Understanding of life style disorders and their prevention in Unani medicine

Abstract
Non communicable diseases (NCDs) are the group of diseases which remain restricted to the affected person only. Various diseases like Atherosclerosis, Myocardial infarction, COPDs, Diabetes, Obesity etc. are included in NCDs. According to Unani system of medicine replenishment to the body is provided by 北路 Qawwat Ghādhiyya (Nutritive faculty) and its four assisting Ḍarūriyya i.e Qawwat Ṭabī’ih (Absorptive faculty), Qawwat Māsika (Retentive faculty), Qawwat Hādima (Digestive faculty) and Qawwat Dilf’i (Expulsive faculty). These Ḍarūriyya are served by Kayfīyāt Arba’a (Four qualities) i.e Harārāt, Buriāt, Buriāt and Ḥubisāt. So any deviation in these Kayfīyāt Arba’a may lead to NCDs. NCDs are endogenous in origin and their causes may primarily or secondarily be related to the diet. The diet is never absolute. During Ḥaḍm ‘Uḍwī, Qawwat Ghādhiyya takes only required nutritive substances from it and remaining parts are excrated from the body in the form of Fuzlat (waste materials). The diet is never absolute. During ʿUḍwī, Qawwat Ghādhiyya takes only required nutritive substances from it and remaining parts are excrated from the body in the form of Fuzlat (waste materials). The nature and duration of NCDs depends upon the nature of these Fuzlat. When Fuzlat accumulate in any organ, swelling may result e.g Warām al-Kabīd (Hepatic swelling). Ṭabī’i may divert the fuzlat to other organs of the body to decrease the Ḥutūl (Congestion) and protects the body from harmful effects. Various skin disorders like Taqashshur al-Jild (Psoriasis), Mental disorders like Sahr (Insomnia), Mālankhāliyya (Melencholela) etc. are because of Fuzlat and are included in NCDs.

Keywords: Ḥaḍm ‘Uḍwī, kayfīyāt Arba’a, NCDs, prevention, Ṭabī’i

Introduction
Non communicable diseases (NCDs) are the group of diseases which remain restricted to the affected person only and does not transmit to other people either directly or indirectly. All categories of diseases except infectious diseases come under the heading of NCDs e.g. Metabolic diseases, Endocrianal diseases, Neoplastic diseases and Nutritional diseases. In terms of social medicine, the disease considered as NCD when the number of cases are significant and the cost of treatment is also considerable. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre. Apart from these, there are number of diseases which are limited to the affected person only and does not transmit to other people either directly or indirectly. Some of the important NCDs are Cardiovacular diseases- (Coronary artery disease), Hypertension, Obesity, Cancer, Diabetes mellitus, Blindness, Dyslipidaemia, COPD, Osteoporosis and Goitre.

Now a days, increasing incidence of these diseases and their complications have greatly affected the world and tragedy is that there is no satisfactory treatment for these diseases and their complications. These patients impose a great economic burden on society and the country. Because of this, the government of every country is focused on preventing these diseases and taking all the possible steps towards this. Experts of every medical system are also attracted to provide satisfactory solution for containment of these diseases. The unani medicine also has a role to play in this matter. First of all, it is very important to understand the pathological unani perspective of these diseases.

Discussion
Disturbances in the Ashab Sitta Daruriyya Wa Ghaib Daruriyya (Six essential factors and modifiable factors), mentioned in the unani system of medicine, are the definite cause for NCDs. Because these are the efficient causes and are responsible for maintaining the proper temperament of the body. Therefore, any disturbance in them causes altered temperament, if this is not corrected, the remaining Umur Tabii’iyya (Factors of the existence) are also affected as well. In fact, life style means how a person is practicing Ashab Sitta Daruriyya Wa Ghaib Daruriyya (Six essential factors and modifiable factors) in his or her daily life. Thus, all the life style disorders are associated with these causes. Since Ashab Sitta Daruriyya are efficient cause for the body and temperament, therefore they affect the body as well as Mizaji (Constitution or Temperament) and Quwā (Faculties). Any disturbance in these causes mainly affects the Harārāt Ghurāziiyya (Innate heat), which is a common tool for the Tabi’i (Medicatrix naturae) and Quwā (Faculties). Therefore, diseases produced due to disturbance in Ashab Sitta Daruriyya are related with the alteration in Af’al Tabi’iyya (Natural functions), Af’al Haywaniiyya (Vital functions) and Af’al Nafsaniyya (Mental or Psychic functions). These altered functions depend on age, sex, Mizaji, susceptibility, strength of cause and duration of contact. All are not affected equally. The two basic functions of Qawwat Tabi’iyya (Natural faculty) are nutrition and reproduction. It is not necessary that both the functions are equally affected by the impairment of Qawwat Tabi’iyya. The disturbance in Fi’il-i- taghdhiyya (Function of Nourishment) appears first which later on affects the functions of Qawwat Nafsaniyya and Haywaniiyya. In terms of susceptibility, sometimes diseases of nervous system and vital organs appear first. Whereas the defect in the Fi’il-i- taghdhiyya (Function of Nourishment) does not appear or is not noticeable.
Ghidha (Diet) provide materials that are used by Qowwat ghidiha (Nutritive faculty) to perform the Fi’l-i-Taghdhiya-o-Tanmiya (Function of Nourishment and growth).9,13,14 Ghidha affects the body by two things i.e. by its Kamiyat (Quantity) and Kaifiyat (Quality).8,10,14 The balance of Akhlāt (Humours) in body specially depends on the Ghidha (Diet). Because Akhlāt are produced from Ghidha during Ḥadm kabīdī (Hepatic digestion).11,15 The Ḥarārat (Heat) of liver acts on ghidha, different components of ghidha accept the act of heat differently.10,11 The Ḥarārat Mu’tudila (Moderate heat) of liver when acts on Ḥarrāt ṫab (Hot and moist) components of ghidha then it forms Khilt Dam (Blood).10,11,15 Similarly, Ḥarrāt Yābis (Hot and dry), Bārid ṫab (Cold and dry) components form Khilt Ṣafā (‘Yellow bile), Khilt Balgham (Phlegm) and Khilt Sāvādī (black bile) respectively.9,11,15 Increase in this Ḥarārat causes the production of more Khilt Ṣafā while its decrease is responsible for the production of Khilt Balgham.11 In this way the proportion of Akhlāt (Humours) deteriorates.10

During the process of Ḥadm (Digestion) undigestible components accumulate in the body in the form of wastes. The quantity of these Fuzlat (Wastes) depends upon the Kaṣfiyat (Quality) and Kamiyat (Quantity) of ghidha.9 Bad quality of food and excess intake of food increase the production of Fuzlat. If their volume exceeds the capacity limit of Qowwat Dāfi’a (Expulsive faculty), they begin to accumulate in the body.11 The portion of food that is not digested is also in the same category. Anyhow part of diet beyond upper limit of Qowwat Ḥadhima (Digestive faculty) and wastes over the capacity of Qowwat Dāfi’a (Expulsive faculty), suppress the Ḥarārat Ḥārūzīyya (Innate heat) and because of their quantity causes Burūdat (Cold).10,14 After a duration, the Ḥarakat of the body becomes Bārid and gradually the symptoms of dominance of Burūdat (Cold) on the body begin to appear.9,11,12 Māddī Amrād (Materialistic diseases) also begin to appear due to the Fuzlat (Wastes) of the body. If these materials get infected then Ujnoon Amrād (Infective diseases) appear.8

Similarly, A’itadal (Moderation) in other Asbāb Sitta Ḍarūriyya (Six essential factors) like Harakat-o-Sukān Bādī (Bodily movement and Repose), Harakat-o-Sukān Naṣfānī (Psychic movement and Repose), Nawm-o-Yaqẓa (Sleep and Wakefulness) are also responsible for maintenance of Ḥarārat Ḥārūzīyya (Innate heat).7,8,11 These Ḥarakat (Movements) cause Ḥarārat (Heat) to rise which not only causes dissolution of Mawād (Matter) but also, are responsible for excellent performance of Qowwā.7,8,10,11 Excess of Ḥarakat Naṣfānī & Yaqẓa or increase in Nawm and decrease in Harakat Bādī increase Burūdat in Mīzāj and decrease in dissolution which lead to the accumulation of Mawād, which becomes an additional factor to reduce the Ḥarārat (Heat).7,14 Reduced dissolution and elimination cause retention of Mawād (Matter) and consequently Ḥarārat declines.9,15 In this way, Burūdat (Cold) becomes dominant due to imbalance in Asbāb Sitta Darūriyya.9,12,14 If this Burūdat persists for a long, its effects begin to appear.7 These effects depend on the body’s Mīzāj (Temperamental), Saakhtī (Structural), Jinsi (Gender), Nizāmī (Systemic) susceptibilities.10 Their prediction is not easy but overview of effects is possible.

Burūdat is Kaṣfiyat Fā’ila (Active property) therefore, it acts upon the Fuzlat (waste) and Ḥarārat.12 If Ḥarārat (Heat) acts on Ḥarārat Sālib (Healthy moisture) then it converts them into Lahmiyāt (Proteins) but if Burūdat (Cold) acts then they are converted into Shāmḥiyyāt (Fat). The fat accumulates in the body when Ḥarārat (Moisture) and Burūdat exist together.9,12,16 Shahm (fat) itself is a cause of Burūdat and its maintenance. In this way the amount of fat increases. Initially Ṭabī’at (Medicatrix nature) starts to deposit this fat on Bārid A’dā (Cold organs) and then as the others organs get affected by Burūdat, the fat accumulates on them.9,12,16 Ṭabī’at (Medicatrix nature) send the excess amount of fat to skin. This causes the accumulation of fat to begin below the skin, and it grows continuously which is the beginning of becoming fatty.

Excessive amount of fat makes lumen of the vessels narrow. At the same time, the effects of Burūdat cause them to constrict which in turn reduces the supply of Rūḥ (Pneuma) to certain organs.14 Because of this Burūdat, Rūḥ (Pneuma) also becomes Ghālīz (Viscous), so the Rūḥ (Pneuma) does not pass easily through narrow paths. Organs like brain and heart are affected most by decreased supply of Rūḥ (Pneuma). The functions of heart are related with Ḥarārat.9,15 When Burūdat affects the heart, it can cause death immediately. If brain is involved then diseases like Falīt (Paralysis), Laqwa (Facial palsy), Khidar (Numbness) may occur.

Because blood is the carrier of both Rūḥ (Pneuma) and Ḥarārat Gharızīyya (Innate heat) and supplies Ḥarārat (Heat) and Rūḥ Haywānī (Vital pneuma) to the whole body.14,15 So, when the Burūdat and Ḥarārat in the body becomes predominant, then vessels get constricted and if there is too much fat in the body, the vessels become narrower/ compressed due to excess fat.15 This process not only affects the blood vessels but also nerves, which makes the supply of Rūḥ Naṣfānī (Psychic pneuma) difficult or block it. So, the heart pumps blood into the vessels with a greater force to maintain the supply of Rūḥ (Pneuma) and blood. The Qowwat Haywānīyya Fā’ila (Active vital faculty) of heart increases, which in turn increases the process of contraction and relaxation of arteries and this condition is known as Daqīṭ al-Ḍam Qawi (Hypertension).9

Qowwat Ṭabī’yya (Natural faculty) is affected more by Burūdat (Cold) which weakens the process of digestion and assimilation. Since the Ḥadm ‘Uḍvī (Organic Digestion) also declines.12 Therefore, the A’dā (organs) are unable to use the ghidha and this ghidha is accumulated in the spaces and vessels of the organs.20 Now this diet is also included in the Fuzlat (Wastes) because Ṭabī’at (Medicatrix nature) is not acting upon it. So, the Qowwat Dāfi’a (Expulsive faculty) tries to expel it.12,15 Because of Burūdat (Cold) of liver the Kaymūs (Chyme) does not go through further processing therefore, Akhlāṭ Khām (Immature humours) increases in the body.10,15

If there is Lazzoojat (Adhesiveness) they become attached to the walls of cavities and vessels. Narrowing them it decreases the supply of blood and Rūḥ Haywānī (Vital pneuma), causing a variety of complications/disorders.15 This is the beginning of cardiovascular and neurovascular diseases. Circulating and delivered unprocessed Kaymūs (Chyme) cannot be digested, which leads to compositional deterioration of humours and the proportion of undigested and unprocessed components in blood increases.16 Now a days same is called as dyslipidaemia, hyperglycaemia, hypercholesterolaemia and hypertiglyceridaemia.21

Conclusion

From the above discussion it is clear that when Sīr-i-Mīzāj Bārid (Impaired Cold Temperament or Constitution) occurs.8 It affects various organs of the body and body becomes full of Mawād (Matters). Ṭabī’at (Medicatrix nature) tries to expel these substances. When joints accept these Mawād (Matter), joint pain occurs. When they accumulate in a particular organ, different type of Awrām (Swellings) occur.5,9 Becoming infected these Mawād (Matters) form abscesses.10 When they turn to the uterus, they cause menstrual disorders. The uterus is unable to nurture the zygote consequently zygote doesn’t retain and infertility result.21

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In this way the Burūdat affects the whole body. All the organs are more or less affected. The Quwāt become weak and Harārat Ghariziyaa (Innate heat) drops. The supply of Rūḥ (Pneuma) becomes difficult. Affected one cannot reach expected age and premature death occurs.12,14,18

After understanding the pathogenesis, the prevention of these diseases can be discussed. Prevention from NCDs especially metabolic diseases depends on the following:2,10

a. Keeping the Harārat Ghariziyaa (Innate heat) at optimum level and trying to increase it.

b. Keep the body free from Faclat (Waste materials).

c. Moderate practice of Tadabeer Muhallalah (Dissolving measures) in moderation.

d. Monitoring of humours and wastes production.

Body movements are important to keep innate heat aroused and help to increase it.10 Moderate mental activity and sleep also play an important role.10 Apart from these, if other causes such as Riyādat (Exercise), Hammām (Turkish Bath), Dalah (Massage), Sun bath etc.14,12 taken in moderation the body does not lose Harārat (Heat) and remains protected from the effects and complications of Burūdat (Cold).3,12,16 These measures also facilitate the process of dissolution. Due to this dissolution, substances are released from the body in the form of vapours and sweat.5,13 The heat makes the substances Latēef (Light weight),13 which makes the action of Tabī‘at (Medicatrix naturae) easy on them and repulsive faculty, expel them through the easiest way.5,10,12

Quwāt Tabī‘iyaa (Natural faculty) becomes strong due to preserved heat and dissolution of wastes and it acts well on food which reduces the production of wastes and food is well digested and assimilated, the rest of the faculties remain strong.4 By which Tabī‘at (Medicatrix naturae) performs all its functions well and health is maintained.

Since wastes are produced from food hence maintenance of health and treatment of disease depend on modulation in diet. In terms of Kamiyat (Quantity) the diet should be proportional to the dissolution.10,14,12 If there are Faclat (Wastes) in the body, then food that produce these Faclat should be avoided.18,20 Unani physicians have suggested dieting to protect health and prevent the production of wastes which is very effective method. In short, in case of predominance of certain humour, avoiding the humour producing food and intake of quality moderating food restores the healthy proportions of humours and thereby health.19

Measures to protect against NCDs such as Tabadir Muhallilah (Dissolving measures), taqseel tadabir (Dieting), heat inducing measures are to be taken in moderation. Moderation in practice of Asbāb Sitta Ḍarūriyya Wa Ghair Ḍarūriyya (Six essential factors and modifiable factors) is a guarantee of protection from NCDs and also from their progress.5,9,10,21

Conflicts of interest
None.

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