

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
<https://www.unanijournal.com>
IJUIM 2024; 8(1): 12-15
Impact Factor (RJIF): 6.3
Peer Reviewed Journal
Received: 13-11-2023
Accepted: 21-12-2023

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Concept of *Saman-E-Mufrit* (Obesity) and treatment in Unani system of medicine

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DOI: <https://doi.org/10.33545/2616454X.2024.v8.i1a.255>

Abstract

Saman-e-Mufrit (obesity) is defined as a condition of abnormal excessive fat accumulation in adipose tissue due to enlargement of fat cell in size or its number or in combination up to the extent that health is impaired. According to classical Unani literature *Saman-e-Mufrit* (obesity) is an ancient recognized disease. According to Unani philosophy it is *balghami marz* (disease due to phlegm) mentioned under the heading of *farabhi* (obesity). Unani scholars have discussed predisposing factors, clinical picture, effective medication single and compound by medicine along with some *Tadbeer* (regimens) e.g. *Hammam* (Turkish bath), *Ilaj Bil Ghiza* (dietotherapy), *Riyazat* (physical exercise), *ilaj bil dawa* (Medicinal therapy) and other procedure to keep body healthy and fit.

Keywords: Obesity ational *Saman-e-Mufrit*, *Ilaj Bil Ghiza*, *Ilaj Bil Dawa*, *Riyazat*, *Hammam*

Introduction

Obesity (*Saman-e-Mufrit*) has become a serious public health problem now days. Obesity comes from Latin word 'obedere', to devour and in English literature it means "over eat". It is term used to describe body weight that is much greater than what is considered healthy. Obesity and overweight occurs due to imbalance between calories consumed and calories utilized. It is a state of abnormal growth of adipose tissue, due to enlargement of fat cell size or an increase in fat cell number or in combination. In simple words obesity is excess accumulation of fat tissues beyond the limitation of the skeletal and muscular requirement. Almost obesity is a hereditary problem but due to excess use of fatty items in routine diet may develop this disease. It is a vital nutrition or the metabolic disorder where the percentage of fat tissue (Adipose tissue) increases disproportionately owing in imbalance of energy intake and energy expenditure. Sedentary lifestyle along with excessive calorie consumption is the main cause of obesity [1-3].

Obesity is defined as a risk factor of a myriad of pathological conditions including type II diabetes mellitus, hypertension, and cardiovascular diseases, cancer etc.

The American health association (AHA) has classified as a major, modifiable risk factor for coronary heart disease. The World Health Organization has recently stressed that the economics of obesity are as much as those due to malnutrition. Hence, it becomes imperative to manage obesity in order to minimize the risk for morbidity and mortality from coronary disease [1-4].

The theoretical frame work and principal coined by Hippocrates (460-377 BC) is a Greek physician & philosopher The humeral theory propounded by him presupposes the presence of four humors- Dam (blood), *Balgham* (phlegm), *Safra* (Yellow bile), and *Sauda* (black bile) in the body. According to preponderance of humors blood, phlegm, yellow bile, black bile persons are expressed by the word sanguine, phlegmatic, choleric and melancholic. The humors themselves are assigned temperaments-blood is hot and moist, phlegm cold and moist, yellow bile hot and dry and black bile cold and dry. Every person is supposed to have a unique humoral constituent which represents his healthy state. To maintain the correct humoral balance there is a power of self-preservation or adjustment called *Quwwat-e-Mudabbir-e- Badan* (Medicatrixnaturae) in the body. If this power weakens, imbalance in the humoral composition is bound to occur, which cause disease. Just like Humours, diseases also assigned with *Mizaj*, based on the type of humour involved.

Classification

The obesity is classified on the basis of etiology, mode of onset, distribution of fat cells etc.

Classification on the basis of cause**Exogenous or primary or essential obesity**

Due to excessive food intake and low physical activity.

Endogenous or secondary obesity

It is caused by endocrine and metabolic disorders, like Hypothyroidism, Cushing's syndrome, Insulinoma, Hypothalamic disorder, Carpenter syndrome, Cohen's syndrome, Polycystic ovarian disease, Lawrence-moon Biedl syndrome, Parderwilli syndrome ^[8,9].

Classification on the basis of onset**Juvenile onset obesity**

Obesity since childhood categorized as juvenile onset of obesity it has more mortality rate than adult age called adult onset of obesity ^[7].

Adult onset obesity

Obese person acquire obesity found in adult age called adult onset of obesity.

Classification On the basis of fat distribution**Android or abdominal obesity**

Fat deposition on the abdominal region is closely associated metabolic complications including cardiovascular risk in obese person. It is also called "Apple shaped" obesity.

Gynoid obesity

It appears in the typical female's fatty deposition around hips, gluteal and femoral region, it has much less metabolic importance. It is also called "Pear shaped" obesity.

Morbid obesity

Morbid obesity is a chronic lifelong illness. It is defined as a BMI ≥ 40 . When obesity is crosses over to morbid obesity, the excess weight jeopardizes the person's life. Morbid obesity is associated with many debilitating and life-threatening illness that affect health and quality of life while shortening average life expectancy

WHO classification of overweight and obesity**Based on BMI**

Classification	BMI	Associated health risk
Underweight	<18.5	Low (But risk of other clinical problems increased)
Normal range	18.50-24.99	Average
Overweight:	≥ 25.00	
Pre-obese	25.00-29.99	Increased
Obese class I	30.00-34.99	Moderate
Obese class II	35.99-39.99	Severe
Obese class III	≥ 40.00	Very sever

These BMI values are age independent and the same for both genders. The above table shows a simple relationship between BMI and the risk of co-morbidities, which can be affected by a range of factors, including the nature of the diet, ethnic group and activity levels. The risk associated with increasing BMI is continuous. A BMI between 25 to 30 (Pre-obese) should be viewed as medically significant and

influenced by adiposity, such as hypertension and glucose intolerance ^[8-9].

Unani concept of disease

Sameen and *Shaham* (Fat) increase in body due to excessive *Rutoobat* and *Buroodat* (Wet and cold). *Maddi* (material) causes which may increase *Sameen* and *Shaham*, are presence of *Maayeat* and *Dasumat* in blood, which is more *Ratab* than blood. This *Dasumat* (Fatty particles) is solidify by excessive *Buroodat* (Coldness) in body, therefore *Barid Ratab* (Cold and Wet) person has more *shaham* and *sameen*. Obesity categorized under *Amraz-e-Balghamiya*, (disease related to balgham) because in obese individual, *Balgham* (phlegm) is more than blood proportionally, hence they have *Barid Mizaj*. Ibn Rushd stated that temperament of human organs depends upon quality of food, quantity and time of consumption of diet and when it taken inappropriately manner causes abnormal temperament leads to increases *Balgham* and *Barid Mizaj* and finally accumulation fat. Generally, deposits on abdomen. Obesity causes narrowing of vessels, and due to this, vessels transport less amount of *Nasim* (oxygen) to the tissues leading to decrease *Hararat-e-Ghariziya* of the body which may result in *Fasade Mizaj*, and infection. Ibn-e Nafis has stated that morbid matters impede absorption of *Akhlat* resulting in narrow and hard blood vessels, due to *Laham* or *Shaham* and produce disturbance in flow and penetration of *Rooh* (vital force) into the organs and session *Hararat-e-Ghariziya* may cause death ^[10-13].

Complications of obesity

In Unani system of medicine *Saman-e-Mufrut* is described as disease causing morbid complications such as *Falij*, *Sakta*, *Inshiqaq-e-Urooq* and sudden death. *Zakariya Razi* has rightly stated that "obese persons are more prone to develop diseases".

Constipation (Qabz), *Falij* (Hemiplegia), *Khafqan* (Palpitation), *Ghashi* (syncope) and *sakta* (coma) ^[13-14].

Usol-e-ilaj (Line of Treatment)

Taqleele ghiza, (Fatty diet restriction) *Har Yabis Ghiza*, *Har Yabis Tadbeer* (Hot Dry regimen) may applied to develop *Yaboosat*, promotion of *Quwwate Dafiaa*, *Istifragh* (*Tareeq*, *Qai*, *Idrar*, *Ishaal* and *Fasad*)

Lifestyle Management

Management of obesity involves attention to three essential elements, lifestyle modification *Ilaj-Bil-Ghiza* (Dietotherapy), *Riyazat* (Physical activity), and behavior modification.

Ilaj-Bil-Ghiza (Dieto-Therapy)

Faqa (Fasting) diet with *Har Yabis Mizaj* (Hot and dry temperament) should be advocated. Hot spices should be added in *Ghiza* (Food) due to *Mulattif* property e.g. *Piyaz*, *Lehsun*, *Hasha*, *Zeera*, *Filfil Daraz*, use of vegetables, small quantity of meal should be taken one-time in a day. Avoid dairy products, sugar, alcohol, smoking, junk food etc.

Laj Bit Tadbeer (Regimenal Therapy)

Following regimen are applied in order to increase *Yaboosat* in body. *Riyazat* (Exercise) like fast running, *Tareeq* (Sweating) in *Hammam-e-Yabis* on empty stomach, *Dalk-e-Kasir* (Prolonged massage) with *Haar Roghan* like *Roghane*

qustro, Rghane zaitoon, Roghan shibbat, Dalk Khashin (massage) with rough cloths, *fasad* (Venesection), *Qai* (Ematics), sun bath, sleeping on hard bed, taking a bath with *Bura Armani* salt or alum mixed in water [13-15].

Ilaj Bid Dawa (Pharmacotherapy) Mufrad Advia (Single drugs)

Drugs name	Common name	Activities [22]
Sandroos (<i>Trachylobium hornemannianum</i>)	Gum Cobal	Anti-obesity, Diuretics and Demulcent
Luk (<i>Laccifer lacca</i>)	Lac	Anti-inflammatory, Antiobesity, Deobstruent and Hypolipidemic
Marzanjosh (<i>Origanum vulgare</i>) Sweet Marjoram	Sweet Marjoram	Antioxidant, Carminative, Diaphoretic and Diuretic
Tukhm-e-suddab (<i>Ruta graveolens</i>)	Garden Rue	Antioxidant, Anti-inflammatory, Choleric, Diuretic, Diaphoretic, Ecbolic Hepatoprotective, Hypoglycemic, Hypotensive, Lipolytic and Stimulant.
Fitra-saliyoon (<i>Petroselinum crispum</i>)	Parsley	Anti-inflammatory, Carminative, Diuretic, Hypotensive, Hypo-Ureemic, and Laxative
Karafas (<i>Apium leptophyllum</i>)	Celery	Antioxidant, Anti-inflammatory, Choleric, Diuretic, Hypoglycemic, Hypotensive and Stimulant.
Juntiyana (<i>Gentiana ueta linn</i>)	Gentian	Anti-inflammatory, Choleric and Stimulant.
Soya (<i>Anethum sowa roxb.ex flem</i>)	Dill	Hypoglycemic, Hypotensive, Laxative and Stimulant.
Filfil siyah (<i>Piper nigrum linn</i>)	Black pepper	Antioxidant, Diuretic, Hypotensive, Hypocholesterolemic, and Stimulant.
Ajmood (<i>Apium leptophyllum</i>)	Celery	Anti-inflammatory, Diuretic and Hypotensive,
Salaras (<i>Liquidamber orientalis linn</i>)	Storax	Antioxidant, Anti-inflammatory, Hypotensive, Hepatoprotective.
Kahruba <i>pinus succinifera</i> (Goppert) cornw.	Baltic Amber	Cardiac tonic and Styptic
Zeera (<i>Carum carvi linn</i>)	Caraway	Anti-inflammatory, Carminative, Choleric, Diuretic, Stimulant
Muqil (<i>Commiphora mukul</i>)	Myrrh	Antioxidant, Anti-inflammatory, Cardioprotective, Demulcent, Hypoglycemic, Hypotriglycemic, Hypocholesterolemic, Lipolytic, and Stimulant.
Baadyan (<i>Foeniculum vulgare mill</i>)	Fennel	Antioxidant, Anti-inflammatory, Cardiotonic Choleric, Diaphoretic, Diuretic, Laxative, Lipolytic and Stimulant
Haasha (<i>Thymus serpyllum linn</i>)	Mother of thyme	Diuretic, Hypotensive, Thyrotropic
Kishnizi (<i>Coriandrum sativum</i>)	Coriander	Diuretic, Hypotensive, Laxative, Hypoglycemic, Lipolytic, and Stimulant
Kasni (<i>Cichorium intybus linn</i>)	Chicory	Cardiotonic, Demulcent, Diuretic, Laxative, Hypocholesterolemic, Laxative, Hypoglycemic and Hepatoprotective.
Shahitra (<i>Fumaria officinalis linn</i>)	Fumitory	Anti-inflammatory, Choleric, Diaphoretic, Diuretic, Laxative and Stimulant
Halon (<i>Lepidium sativum linn</i>)	Garden Cress	Diuretic, Laxative and Stimulant
Gandana (<i>Allium ascalonicum linn</i>)	Shellot	Fibrinolytic and Hypocholesterolemic
Kalonji (<i>Nigella sativa linn</i>)	Black Cumin	Anti-inflammatory, Antihypertensive, Antioxidant, Anti-Atherogenic, Cardiotonic, Choleric, Fibrinolytic, Diaphoretic, Hepatoprotective, Hypocholesterolemic, Hypoglycemic, Hypolipidemic Diaphoretic, Diuretic, Laxative and Stimulant,
Sheer (<i>Allium sativum linn</i>)	Garlic	Anti-inflammatory, Antihypertensive, Antioxidant, Anti-Atherogenic, Cardiotonic, Choleric, Fibrinolytic, Diaphoretic, Hepatoprotective, Hypocholesterolemic, Hypoglycemic and Hypolipidemic.
Nankhwah (<i>Trachyspermum ammi linn</i>)	Ajowan	,Diaphoretic, Diuretic, Laxative and Stimulant

[16-17]

Murakab Advia (Compound drugs)

Drugs Name	Doses [21]
Majoon Falafili	5-7 gm
Majoon Kamuni	5-7 gm
Itrifal Sagheer	5-7 gm
Anqaroya	5-7 gm
Dawa'ul luk	5-10 gm
Dawa'ul kurkum	5-10 gm
Majoon Baladri	5-10 gm
Asanasiya	5-7 gm
Tiryag-e-kabir Amrusiya	5-7 gm
Safoof Muhazzil	1-2 gm
Arq Zeera [20]	15-20 mml

[18, 19, 20]

Conclusion

In Unani system of medicine, there are many drugs which

have potential effects in the management of obesity and its consequences. If these drugs are given in a correct manner,

may prove boon in the form of alternative source of treatment which is further strengthened by various clinical and experimental trials conducted in the recent years. In future, more studies are needed to see the effects of herbal drugs on obesity. Thus, Unani medicine may play a major role not only in prevention and management of the obesity and its complications but also in decreasing the economic burden incurred on the society

Conflict of Interest

Not available

Financial Support

Not available

References

1. Canoy D, Buchan I. Challenges in obesity epidemiology. *The International Association for the Study of Obesity*. 2007;8(1):1-11.
2. Longo DL, Kasper DL, Jameson JL, Fauci AS, Hauser SL, Loscalzo J. *Harrison's principles of internet medicine*. 18th ed. Vol. 1. New York: McGraw Hill; c2012. p. 622-34.
3. Haslam D. Obesity a Medical History. *The International Association for the Study of Obesity*. 2007;8(1):31-36.
4. Wikipedia. Obesity. [Internet]. Available from: <https://en.wikipedia.org/wiki/Obesity>
5. Shayo GA, Mugusi FM. Prevalence of obesity and associated risk factors among adults in Kinondoni Municipal District, Dares Salaam Tanzania. *BMC Public Health*. 2011;11(365):1-7.
6. Low S, Chin MC, Yap MD. Review on Epidemic of Obesity. *Annals Academy of Medicine*; c2009. p. 57-65.
7. Haslam D. Obesity a Medical History. *The International Association for the Study of Obesity*. 2007;8(1):31-36.
8. Slim4fun. Tips to Fight Obesity. [Internet]. Available from: <http://slim4fun.com/tips-fight-obesity/>.
9. Warner EC. *Savill's System of Clinical Medicine*. 14th ed. New Delhi: CBS Publications; c2003. p. 26-29.
10. Qamari AMH. Ghina Muna (Urdu Translation Minhajul Ilaj). New Delhi: CCRUM; c2008. p. 384-90.
11. Abari AR. *Firdausul Hikmat* (Urdu Translation by Sanbhali S). New Delhi: Idara Kitabul Shifa; c2010. p. 112-13.
12. Razi AMBZ. *Kitabul Mansoori* (Urdu Translation). New Delhi: CCRUM; c1991. p. 223.
13. Razi AMBZ. *Al Hawi Fit Tib* (Urdu Translation). Vol.6. New Delhi: CCRUM; 1999:183-84, 187-207.
14. Ibn Sina. *Al Qanoon Fit Tib* (Urdu Translation by Kantoori GH). Vol.4. New Delhi: Ejaz Publishing House; YNM:1444-47.
15. Jurjani AHI. *Zahra Khwarzam Shahi* (Urdu Translation by Khan HH). Vol.8. New Delhi: Idea Citable Shiva, 1996, 23-28.
16. Kirtikar KR, Basu BD. *Indian Medicine Plants with Illustrations*. 2nd ed. Vol. 2, 5, 8. Uttranchal: Oriental Enterprises, 2003, 626-29, 1670-73, 2733-36.
17. Hakeem A. *Bustanul Mufradat*. New Delhi: Idara Kitabul Shifa, 2002, 56-57, 160, 187, 323-2.
18. Kabiruddin. *Ilmul Advia Nafeesi*. New Delhi: Ejaz Publishing House. 2007;80:131-32.

19. Ibn Rushd, *Kitab ul Kulliyat*. (Urdu Translation). Central Council for Research in Unani Medicine publication. New Delhi; c1987. p. 46-81.
20. Nafees I, Moalajate Nafeesi. Munshi Naval Kishore, Lucknow; 1324 Hijri:537-539.
21. Essential drugs list (EDL) Unani medicine. Department of Ayush (Drug Control Cell) Ministry of Health and Family Welfare, Government of India. Available from: www.indianmedicine.nic.in
22. *World Journal of Pharmaceutical Research*. Volume 6, Issue 10:1475-1485. ISSN 2277-7105.

How to Cite This Article

Fatima A, Singh VB, Ahmad F, Khan MN. Concept of Saman-E-Mufrit (Obesity) and treatment in unani system of medicine. *International Journal of Unani and Integrative Medicine*. 2024;8(1):12-15

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