosa (Bousquet et al., 2008).

7. **Mouth breathing and sleep disturbance**

Severe nasal obstruction may force patients to breathe through the mouth, resulting in sleep disturbances, snoring, and fatigue (Soler & Smith, 2010).

8. **Nasal speech**

Obstruction of the nasal airway may alter resonance of speech and produce a nasal tone or hyponasal voice.

9. **Associated systemic symptoms**

Depending on the cause, patients may also experience fatigue, malaise, cough, or fever, particularly in infectious conditions (Meltzer & Hamilos, 2011).

3.7 Diagnosis of Nasal Congestion

Diagnosis of nasal congestion is based on clinical history, physical examination, and objective diagnostic investigations.

Clinical history

A detailed patient history helps determine the duration, severity, and possible causes of nasal obstruction. Physicians assess factors such as environmental exposure, allergic triggers, and associated symptoms.(Rimmer et al., 2019)

Physical examination

Anterior rhinoscopy

This examination is performed using a nasal speculum and light source to assess mucosal swelling, septal deviation, polyps, and nasal discharge.

Nasal endoscopy

Flexible or rigid nasal endoscopy allows detailed visualization of the nasal cavity and sinus openings and is widely used in otolaryngology practice (Rimmer et al., 2019).

3.7.1 Objective diagnostic investigations

Rhinomanometry

This method measures nasal airway resistance and helps quantify the severity of obstruction.

Acoustic rhinometry

Acoustic reflection techniques are used to determine cross-sectional area and volume of the nasal cavity.

Imaging studies

Computed tomography (CT) of the paranasal sinuses is considered the gold standard for evaluating structural abnormalities such as sinusitis, nasal polyps, and septal deviation (Clement et al., 2005) (Bousquet et al., 2008; Fokkens et al., 2020)(Bousquet et al., 2008)

Allergy testing

Skin prick testing and serum IgE measurement are used to identify allergic causes of nasal congestion .(Bousquet et al., 2008)

Objective evaluation tools such as rhinomanometry and acoustic rhinometry help quantify nasal airflow and assist in the diagnosis and monitoring of treatment outcomes in patients with nasal obstruction (Clement et al., 2005).

3.8 Clinical Features (‘Alāmāt) And Diagnosis (Tashkhīṣ) of Anfī Tasdīd in Unani Medicine

In the Unani system of medicine, diseases of the nose such as Anfī Tasdīd, Nazla, and Zukām are characterized by the accumulation of morbid humours, particularly Balgham, in the nasal passages. This leads to obstruction of airflow and production of various local and systemic symptoms. Classical Unani physicians described the clinical manifestations of nasal disorders based on the nature of humoral imbalance and the severity of obstruction in the nasal passages. (CCRUM, 2015)

Clinical Features (‘Alāmāt)

The important clinical features of Anfī Tasdīd described in Unani literature include the following:

1. **Nasal discharge (*Saylān al-Anf*):** One of the most prominent sym-

-ptoms is the discharge of mucusrom the nasal passages.The discharge may be watery, thick, or viscid depending upon the predominance of Balgham and the stage of disease.(CCRUM, 2015)

2. **Nasal obstruction (*Sudda fī al-Anf*):** Obstruction of the nasal passages occurs due to the accumulation of thick secretions or swelling of the nasal mucosa. This leads to difficulty in breathing through the nose and impaired airflow (CCRUM, 2015).

3. **Feeling of pressure and fullness in the nose and forehead:** Patients often experience heaviness or pressure in the nasal and frontal regions due to nasal passage congestion and obstruction. (CCRUM, 2015)

4. **Decrease in sense of smell (*Nuqṣān Quwwat al-Shamm* / *Hyposmia*):** Accumulation of secretions and obstruction in the nasal passages affects the olfactory function, resulting in a reduced sense of smell.(CCRUM, 2015)

5. **Nasal speech (*Kalām Anfī*):** Due to blockage of the nasal passages, resonance of the voice may change, resulting in a nasal quality of speech.

6. **Irritation in the nose (*Taḥarruj al-Anf*):** Irritation or discomfort within the nasal cavity may occur because of excessive secretions and mucosal inflammation.

7. **Redness of the face (*Iḥmirār al-Wajh*):** In some cases, congestion and inflammation may lead to redness of the facial region and surrounding tissues.(CCRUM, 2015)

According to Unani physicians, the severity and nature of symptoms depend upon the type of humoral imbalance involved, especially whether the condition is associated with Nazla Ḥār (hot catarrh) or Nazla Bārid (cold catarrh).(Ghazanfar K, 2019)

3.9 Diagnosis (Tashkhīṣ)

Diagnosis of nasal disorders in the Unani system of medicine is primarily based on clinical evaluation of symptoms and humoral imbalance.

1. **Clinical examination:** Diagnosis is made by careful assessment of the patient’s symptoms such as nasal obstruction, nasal discharge, heaviness of the head, and impairment of smell (CCRUM, 2015).

2. **Examination of nasal secretions:** The nature, colour, and consistency of nasal discharge provide clues regarding the underlying humour involved in the disease.

3. **Assessment of Mizāj (temperament):** Evaluation of the patient’s temperament helps determine whether the condition is associated with Balghamī, Ṣafrāwī, Damawī, or Sawdāwī imbalance.

4. **Examination of associated symptoms:** Unani physicians also evaluate accompanying symptoms such as headache, facial heaviness, nasal speech, and irritation of the nasal mucosa.

5. **Differentiation from other nasal disorders:** Clinical findings are used to distinguish nasal obstruction from other conditions affecting the nasal cavity or paranasal sinuses (CCRUM, 2015)

Thus, diagnosis in Unani medicine involves a holistic evaluation of clinical manifestations, humoral imbalance, and patient temperament, which helps determine the appropriate therapeutic approach.

3.10 MANAGEMENT

Conservative management

Effective conservative treatments include decongestant drugs, antiallergy measures, and a nasal dilation device. Decongestants generally serve as the first-line treatment for nasal congestion (Table No. 3). They are marketed as topical and oral formulations(Corey et al., 2000).

Topical

Topical vasoconstrictors are divided into two broad categories: the sympathomimetic amines, and their imidazoline derivatives. The sympathomimetic amines include ephedrine and phenylephrine, and the imidazolines include naphazoline, oxymetazoline, tetrahydrozoline, and xylometazoline. Both categories of drugs produce local vasoconstriction by stimulating the adrenergic receptors on the lamina propria of vessels. But the drawback is that patients who continuously use these agents experience rhinitis medicamentosa and can be treated by slowly weaning them from the topical agent(Corey et al., 2000).

Oral

The oral decongestants ephedrine, pseudoephedrine, and phenylpropanolamine all have alpha-adrenoceptor agonist activity. Ephedrine also influences beta-adrenoceptors. Alpha-adrenergic vasoconstrictors diminish nasal obstruction, but they do not influence itching, sneezing, or nasal secretion.(Corey et al., 2000)

Possible side effects of these decongestants include restlessness, nervousness, insomnia, headache, angina pectoris, tachycardia, and hypertension.(Corey et al., 2000)

Antiallergic Measures

For patients who have allergic causes of nasal congestion, there are two general treatment options:

i. Avoidance and environmental control, and
ii. Pharmacotherapy with antihistamines

Table No. 2. Conservative management options (Corey et al., 2000)

Decongestant	Antiallergic Measure	Nasal Dilation Device
Topical	*Avoidance & environmental control*	*Patency strips or springs*
Phenylephrine		*CPAP*
Tetrahydrozoline	*Antihistamines*	
Xylometazoline	*Antihistamine/decongestant combinations*	
Ephedrine		
Naphazoline		
Oxymetazoline	*Corticosteroids*	
Oral	*Mast cell stabilizers*	
Ephedrine	*Immunotherapy*	
Phenylpropanolamine		
Pseudoephedrine		

Surgical management

Among the many surgical procedures that have been used for the treatment of nasal obstruction are the trimming of the inferior turbinates, laser therapy, linear cautery, submucosal diathermy, and turbinate cryotherapy. All of them have been reported to be effective over the short term, but they provide no sustained benefit. Radiofrequency ablation (somnoplasty) and microdebridement of the turbinates are two of the newer techniques, but long-term data on their effectiveness are not yet available. According to a study, patients with severely deformed airways are not likely to achieve a satisfactory correction with only a single procedure(Corey et al., 2000).

There is no panacea for this ailment. As described above, conventional medicine provides a temporary relief with some untoward effects. Hence, it is the need of the hour to develop a safe and effective Nasal formulation as a suitable solution for the nasal ailments.

Unani Management of Anfī Tasdīd (Nasal Congestion)

The Unani system of medicine offers a holistic approach for the management of nasal disorders such as Anfī Tasdīd, Nazla, and Zukām. Management primarily focuses on correcting humoral imbalance (*Ta'dīl-i-Akhlāṭ*), removing the morbid matter (*Izālat-i-Mādda*), and restoring normal temperament (*Ta'dīl-i-Mizāj*) of the affected organ. Classical Unani physicians emphasized preventive measures, regimenal therapies, nasal drug delivery systems, and pharmacotherapy for the treatment of nasal congestion (Ansari AH., 2010)(CCRUM, 2015).

1. **Preventive Measures (*Taḥaffuẓ*)**

Preventive strategies play an important role in Unani medicine in maintaining humoral balance and preventing the occurrence of respiratory diseases. The eminent Unani scholar *Jālīnūs* (Galen) recommended that individuals susceptible to *Nazla* should wash the head and apply the paste of *Adwiya-i Muḥammira,* such as *Khardal* (mustard). According to him, excessive *Burūdat* (coldness) of the body, responsible for nasal disorders, can be expelled through *Ḥammām-i Shamsī* (sun bath) and *Ḥammām* (therapeutic bath). He further suggested that this regimen may be preferable to *Faṣd* (venesection) in patients who do not show symptoms of excessive heat (*Ḥarārat*) (CCRUM, 2015).

2. **Nasal Drug Delivery in Unani Medicine**

Unani physicians have extensively utilized the nasal route of drug administration for centuries. Classical texts describe more than one hundred nasal formulations, indicating that nasal therapy has long been recognized as an effective method for treating diseases of the head and brain. Nasal administration provides local therapeutic effects on the nasal mucosa as well as systemic absorption through the nasal mucosal epithelium, making it particularly useful in neurological and respiratory disorders (Ghazanfar K, 2019) (Ghazanfar K, 2019; Naaz, 2022).

These dosage forms are generally derived from powder, liquid, and vapour preparations, and are classified into three major categories.

I.Vapour-Based Dosage Forms

Vapour forms are widely used in Unani medicine to relieve nasal obstruction and congestion by liquefying thick secretions and promoting drainage.

These include:

- ***Bukhūr* (fumigation)** – inhalation of medicated vapours.
- ***Inkibāb* (steam inhalation)** – helps liquefy mucus and clear nasal passages.
- ***Lakhlakhah* (aromatic inhalation)** – inhalation of medicated aromatic vapours.
- ***Ghalīyah* (perfumed powder inhalation).**
- ***Shamūm* (olfaction therapy).**

These therapies are believed to relieve congestion by improving mucociliary clearance and reducing inflammation of nasal mucosa (Ghazanfar K, 2019; Naaz, 2022).

II. **Nasal Liquid Dosage Forms**
Liquid preparations represent one of the most common dosage forms used in Unani nasal therapy.

1. ***Qutūr* (nasal drops)**

Medicated liquids are instilled into the nostrils to relieve nasal obstruction and inflammation.

2. ***Sa'ūṭ* (nasal snuff drops)**

Drops that are sniffed into the nasal cavity to facilitate drainage of secretions.

3. ***Nashūq* (liquid snuff formulations)**

Medicinal liquids are inhaled through the nose for both local and systemic therapeutic effects.

These dosage forms are commonly used in conditions such as *Anfī Tasdīd, Anfī Imtilā (*nasal congestion), and other upper respiratory tract diseases.(Ghazanfar K, 2019; Naaz, 2022)

III. **Powder Dosage Forms**
Powder preparations used in Unani nasal therapy include:

- ***Nufūkh* (nasal insufflation)** – fine powders blown into the nostrils.
- ***'Uṭūs* (errhines or sternutatory medicines)** – substances that induce sneezing and expel accumulated secretions.

These formulations stimulate the nasal mucosa and promote elimination of morbid humours through sneezing and nasal discharge (Ghazanfar K, 2019; Naaz, 2022).

3. **Pharmacotherapy (Single Unani Drugs)**

Several medicinal plants described in Unani classical literature are used in the management of nasal congestion. These drugs possess pharmacological activities such as *Muhallil* (anti-inflammatory), *Mulattif* (demulcent), *Daf'-i Sudād* (decongestant), *Mukhrij* (expellant), *Daf'-i Nazla wa Zukām* (anticatarrhal), and *Daf'-i Ta'affun* (antimicrobial).

Important single drugs mentioned in the literature include:

- Anīsūn *(Pimpinella anisum)*
- Kharbaq Siyah (*Picrorhiza kurroa)*
- Marzanjōsh *(Origanum vulgare)*
- Shūnīz *(Nigella sativa)*
- Ustukhuddūs *(Lavandula stoechas)*
- Ward *(Rosa damascena)*

Modern pharmacological studies have demonstrated that these plants possess anti-inflammatory, antimicrobial, antioxidant, and mucolytic properties which may contribute to the relief of nasal congestion and respiratory disorders (35-39), For instance, *Nigella sativa* has shown anti-inflammatory and immunomodulatory effects in respiratory diseases(Ahmad et al., 2013). *Lavandula stoechas* possesses antimicrobial and anti-inflammatory properties that may help relieve nasal infections (Hajhashemi et al., 2003). Similarly, *Rosa damascena* has demonstrated antioxidant and anti-inflammatory activities that may be beneficial in inflammatory conditions of the respiratory tract (Ahmad et al., 2013; Boskabady et al., 2011; Hajhashemi et al., 2003). Essential oils of Origanum vulgare exhibit antimicrobial and anti-inflammatory properties that can help reduce mucosal inflammation (Nostro et al., 2004). In addition, *Picrorhiza kurroa* has been reported to possess immunomodulatory and anti-inflammatory effects useful in inflammatory disorders (Almeleebia et al., 2022).

4. **Therapeutic Objectives**

The primary therapeutic objectives in the Unani management of Anfī Tasdīd include:

1. Removal of morbid matter (*Izālat-i-Mādda*).
2. Restoration of normal temperament (*Ta'dīl-i-Mizāj*).
3. Liquefaction and drainage of accumulated secretions (*Ta'dīl-i-Qiwām*).
4. Relief of nasal obstruction and restoration of normal nasal airflow.

Through the combined use of preventive measures, nasal dosage forms, regimenal therapies, and herbal pharmacotherapy, the Unani system provides a comprehensive and holistic strategy for the management of nasal congestion.

4. Discussion

Nasal congestion or nasal obstruction is one of the most common symptoms encountered in clinical practice and represents a major component of upper respiratory disorders such as allergic rhinitis, rhinosinusitis, and viral respiratory infections. The condition primarily arises from inflammation of the nasal mucosa, vascular engorgement, excessive mucus secretion, and structural abnormalities that narrow the nasal airway and impair airflow(Eccles, 2011) (Fokkens et al., 2020). Persistent nasal obstruction significantly affects quality of life by disturbing sleep, reducing olfactory function, and impairing normal respiratory physiology.

The Unani system of medicine provides a comprehensive conceptual framework for understanding nasal disorders under the terms Anfī Tasdīd, Nazla, and Zukām. These conditions are explained through the humoral theory, according to which disease occurs due to an imbalance of the four humours (Akhlāṭ): Dam, Balgham, Ṣafrā', and Sawdā'. Classical Unani scholars emphasized that excessive production and downward movement of Balgham from the cranial region toward the nasal passages leads to obstruction of nasal airflow and accumulation of secretions (CCRUM, 2015). This conceptual description shows notable parallels with modern understanding of nasal congestion caused by mucosal inflammation and excessive mucus production.

The etiological factors described in Unani medicine also show considerable overlap with modern medical concepts. Classical Unani physicians recognized the role of environmental conditions, seasonal variations, dietary factors, and derangement of temperament (*Su'-i-Mizāj*) in the development of nasal disorders. These observations correspond to contemporary evidence showing that exposure to allergens, infections, environmental pollutants, and abrupt climatic changes can trigger inflammatory responses in the nasal mucosa and lead to nasal obstruction (Bousquet et al., 2008; Meltzer & Hamilos, 2011).

Clinical manifestations described in Unani texts are also remarkably like those reported in modern medical literature. Symptoms such as nasal discharge, nasal obstruction, heaviness of the head, reduced sense of smell, and nasal speech described in Unani medicine correspond closely with the clinical features of rhinitis and rhinosinusitis recognized in contemporary otorhinolaryngology (Eccles, 2011)(CCRUM, 2015). Such similarities suggest that classical Unani physicians had a clear clinical understanding of nasal disorders despite differences in theoretical explanation.

The management strategies described in the Unani system of medicine emphasize a holistic therapeutic approach involving

preventive measures, regimenal therapy (‘Ilāj bi’l-Tadbīr), pharmacotherapy (‘Ilāj bi’l-Dawā), and dietotherapy (‘Ilāj bi’l-Ghidhā). Nasal drug delivery systems such as Bukhūr, Inkibāb, Lakhlakhah, Qutūr, Sa‘ūṭ, Nashūq, and Nufūkh demonstrate the importance given to the nasal route of administration in Unani medicine (CCRUM, 2015). Interestingly, modern pharmacology also recognizes the nasal route as an effective pathway for both local and systemic drug delivery due to its rapid absorption and direct access to the systemic circulation and central nervous system.

Several medicinal plants traditionally used in Unani medicine, including *Nigella sativa, Lavandula stoechas, Rosa damascena, Origanum vulgare, and Picrorhiza kurroa*, have demonstrated anti-inflammatory, antimicrobial, antioxidant, and immunomodulatory activities in modern pharmacological studies [7–10]. These findings provide scientific support for the traditional use of these herbs in the management of respiratory disorders and nasal congestion.

Despite these promising correlations between classical knowledge and modern scientific findings, many traditional therapies described in Unani literature have not yet been evaluated through rigorous clinical research. Most available studies investigating herbal formulations or regimenal therapies often have methodological limitations such as small sample sizes, lack of standardized outcome measures, inadequate blinding procedures, and insufficient pharmacological standardization of herbal drugs. Therefore, further research including well-designed randomized controlled trials, pharmacological investigations, and drug standardization studies is necessary to validate the efficacy, safety, and mechanisms of action of Unani therapeutic interventions for nasal congestion.

Overall, the conceptual similarities between the modern understanding of nasal congestion and the Unani concept of *Anfī Tasdīd* highlight the potential value of integrative approaches in the management of nasal disorders. Combining scientifically validated Unani therapies with contemporary medical treatments may enhance therapeutic outcomes, improve patient satisfaction, and contribute to more holistic patient care. Such integrative research may also facilitate the scientific validation and global acceptance of traditional medical knowledge.

Limitations of the Study

Despite providing a comprehensive overview of nasal obstruction from both modern biomedical and classical Unani perspectives, this review has certain limitations. First, the study is primarily based on literature review and does not include primary clinical data or experimental investigations. Second, although contemporary scientific databases were systematically searched, some relevant studies may not have been included due to limitations in database coverage or language restrictions.

Another limitation is the variability in methodological quality among the studies included in the review. Many available studies related to herbal medicines and traditional therapies lack standardized research designs, making it difficult to draw definitive conclusions regarding their clinical efficacy. Additionally, classical Unani descriptions are largely theoretical and qualitative in nature, which poses challenges when attempting to directly correlate them with modern biomedical concepts.

Finally, the review highlights conceptual similarities between Unani and modern medical perspectives; however, further experimental research, pharmacological studies, and well-designed randomized controlled clinical trials are necessary to scientifically validate these traditional therapeutic approaches and establish their role in evidence-based clinical practice.

5. Conclusion

The Unani concept of Anfī Tasdīd provides a holistic interpretation of nasal congestion that closely parallels modern descriptions of nasal obstruction. Both systems recognize similar clinical manifestations—including nasal blockage, discharge, heaviness of the head, and impaired olfaction—although they differ in explanatory frameworks. While contemporary medicine attributes these symptoms to inflammatory and structural changes within the nasal cavity, Unani medicine interprets them through humoral imbalance, particularly the accumulation of Balgham. Classical Unani therapeutics—comprising ‘Ilāj bi’l-Ghidhā, ‘Ilāj bi’l-Tadbīr, and ‘Ilāj bi’l-Dawā—offer diverse interventions, including specialized nasal drug delivery techniques aimed at restoring humoral equilibrium. However, many of these traditional therapies remain insufficiently validated through modern scientific methods. Future research involving well-designed randomized controlled trials, pharmacological investigations, and standardization of herbal formulations is essential. Integrating Unani principles with contemporary biomedical research may facilitate the development of safe, effective, and evidence-based strategies for the management of nasal congestion and related upper respiratory disorders.

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Conflict of Interest
The authors declare that there are no conflicts of interest.

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