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CONCEPT AND MANAGEMENT OF OBESITY IN UNANI SYSTEM OF MEDICINE

Sheikh Haneef Mohammad^{*1}, Fasihuzzaman², Azhar Jabeen², M. A. Siddiqui²

1. Department of Moalijat (Medicine), A & U Tibbia College, Karol Bagh, New Delhi
2. Department of Moalijat (Medicine), Jamia Hamdard, Hamdard Nagar, New Delhi-110062

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For Correspondence:

Sheikh Haneef Mohammad

Department of Moalijat
(Medicine), A & U Tibbia
College, Karol Bagh, New
Delhi

E-mail:

shm8272@gmail.com

ABSTRACT

Modern science has eliminated the threat of death from most infectious diseases through improved sanitation, vaccination, and antibiotics, and medical attention. Despite of advancement in the medical field death from lifestyle diseases like heart diseases and cancer are still the primary causes of death. Too many people are dying relatively young from heart disease, cancer and other lifestyle diseases. The WHO has identified India as one of the nations that is going to have most of the lifestyle disorders in the near future. The population at risk shifts from > 40yrs to maybe > 30yrs or even younger. A study conducted jointly by the AIIMS and Max Hospital shows the incidence of hypertension, obesity and heart disease is increasing at an alarming rate, especially in the young, urban population. 31 percent of urban Indians are either overweight or obese. Over 40% of urban Indians have high lipid levels that are the major risk factors for heart disease. According to a survey, 68 % of working women (21-52 years) were found to be afflicted with lifestyle ailments such as obesity, depression, chronic backache, diabetes and hypertension. The ancient Unani scholars like Hippocrates, Galen, Rhazes and Avicena have described the condition *Siman-e-Mufrit* (Obesity) in their treatises and have mentioned the etiological factors, clinical features and complications of it. They have narrated possible complications of obesity as paralysis, stroke, narrowing of blood vessels, haemorrhages and sudden. As far as concentration of fat in the blood is concerned, some ancient Unani physicians have reported its presence in blood, produced from *dasumat* of blood or when the oily substances of the blood reaches the different organs of the body, it starts to deposit in them and takes the form of fat (*Shaham*).

INTRODUCTION

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2).

The WHO definition is:

BMI greater than or equal to 25 is overweight

BMI greater than or equal to 30 is obesity.

The ancient Unani scholars like Hippocrates, Galen, Rhazes and Avicenna have described the condition Siman-e-Mufrit (Obesity) in their treatises and have mentioned the etiological factors, clinical features and complications of it. They have narrated possible complications of obesity as paralysis, stroke, narrowing of blood vessels, haemorrhages and sudden death in their compositions; most of these mimic hyperlipidaemia. As far as concentration of fat in the blood is concerned, some ancient Unani physicians have reported its presence in blood, produced from dasumat (oily substances) of blood. When the dasumat (oily substances) of the blood reaches the different organs of the body, it starts to deposit in them and takes the form of fat (Shaham). Dasumat or the oily substance present in the blood could well have been the lipids but as the facilities of biochemical analysis of blood were not available that time, they were unable to describe it as per modern parameters.¹⁻⁵

ETIOLOGY

When we go through Unani literature, causes and complications of Siman-e-Mufrit (Obesity) mentioned are in accordance with the causes as mentioned in modern system of medicine:

- Khilqi Saman-e-Mufrit (Hereditary obesity)
- Martoob Aghzia (Wet/Moist diet)
- Farhat, Rahat, Kasrat-e-ghiza (Luxurious life and excessive food intake)
- Lack of exercise, excess of joy, fatty diet like meat and sweet dishes (halwa), soft clothes, murattib roganiyat (external use of moist oils)
- Hormonal imbalance¹⁻⁷

CLINICAL FEATURES AND COMPLICATIONS

- The first reference of Siman-e-Mufrit was given by Hippocrates (460). He said that when a person becomes extreme obese, imtila-e-dam (congestion or accumulation of blood) may lead to sudden death because of haemorrhage (due to rupture of vessels) or due to loss of hararat (heat). He further added that obese people have narrow vessels and poor

circulations of blood and rooh (essence). Obese persons are prone to other diseases as well as death because of narrowing of blood vessels. It also produces imtila (blood congestion) as well as prevents tarveeh.¹⁻²

- Due to deficiency of Tarveeh, the Afoonat and Fasad-e-Mizaj will be developed.¹⁻⁴
- Due to excess of fat, the vessels get narrowed and may result in jiryan (haemorrhage), facial paralysis, hemiplegia, sudden death.^{1, 3-4, 6, 8, 11, 14}
- Duration of any disease in obese person is more prolonged in comparison to healthy people and obese people are more prone to diseases than non obese.^{1, 3-4}
- In severe obesity, dyspnoea (tangiya tanaffus) as well as palpitation (Ikhtilaj-e-Qalb) develops.^{1, 3, 6-7}
- Sexual power of obese person becomes weak. Obese females cannot conceive easily and if they become pregnant, they abort easily.^{1, 3, 8}
- Obese person are prone to death at early age as compared to no obese persons.^{1, 9}
- Obesity is hurdle for exercise and even fatty persons cannot perform daily activities properly. This is because of excessive fatty tissue.^{1, 3-4, 8}
- Obese persons suffer from nausea (matli) , Sara (epilepsy), Cholera, Badboo-dahan (Halitosis), Wajaul Fawad, Fali (Paralysis), Syncope, Hummiyat-e-Moharriqa (Severe pyrexia), Qillat-e-Dam (Anaemia), Ziyadat-e-Balgham, Nafs-ud-dam (Haemoptysis), Nakseer (Epistaxis), Baul-ud-Dam (Haematuria).^{1, 3-4, 6-7}
- Due to excessive ratoobat (Moisture), obese persons are prone to injury (Zarb).^{1, 3-4, 6-7}

PRINCIPLES OF TREATMENT (USOOL-E-ILAJ)

Renowned Unani physicians stressed upon the following principles of treatment for obesity:

- Weight reduction
- Maintenance of healthy state

If hyperlipidaemia is associated with obesity, the basic principle is to reduce obesity.¹

According to Buqrat (Hippocrates, 420 BC), the quality (kaifyat) and quantity (Kammiyat) of diet and importance of balanced diet in relation to occurrence of disease is important factor in the treatment of obesity. He said one who wants to reduce fat should take satu like diet (that is of low calorie value and fiber rich). With this, it is quite evident that concept of low calorie diet was present in the minds of ancient Unani physicians. Similarly the other measures which are adapted for the reduction of body fat include:

- Taqlil-ghiza (Low diet)
- Takan ki ziyadati (Exertion)
- Kasrat-e- Riyazat (Exercise)
- Ishal (Diarrhoea)
- Idrar-baul (Diuresis)
- Tareeq (Diaphoresis)
- Fasd (Venesection)
- Dalak-e-Khashin (Rough Massage)
- Hammam-e-Yabis (Dry bath)
- Massage with Mohalil roganiyat (anti inflammatory oils)
- Appetite suppressors, e.g. rice of chirchita
- Nafsiyati Ilaj (psychological treatment) ^{1, 3, 5-6,8-14}

PHARMACOLOGICAL TREATMENT

A large number of drugs have been described in Unani classical literature, either single or compound formulations for the management of obesity. Most important single drugs being prescribed are given as under:

Kalonji (*Nigella sativa*), Khardal (*Brasica nigra*), Lahsun (*Allium sativum*), Luk Maghsool (*Coccus lacca*), Ajwayin Khurasani (*Hyoscyamus niger*), Badiyan (*Foeniculum vulgare*), Bura Armani (Armenian bole), Filfil siyah (*Piper nigrum*), Fitrasaliyun (*Petroselinum crispum*), Gandana (*Allium ascalonicum*), Halela kabuli (*Terminalia chebula*), Haleela siyah (*Terminalia chebula*), Haloon (*Lepidium sativum*), Jaada (*Asphodelus tenuifolius*), Jawakhar (Potassium carbonate), Juntiana (*Jentiana lutea*), Marzanjosh (*Oliganum vulgare*), Namak lahori (sodium chloride), Nana (*Mentha arvensis*), Nankhuwah (*Ptychotis ajowan*), Unsul (*Allium cepa*), Sandarus (*Trachylobium hornemannianum*), Sheetraj hindi (*Plumbago zeylanicum*), Sirka (Vinegar), Sudab (*Ruta graveolans*), Tukhme karafs (*Apium graveolans*), Zarawand Taweel (*Aristolochia longa*), Zeera kirmani (*Carum carvi*) and Zoofa (*Hyssopus officinalis*). ^{1, 8, 10-13, 15-21}

The compound drugs (Murakkkabat) being used in the treatment of Obesity are as under:

Arq Badiyan, Arq Zeera, Arq Gaozuban, Iyaraj Faiqra, Amroosiya, Asnasiya, Habb-Sandarus, Itrifal Sagheer, Jawarish Kamoni, Jawarish Falafili, Roghn Qust, Safoof Mohazzil and Anqarooya. ^{1, 3, 8, 10-11, 13, 16, 21-22}

CONCLUSION

The Unani system of Medicine is a traditional medical system widely practiced in south Asian countries, especially Indian subcontinent, originated in Greek and developed by Arab physicians,

so called Graeco-Arabic medicine. Obesity and hyperlipidaemia are clearly described in Unani classical literature with etiological factors, clinical features, complications. On deep insight we can easily found the detailed description of management. Not only single drugs but compound formulations are also used for this purpose which demands the documentation and clinical trials on modern scientific parameters.

REFERENCES

1. Razi, Zakariya. *Alhavi Kabeer* (Urdu translation) vol. VI, p.183-239. New Delhi : CCRUM, 1980.
2. Hussain, Abid. *Moalijat-e-Nafeesi* (Urdu), vol.4, p.134-136. Lukhnow : Matba Nami Munshi Nawal Kishore, NA.
3. Sina, Ibn. *Alqanoon Fit Tibb* (Urdu translation by Ghulam Hussain Kantoori), vol.1 (part 1), vol. 2 (part 4), p.36, 378-380. Lahore : Sheikh Mohammad Bashir & Sons, 1927.
4. Nafees. *Moalijat-e-Nafeesi*, p. 538-540. Lukhnow : Munshi Naval Kishore, 1906.
5. Buqrat. *Mulakiss-e-Fasool-e-Buqrat* (Urdu translation by Ghulam Hussain Kantoori), p. 5-6. Lukhnow : Munshi Nawal Kishore, 1903.
6. Arzani, Akbar. *Tibb-e-Akbar* (Urdu), 578-579. Lukhnow : Matb Munshi Gulab Singh, 1885.
7. Khan, MS. *Makhzanul Taleem Zad Ghareeb* (Persian), p.267-268. Kanpur : Dar Matba Shoala Toor Waqa, 1956.
8. Jurjani, Ahmad Hasan. *Zakhera Khwarzam Shahi* (Urdu translation by Hkm. Hussain Khan), p.149-150. Kanpur : Matba Nami Naval Kishore, 1903.
9. Majusi, Abul Hasan Ali Ibn Abbas. *Kamilus Sanaah* (Urdu Translation by Ghulam Husain Kantoori), vol. II, p. 102-104, 140, 144, . Lukhnow : Matba Munshi Naval Kishore, 1889.
10. Khan, Azam. *Qarabadeen-e-Azam*, vol.1, p.20. Sheikh Mohammad Bashir & Sons, 1327.
11. Aziz, Abdul. *Makhzan-e-Sulemani* (Urdu translation of *Ikseer-e-Arabi* by Moaulvi M.Shamsuddin), p. 669. Lukhnow : Matba Nami Munshi Naval Kishore, 1301 AH.
12. Jilani, G. *Makhzan-e-Ilaj*, vol.2, p. 1298-1299. Sheikh Mohammad Bashir & Sons, NA.
13. Tabari, Raban. *Firdous-ul-Hikmat* (Urdu translation by Hkm. Rashid Ashraf Nadvi), p.120. Lahore : Diamond Publications, 1980.
14. Ayub, M. *Tarjuma Aqsarai* (Urdu), vol. 2, p.572-576. Lukhnow : Matba Munshi Naval Kishore, 1908.
15. Abdullah, H. *Alfazul Advia*, vol.3, p.121. Lukhnow : Matba Nami Munshi naval kishore, 1038.
16. Qamri, AMH. *Ghinamuna*, p.320. Katvarya Press Lukhnow : Nizamia Press, 1078 AH.
17. Arzani, Akbar. *Qarabadeen Qadri*, p.201, 225, 314. Lahore : Siddiqui Publications, 1305.
18. Khan, Hamid Ali. *Meezanut Tibb* (Urdu), p. 202. Lukhnow : Naval Kishore, 1361 AH.

19. Ram, Babu. *Gulshan-e-Hikmat*, p. 130. s.l. : Matba Johar Hind, 1885.
20. Ghulam, I. *Ilaj-ul-Ghurba (Urdu)*, p. 192. Kanpur : Matba Nami Munshi Taj Kumar, 1390.
21. Qarshi, Hassan. *Jamiul Hikmat*, vol.II, p. 594-600. Lahore : Sheikh Mohammad Bashir & Sons, NA.
22. Ali, Sadiq. *Makhzanul Taleem (Persian)*, p.267-268. Kanpur : Dar Matba Shoala Toor, 1279.
23. *Changing patterns of diet, physical activity and obesity among urban, rural and slum populations in north India*. K. Yadav, A. Krishnan. 9 JUL 2008, International Association for the Study of Obesity, pp. 400-408.
24. <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>. *www.who.int/*. [Online]