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## Unani dietary principles across the human lifespan: A literary review

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### Abstract

Dietotherapy, known as '*Ilāj bi'l-Ghidhā*' in Unani Medicine, plays a central role in both the prevention and treatment of diseases. It not only nourishes and strengthens the body but also helps in disease prevention and longevity. The Unani system categorizes life into four distinct stages based on the concepts of *Rutūbat Gharīziyya* (innate moisture) and *Harārat Gharīziyya* (innate heat). Preserving *Rutūbat Gharīziyya* and maintaining the body's *Quwā* (faculties) are core objectives of Unani Tib, achieved through appropriate dietary regimens (*Ghidhā'ī Tadābir*).

This study follows an input-processing-output framework, utilizing both primary and secondary sources. Primary materials were derived from classical Unani texts and their translations, while secondary sources included journals, theses, periodicals, and digital repositories.

The research identifies three primary factors contributing to aging in Unani medicine: the cold and dry shift in *Mizāj* (temperament), weakening of *Harārat Gharīziyya*, and decline in *Quwā*. For the elderly (*Mashāyikh*), Unani physicians recommend diets that are warming (*Musakhkhin*) and moistening (*Muraṭṭib*), to counterbalance these deteriorating factors.

The study concludes that Unani dietary guidelines are personalized and holistic, considering variables such as age, gender, temperament, season, climate, geographical location, and digestive strength (*Quwā'ī Haḍm*). Within the six essential factors of health (*Asbāb Sitta Ḍarūriyya*), *Ma'kulāt-o-Mashrūbāt* (food and drink) uniquely provide *Badl Mā Yataḥallal* the replenishment of body tissues.

**Keywords:** '*Ilāj bi'l-Ghidhā*'; *Asbāb Sitta Ḍarūriyya*; *Rutūbat Gharīziyya*; *Mizāj*; *Badl Mā Yataḥallal*; *Unani Tib*.

### Introduction

The term *diet* originates from the Latin word *dieta*, which in turn is derived from the Greek word meaning "a way of living" <sup>[1]</sup>. According to the Oxford English Dictionary, diet is defined as "the kinds of food that a person, animal, or community habitually eats" <sup>[2]</sup>. Food therapy holds a significant place in Traditional Medicine. It not only nourishes and strengthens the body but also aids in disease prevention and promotes longevity.

In the Unani System of Medicine, this concept is referred to as *Ilāj bi'l-Ghidhā* (Dietotherapy). It is a distinctive therapeutic approach in which dietary modifications are used as a means of treatment and maintaining health. These dietary interventions may include fasting, consuming larger quantities of low-nutrient foods, or smaller amounts of highly nutritious foods.

### Unani Medicine categorizes food (*Ghidhā*) into several types, including:-

- *Ghidhā' Muṭlaq*
- *Ghidhā' Dawā'ī*
- *Ghidhā' Laṭīf*
- *Ghidhā' Kathīf*
- *Ghidhā' Mu'tadil*

A balanced intake of *Ghidhā* is crucial, as organs and tissues require appropriate nutrients to function efficiently. Poor nutrition can lead to a weakened immune system, increased susceptibility to illness, fatigue, and reduced physical and mental performance <sup>[3]</sup>. Additionally, maintaining a balanced diet not only supports individual health but also has broader positive effects on economic and social well-being.

### Definition of Ghidhā

*Ghidhā'* is defined as any edible substance that, although not altered by the body itself, is transformed by bodily processes to become an integral part of the body or its organs. It serves to replenish and replace the substances that are naturally broken down or lost in the body <sup>[4, 5]</sup>.

### Classification of Ghidhā in the Unani system of medicine

Unani medicine recognizes various types of *Ghidhā'* (dietary substances) based on their nature, effects on the body, and role in health and disease management. These classifications help tailor dietary interventions according to individual needs.

#### Types of Ghidhā based on functional characteristics

1. **Ghidhā' Muṭlaq (Absolute Nutrient):** These are food substances that are capable of becoming a part of the body's structure and serve a nutritive function.
2. **Ghidhā' Dawā'i (Diet with Medicinal Properties):** These diets provide nutritional value while also exhibiting medicinal effects. They contain more nutritive than medicinal components. Examples include *Bādām* (almond), *Anjīr* (fig), and *Zaytūn* (olive).
3. **Dawā' Ghidhā'i (Medicinal Diet):** These are primarily medicinal substances that offer some nutritional value along with therapeutic benefits <sup>[5, 6, 7]</sup>.

#### Classification Based on Blood (Dam) production after digestion

1. **Ghidhā' Laṭīf (Light Diet):** Produces thin, less viscous blood. Recommended for individuals prone to blockages, calculi, or thick bodily secretions.
2. **Ghidhā' Kathīf (Heavy Diet):** Produces dense, viscous blood. Suitable for individuals engaged in strenuous physical activities or those who need to build strength.
3. **Ghidhā' Mu'tadil (Moderate Diet):** Produces blood of normal viscosity, ideal for maintaining balance and overall health <sup>[5, 7-9]</sup>.

#### Classification According to Quality of Chyme (Kaymūs)

1. **Jayyid al-Kaymūs (Good Chyme):** These foods generate healthy blood and other bodily humors (*Akhlāṭ*) as per the body's requirements.
2. **Radī al-Kaymūs (Poor Chyme):** These foods produce inferior or harmful blood, leading to imbalance in humoral composition <sup>[5, 6, 10]</sup>.

#### Classification Based on Nutritional Value

1. **Kathīr al-Taghdhiya (Highly Nutritious):** Foods that offer high nutritional benefits after digestion.
2. **Mutawassiṭ al-Taghdhiya (Moderately Nutritious):** Foods that provide an average level of nutrition.
3. **Qalīl al-Taghdhiya (Low Nutritional Value):** Foods with limited nutritional content <sup>[6, 8, 9, 10]</sup>.

#### Combined Classification of Ghidhā'

When the properties related to viscosity, nutritional value, and chyme quality are considered together, *Ghidhā'* can be categorized into 18 distinct types:

1. Ghidhā' Laṭīf-Kathīr al-Taghdhiya-Jayyid al-Kaymūs
2. Ghidhā' Laṭīf-Kathīr al-Taghdhiya-Radī al-Kaymūs
3. Ghidhā' Laṭīf-Mutawassiṭ al-Taghdhiya-Jayyid al-Kaymūs

4. Ghidhā' Laṭīf-Mutawassiṭ al-Taghdhiya-Radī al-Kaymūs
5. Ghidhā' Laṭīf-Qalīl al-Taghdhiya-Jayyid al-Kaymūs
6. Ghidhā' Laṭīf-Qalīl al-Taghdhiya-Radī al-Kaymūs
7. Ghidhā' Mu'tadil-Kathīr al-Taghdhiya-Jayyid al-Kaymūs
8. Ghidhā' Mu'tadil-Kathīr al-Taghdhiya-Radī al-Kaymūs
9. Ghidhā' Mu'tadil-Mutawassiṭ al-Taghdhiya-Jayyid al-Kaymūs
10. Ghidhā' Mu'tadil-Mutawassiṭ al-Taghdhiya-Radī al-Kaymūs
11. Ghidhā' Mu'tadil-Qalīl al-Taghdhiya-Jayyid al-Kaymūs
12. Ghidhā' Mu'tadil-Qalīl al-Taghdhiya-Radī al-Kaymūs
13. Ghidhā' Kathīf-Kathīr al-Taghdhiya-Jayyid al-Kaymūs
14. Ghidhā' Kathīf-Kathīr al-Taghdhiya-Radī al-Kaymūs
15. Ghidhā' Kathīf-Mutawassiṭ al-Taghdhiya-Jayyid al-Kaymūs
16. Ghidhā' Kathīf-Mutawassiṭ al-Taghdhiya-Radī al-Kaymūs
17. Ghidhā' Kathīf-Qalīl al-Taghdhiya-Jayyid al-Kaymūs
18. Ghidhā' Kathīf-Qalīl al-Taghdhiya-Radī al-Kaymūs <sup>[9, 10, 11]</sup>

#### Classification based on rate of absorption

1. **Ghidhā' Sarī' al-Nufūdh (Rapidly Absorbed Diet):** These are easily digestible and quickly absorbed by the body post-metabolism.
2. **Ghidhā' Baṭī al-Nufūdh (Slowly Absorbed Diet):** These require extended digestion and metabolic processing, making them slower to absorb <sup>[12, 14]</sup>.

#### Concept of A'mār (Ages) in the unani system of medicine

Human development is a continuous process that spans from conception to death. It involves a progressive series of orderly and predictable changes influenced by nutrition and experience. According to Unani physicians, the human lifespan is divided into four major stages, known as *Asnān Arba'a* (the Four Ages), based primarily on the status of *Ruṭūbat Gharīziyya* (innate moisture) and *Harārat Gharīziyya* (innate heat), which are vital physiological elements in the body. These stages are: *Sinn-i-Numū* (growing age), *Sinn-i-Shabāb* (youth or adulthood), *Sinn-i-Kuhūlat* (middle or elderly age), and *Sinn-i-Shaykhūkhat* (old age) <sup>[7, 10, 14, 15]</sup>.

#### Sinn-i-Numū (Growing Age)

Also referred to as *Sinn-i-Hadāthat*, this stage spans from birth to thirty years of age. During this period, *Ruṭūbat Gharīziyya* is present in excess, more than is required for the preservation of *Harārat Gharīziyya*, thus facilitating various metabolic and developmental processes. The dominant *Mizāj* (temperament) in this phase is *Hār Raṭāb* (hot and moist). *Sinn-i-Numū* is further subdivided into five stages: *Sinn-i-Ṭufūlat*, *Sinn-i-Ṣabā*, *Sinn-i-Tara'ru'*, *Sinn-i-Rihāq*, and *Sinn-i-Fatā* <sup>[7, 10, 14, 15]</sup>.

#### 1. Sinn-i-Ṭufūlat (Infancy)

This initial stage ranges from birth to four years.<sup>12</sup> During this time, the child is typically unable to stand or walk. It is also known as *Navzā'idgī*, and the child in this age group is referred to as *Navmavlūd* (newborn) <sup>[6, 10, 14, 15]</sup>.

### Dietary Recommendations for Navmavlūd

According to Galen (*Jālīnūs*), the optimal diet for an infant is the mother's milk. Therefore, breastfeeding should be preferred whenever possible [5, 7, 8, 9, 15]. Initially, breastfeeding should be limited to two to three times a day, avoiding large feeds, especially in the first few days. It is advised to administer a small amount of pure honey before the first feed. If the milk has a sour tendency, breastfeeding should be temporarily withheld. A small quantity of milk should be expressed before each feed, particularly in the morning, to facilitate easier suckling and reduce exertion. Allowing the infant to cry slightly before feeding is considered beneficial [7, 8, 15, 16].

### Duration of Lactation

Lactation is ideally continued for up to two years. Introduction of supplementary foods should be gradual and weaning should be a slow process [8, 9, 17].

### Weaning Practices

When the infant begins to show interest in foods other than milk, they may be gradually introduced. The eruption of incisor teeth marks the appropriate time for this. Foods offered should be soft and easy to digest. Breastfeeding should gradually be replaced with foods like soft bread, *Harīra* (a soft, semisolid preparation), and easily digestible meats. Ideally, feeding should occur after an oil massage and bath. To discourage persistent demand for breastfeeding, the nipple may be coated with a paste made from 1 gram each of *Murmakkī* and *Tukhm-i-Khurfa* [5, 8, 9, 18].

In conclusion, the regimen for infants must be *Muraṭṭib* (moisture-preserving). A diet suited to the infant's *Mizāj* is essential for proper nourishment and growth.

## 2. Sinn-i-Ṣabā (Early Childhood)

This stage extends from four to seven years of age. The child begins to walk, though the body is not yet fully strong. Primary teeth begin to shed during this period [6, 7, 14, 23].

## 3. Sinn-i-Tara'ru' (Later Childhood)

This stage, which ends at approximately thirteen years of age, is characterized by the strengthening of the body and the replacement of primary teeth with permanent ones. However, signs of puberty such as nocturnal emissions have not yet begun to appear [6].

## 4. Sinn-i-Rihāq (Adolescence)

This phase marks the onset of puberty. In males, it is characterized by the occurrence of nocturnal emissions, indicating the beginning of reproductive maturity.

## 5. Sinn-i-Fatā (Late Adolescence)

This final sub-stage of *Sinn-i-Numū* follows *Sinn-i-Rihāq*. It is characterized by the cessation of physical growth, typically around the end of the third decade of life [6, 10, 14, 18].

### Regimens from Infancy to Adolescence

Unani literature does not always detail distinct *Ghidhā'ī Tadābīr* (dietary regimens) for each sub-stage after infancy. However, general dietary and lifestyle recommendations are provided for the broader age group, spanning *Sinn-i-Ṣabā* to *Sinn-i-Fatā*: Upon waking, the child should take a bath and be allowed to engage in play for about an hour. Breakfast

should consist of *Raqīq al-Qiwām* (light in consistency) and *Laṭīf Ghidhā'* (easily digestible food). After breakfast, extended playtime should be encouraged. Another bath may be taken later in the day, followed by a meal. Drinking water during meals should be avoided, as it may hinder digestion and lead to poor assimilation.

By six years of age, the child may begin formal education under a qualified teacher. Education should be gradual and not mentally exhausting, as mental relaxation is essential for physical growth. At this stage, frequent bathing and rest should be minimized, and physical activity before meals should be encouraged.

Wine is strictly prohibited, especially in children with *Hār Raṭab Mizāj*, as it may lead to excessive production of *Ṣafrā'* (bilious humour). Children should be allowed to drink as much clear, sweet water as desired.

These guidelines should be followed until the age of fourteen. Thereafter, exercise should be moderated, as bodily *Ruṭūbat* begins to decline and *Yubūsat* (dryness) increases. Accordingly, only light exercises are recommended, and vigorous activity should be avoided. Following this developmental phase, adolescents should adopt the general health regimens prescribed for healthy adults in Unani medicine, along with appropriate preventive measures [5, 8, 17, 18].

### Sinn-i-Shabāb (Youth/Adulthood)

Also referred to as *Sinn-i-Waqūf*, this stage of life spans from 30 to 40 years. During this period, the quantity of *Ruṭūbat Gharīziyya* is balanced neither in excess nor deficient ensuring adequate preservation of *Ḥarārat Gharīziyya* for normal metabolic activity. The *Mizāj* in this age is classified as *Hār Yābis* (hot and dry) [7, 10, 12, 14].

### Dietary Regimen in Sinn-i-Shabāb

In this phase, individuals should follow a moderate (*Mu'tadil*) and nutritionally appropriate diet. Ideal foods include tender meats such as kid goat, veal, and year-old lamb, as well as high-quality wheat that is free from impurities and harvested in a healthy environment. Moderate consumption of aged, fragrant wine is also considered permissible in traditional Unani texts.

For individuals who engage in limited physical activity, lighter meats such as chicken and the flesh of partridge (*Tīṭar*) or snow partridge (*Chakūr*) are recommended. Among fruits, figs, grapes, and dates are considered highly nutritious, though dates are best suited to those residing in the regions where they naturally grow. If excess occurs due to consumption of such fruits, timely evacuation through natural means is advised.

A person aiming to preserve health should avoid making dietary staples out of medicinal or therapeutic foods (*Ghidhā' Dawā'ī*) like certain vegetables (*Tarkārī*) and fruits. Highly refined or excessively moist foods (*Laṭīf*) may overstimulate the metabolism, whereas dense (*Ghalīẓ*) foods can impair digestion, resulting in phlegmatic conditions and lethargy. Therefore, diets should be customized to the individual's inherent temperament (*Mizāj*) and foods although generally beneficial may be harmful if mismatched with one's constitution. Importantly, individuals who tolerate unhealthy foods may still face long-term consequences due to accumulation of abnormal humors (*Akhḷāṭ*) [5, 11, 17, 19].



### Sinn-i-Kuhūlat (Middle Age)

Also termed *Sinn-i-Inḥiṭāt*, this phase encompasses the age range of 40 to 60 years. The *Mizāj* during this period transitions to *Bārid Yābis* (cold and dry). Although physical health begins to decline, functional strength is still generally preserved. However, the level of *Ruṭūbat Gharīziyya* falls below what is necessary for optimal maintenance of *Ḥarārat Gharīziyya*, affecting metabolic equilibrium [7, 9, 10, 14].

### Sinn-i-Shaykhūkhat (Old Age)

Beginning after the age of 60, this stage continues until death and is characterized by an increasingly *Bārid Yābis Mizāj*. The quantity of *Ruṭūbat Gharīziyya* continues to decline below critical levels required for the preservation of *Ḥarārat Gharīziyya*. Additionally, an abnormal type of moisture *Ruṭūbat Gharība* becomes dominant. This period is marked by a gradual decline in the function of various organs and systems [7, 9, 10, 12].

### Tadābīr-i-Mashā'ikh (Regimen for the Elderly)

In Unani medicine, the regimens for *Sinn-i-Kuhūlat* and *Sinn-i-Shaykhūkhat* are often discussed collectively under the heading *Tadābīr-i-Mashā'ikh*, due to the shared temperament (*Bārid Yābis*) in both stages. The Unani system emphasizes that the functioning of vital principles such as *Ṭabī'at* (natural disposition), *Quwwat Mudabbira-i-Badan* (regulative power of the body), and *Ḥarārat Gharīziyya*—are fundamentally governed by *Mizāj*. Alteration in *Mizāj* leads to dysfunctions like *Du'f al-A'ḍā'* (organ weakness), suppression of vital heat (*Itfā' Ḥarārat*), and disintegration of vital spirits (*Taḥallul Arwāḥ*).

### Process of Ageing in Unani Philosophy

In Unani thought, *Ruṭūbat Gharīziyya* is crucial for sustaining *Ḥarārat Gharīziyya*. Any reduction in the quality or quantity of innate moisture leads to the weakening of vital heat, thereby initiating ageing.

#### Ageing occurs via two principal mechanisms:-

1. **Alteration in Humoral Balance:** Reduced *Ḥarārat Gharīziyya* affects the four digestive faculties (*Huḍūm Arba'a*), leading to the production of abnormal humors and a consequent shift in *Mizāj* a hallmark of ageing.
2. **Diminished Vital Energy:** As vital energy declines, the body's physiological powers weaken, impairing organ function and accelerating senescence [20, 21, 22, 23].

Ibn Sīnā observed that innate moisture is gradually consumed by internal heat, physical exertion, and environmental factors. While diet attempts to replenish lost moisture (*Badl mā Yataḥallal*), it cannot fully compensate for what has been dissipated [17].

#### According to classical Unani scholars, three primary factors drive the ageing process:

1. Progressive increase in bodily coldness and dryness (*Būrūdat wa Yubūsāt*), which counters the essential requirements of heat and moisture.
2. Decline in *Ḥarārat Gharīziyya* (vital heat).
3. Weakening of vital and functional powers (*Quwā*), leading to impaired organ performance and susceptibility to disease [20].

**Table 1:** Mechanism ageing process in Unani Tib

Mechanism	Description
1. Progressive Increase in <i>Būrūdat wa Yubūsāt</i>	Coldness and dryness gradually dominate the body, opposing the essential <i>Mizāj</i> (temperament) of heat and moisture needed for life processes.
2. Decline in <i>Ḥarārat Gharīziyya</i> (Vital Heat)	The intrinsic vital heat diminishes with age, reducing metabolic and physiological efficiency.
3. Weakening of <i>Quwā</i> (Vital and Functional Powers)	The decline of bodily faculties leads to organ dysfunction and increased vulnerability to illnesses.

### Components of Tadābīr-i-Mashā'ikh

- *Ghidhā'ī Tadābīr* (dietary guidelines)
- *Riyādat* (physical activity)
- *Dalk* (massage)
- *Ḥammām* (bathing)
- Adequate and timely *sleep*
- Psychosocial well-being (contentment, emotional stability)
- Environmental optimization [5, 7, 8, 17]

### Aims of Tadābīr-i-Mashā'ikh

- Preservation of *Ruṭūbat Gharīziyya* and *Ḥarārat Gharīziyya*
- Prevention of abnormal moisture (*Ruṭūbat Gharība*)
- Elimination of harmful matter (*Fāsīd Mawād*) through natural routes
- Protection from detrimental environmental conditions [20]

Among these, *Ghidhā'ī Tadābīr* is paramount. Given the dominance of cold and dry temperament in old age, foods

that are warming (*Musakhkhin*) and moistening (*Muraṭṭib*) are considered essential [20].

### Recommended foods for the elderly

- **Rice (*Uruz*):** Strengthens vital heat; promotes longevity. Despite varied opinions on its temperament, most Unani scholars consider it *Ḥār Yābis*.
- **Roasted Gram (*Ḥimmaṣ*):** Has warming properties and enhances vitality; raw form should be avoided due to its flatulence-producing nature.
- **Sweet almonds (*Maghz Bādām Shīrīn*):** Moist and warm; promotes healthy moisture without excess.
- **Garlic (*Thawm*):** Strengthens innate heat, treats urinary issues, and eliminates dense gases.
- **Ginger (*Zanjabīl*):** Strongly warming and drying; enhances digestion and vitality, especially in cold climates.
- **Figs (*Anjīr*):** Laxative and nutritious; supports warmth and vitality.
- **Coconut (*Narjīl*):** Nourishing and moist; ideal for aged individuals.
- **Honey (*ʿAsl*):** Stimulates innate heat and boosts

immunity; suitable for cold temperaments.

- **Sikanjabin (Vinegar + Honey):** Cleanses bile, purifies blood, opens obstructions, and promotes urination.
- **Milk (Laban):** Beneficial if digested well; goat and donkey milk are preferred.
- Vegetables (spinach, beetroot, carrot, etc.): Preferably cooked with olive oil and aromatic herbs for laxative and digestive benefits [5, 6, 7, 8, 17, 19, 20].
- **Meat Broth:** Especially with roasted wheat or barley, nourishing and easy to digest [19].

#### Meals should be

- Given in small quantities (*Qalīl al-Kammiyyah*), yet nutrient-dense (*Kathīr al-Kayfiyyah*), such as soft-

boiled eggs and *Mā' al-Laḥm*.

- Taken two or three times a day, spaced according to digestive strength.
- Accompanied by light laxatives and warm foods to maintain balance [5, 6, 8, 15, 17].

#### Foods to avoid in old age

Heavy and hard-to-digest foods like *Harīsa*, *Khushk Gosht* (dried meat), and *Tandūrī Roti* are discouraged, as they may lead to conditions such as *Istisqā'* (ascites) or *Ḥasā al-Mathāna* (bladder stones). Additionally, hot, pungent, and gas-producing substances, as well as desiccating agents like strong pickles (*Kawāmīkh*), are best avoided [5, 6, 17, 19].

**Table 2:** Age-wise dietary recommendations in unani medicine

Stages (A'mār)	Age Range	Mizāj (Temperament)	Recommended Diet	Avoid/Notes
Sinn-i-Ṭufūlat	Birth to 4 years	Hār Raṭāb (Hot & Wet)	Mother's breast milk, small quantities of honey (before initial feed), soft food during weaning (e.g., Harīra, soft bread)	Avoid large feeds, sour milk, abrupt weaning
Sinn-i-Ṣabā	4 to 7 years	Hār Raṭāb	Light and moist foods; Raḳīq al-Qiwām (thin/light consistency foods), Laṭīf Ghidhā' (light nutritious foods), fruits like sweet water	Avoid cold, heavy, or flatulence-producing foods
Sinn-i-Tara'ru'	7 to 13 years	Hār Raṭāb	Same as above; more solid but still easily digestible foods; gradual exposure to varied textures; avoid overfeeding	Avoid sedentary habits, excess sweet or dense foods
Sinn-i-Rihāq	13 to puberty	Hār Raṭāb → Moderating	Transition to more adult foods; Laṭīf and Qawī (strengthening) diets like milk, well-cooked meats, and wheat-based soft breads	Avoid excessive exercise and heating foods
Sinn-i-Fatā	End of puberty to 30	Transitioning to Hār Yābis	Well-balanced nutritious foods; protein-rich diets (milk, meats), fruits, moderate sweets	Avoid very dry or hot foods; encourage exercise
Sinn-i-Shabāb	30 to 40 years	Hār Yābis (Hot & Dry)	Moderate diet: Kid meat, year-old lamb, veal, cleaned wheat, figs, grapes, dates (regional), quality wine (if permissible)	Avoid Ghalīz (thick, heavy) or Laṭīf (over-light) food if they disrupt balance
Sinn-i-Kuhūlat	40 to 60 years	Bārid Yābis (Cold & Dry)	Easily digestible foods, Musakhkhin (warming) & Murattib (moistening) items: rice, roasted gram, milk, almond, garlic, ginger, meat broth	Avoid raw, cold, and dry foods; moderate physical exertion
Sinn-i-Shaykhūkhat	60 years onwards	Bārid Yābis (More pronounced)	Light, warm, moist foods in small portions: half-boiled egg, Ma' al-Laḥm (meat extract), milk (if digestible), figs, honey, ginger, almond, garlic, warm soup	Avoid Harīsa, dry meat, overly dry bread, spicy/sticky foods, and pickles; ensure frequent but small meals

#### Methodology

To explore the dietary recommendations and principles outlined in the Unani system of medicine, an in-depth manual review of classical Unani literature was undertaken. Foundational texts such as *Firdaus al-Hikmat* by Ali ibn Rabban al-Tabari, *Al-Qanun fi al-Tibb* by Ibn Sīnā, *Kitāb al-Mansoori* by Al-Razi, *Kitāb al-Kulliyat* by Ibn Rushd, *Kitāb al-Mī'a fit Tib* by Abū Sahl Masīhī, Kāmil al-Sanā'a by 'Alī ibn 'Abbās Majūsī, and Zakhīra Khawārm Shāhī by Sharfuḍḍīn Isma'īl Jurjānī e.t.c. were examined for their detailed discussions on health maintenance and dietary management across different stages of life. These authoritative sources provided essential insights into the theoretical underpinnings of *Ilāj bi'l-Ghidhā'* (dietotherapy) and its application within Unani clinical practice. To ensure accurate translation and interpretation of traditional Unani terminology, supplementary reference materials such as the *Standard Unani Medical Terminology* published by CCRUM (Central Council for Research in Unani Medicine) was consulted. This resource facilitated the identification of appropriate English equivalents for Unani terms, as well as the scientific nomenclature of the medicinal substances referenced throughout the review. The selected texts collectively offer a robust foundation for understanding the dietary philosophies embedded in Unani medical tradition.

#### Results and Discussion

Unani medicine places high importance on *Ilāj bi'l-Ghidhā'* (dietary therapy) as one of the core methods of treatment alongside regimenal and pharmacological approaches. Ibn Sīnā, in *Al-Qānūn fi'l-Tibb*, emphasized that food serves not only as nourishment but also as a preventive and curative agent.<sup>24</sup> Unani scholars argue that proper dietary management, when aligned with one's *Mizāj* (temperament), body strength, and disease state, can sustain health and aid in recovery without the need for medicinal interventions. The principle of dietary management in Unani medicine is deeply rooted in the theory of *Mizāj* and *Akhlat* (humors). Since every individual has a unique temperament, food must be chosen based on its own temperament and its interaction with the person's internal environment. As *Mizāj* changes with age, season, and geography, the dietary plan should adapt accordingly. This literary study explores the dietary recommendations for different stages of life as detailed in the Unani system of medicine, emphasizing the foundational concept of *Ilāj bi'l-Ghidhā'* (dietotherapy). Unani scholars have developed a sophisticated framework for classifying food (Ghidhā') based on properties such as nutrient density, viscosity, rate of absorption, and quality of chyme. These classifications are closely linked with the concepts of *Mizāj* (temperament), *Ruṭūbat Gharīziyya* (innate moisture), and *Harārat Gharīziyya* (innate heat),

which govern physiological balance throughout the human lifespan.

The Unani system divides life into four primary stages Sinn-i-Numū (growing age), Sinn-i-Shabāb (youth/adulthood), Sinn-i-Kuhūlat (middle age), and Sinn-i-Shaykhūkhat (old age) each characterized by a dominant temperament and specific dietary requirements [7, 10, 14, 15]. In infancy, breast milk is considered the ideal nourishment, gradually supplemented with soft, digestible foods. During childhood and adolescence, easily digestible and moisture-preserving foods are recommended alongside physical activity and mental relaxation. In adulthood, when temperament shifts to *Hār Yābis*, a moderate and balanced diet consisting of light meats, select fruits, and temperate grains is advised. Middle age and old age, dominated by *Bārid Yābis* temperament, demand diets that restore warmth and moisture such as figs, honey, almond milk, and mild laxatives while avoiding dense, gas-producing, or overly dry foods.

The Unani tradition also outlines comprehensive regimens for the elderly (Tadābīr-i-Mashā'ikh), integrating dietary, physical, psychological, and environmental care to preserve *Harārat Gharīziyya* and delay senescence. The aging process is seen as a consequence of declining innate moisture and heat, with dietary strategies playing a pivotal role in mitigating this decline. Foods that are *Musakhkhin* (warming), *Muraṭṭib* (moisturizing), and easily digestible are consistently emphasized in advanced age. Overall, Unani dietary recommendations demonstrate a profound understanding of age-specific physiological needs and the role of nutrition in maintaining humoral balance and long-term health.

## Conclusion

This study highlights the depth and relevance of Unani dietary principles across the human lifespan. By aligning nutrition with physiological temperament and life stages, the Unani system offers a holistic approach to health preservation and disease prevention. Its age-specific dietary regimens rooted in classical theory yet adaptable to modern contexts underscore the importance of personalized nutrition in promoting wellness and longevity. Integrating these time-tested principles into contemporary health frameworks could enhance preventive healthcare, particularly in culturally aligned populations.

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## Conflict of Interest

Not available

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