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Integrating Asbab e Sitta zarooriyah in the Holistic Management of Menopausal women: A Unani and contemporary perspective

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Abstract
Background: There is a need for comprehensive, holistic care because the menopausal transition is a complicated physiological phase that is frequently treated in modern medicine with a symptom-centric approach. By controlling environmental, nutritional, and lifestyle factors, unani medicine, which is based on the fundamental premise of Asbab-e-SittaZarooriyah (The Six Essential Factors), provides an organised framework for maintaining health and managing disease.
Objective: This review compares traditional Unani wisdom with current scientific findings in order to critically evaluate the philosophy of Asbab-e-SittaZarooriyah and investigate its potential as a comprehensive model for addressing menopausal symptoms.
Methods: A narrative review was carried out, combining data from contemporary biomedical literature obtained from sources like PubMed and Google Scholar with material from old Unani texts (such those by Al-Razi and Ibn Sina). Among the most important search terms were "unani medicine," "menopause," "Sinn al-Yā's," "Asbab-e-SittaZarooriyah," and "holistic care."
Results: The analysis shows that the Unani conceptualisation of menopause (Sinn al-Yā's) as a condition of sūʾ al-mizāj (morbid temperament) with predominance of Khilṭ-i-saudāʾ (black bile) and BaridYabis (cold-dryness) offers a unifying etiological explanation for its varied symptomatology. To mitigate vasomotor symptoms, psychological distress, sleep disturbances, and metabolic changes during menopause, each of the six essential factors—Hawa-e-Muheet (Air), MakoolwaMashroob (Food and Drink), Harkat waSukoon-e-Badani (Physical Activity and Repose), Harkat waSukoon-e-Nafsani (Mental Activity and Repose), NaumwaYaqza (Sleep and Wakefulness), and EhtibaswaIstifragh (Retention and Elimination)—offer prescriptive guidelines that exhibit remarkable concordance with evidence-based lifestyle medicine.
Conclusion: For comprehensive menopausal care, the Asbab-e-SittaZarooriyah offers a complex, methodical, and patient-centered framework. Its tenets, which support an integrated approach, are in perfect harmony with contemporary preventive and lifestyle medicine. To empirically evaluate this model's effectiveness and standardize its therapies for broader use, more clinical research is necessary.

Keywords: Asbab e Sitta zarooriyah, menopause, sinn al-yā's, ilaj bid-dawa, ilajbil-ghiza, ilaj bit-tadbeer

Introduction

One year following the total cessation of menstruation is referred to as the menopause, and the years that follow are referred to as the post menopause. Although women who experience their last menstrual period (FMP) are typically 51.5 years old, ovarian failure can cause menstruation to stop at any age. Premature ovarian failure, or cessation before the age of 40, is linked to a higher amount of follicle-stimulating hormone (FSH) and has a variety of causes. Menopausal Transition (MT) is characterized by irregular menstrual cycles that last for a year after the menses permanently stop [1]. Women go through significant changes in both their physical and mental health during this transitional period in their lives. MT usually lasts four to seven years, with an average onset age of 47. The shift from an active reproductive life to an inactive one after menopause is not always easy and is frequently difficult. The menopausal transition is marked by a wide range of symptoms that affect several body systems and frequently interact in intricate and complementary ways. Shorter periods and more irregular bleeding, occasionally punctuated by lengthier cycles, are the hallmarks of the earliest symptoms, which often involve changes in the menstrual rhythm. At the same time, vasomotor symptoms (VMS) including night sweats and hot flashes become distinguishing characteristics.

The cycle of overnight awakenings and daytime exhaustion is disrupted by these, which are closely related to sleep disorders. Many women experience a worsening of pre-menstrual syndrome (PMS), new or heightened depression, irritability, and substantial mood swings, indicating the profound psychological and cognitive impact. These emotional difficulties are often exacerbated by cognitive problems, such as poor memory and focus, which are commonly referred to as "brain fog." Sexual dysfunction is the focal point of a group of symptoms, which are mostly caused by dwindling oestrogen levels. Among these is vaginal dryness, which causes dyspareunia (painful sex) and a corresponding drop in libido. Additionally common are somatic complaints, which include headaches, lightheadedness, palpitations, and breast tenderness or enlargement. A lot of women also complain of back and joint discomfort, which can be made worse by other menopausal symptoms including weight increase. Lastly, dry, itchy skin and urine incontinence are some typical symptoms. When taken as a whole, these symptoms work in concert to significantly lower the quality of life for impacted women.

The Unani framework of *Asbab-e-SittaZarooriyah*, according to this review paper, offers a thorough, all-encompassing approach to treating menopausal symptoms. In order to suggest an integrated strategy to menopausal care, it will examine each of the six crucial elements while contrasting traditional Unani knowledge with current scientific data.

Unani Perspective

Sinn-i-Kahulat (middle age), which is associated with *KhilteSauda* (black bile) and a *BaridYabis* (cold and dry) temperament, is when menstruation usually ends. The body's natural moisture and heat are diminished by an overabundance of black bile at this point, which weakens the body's ability to function as a whole. *Inqiṭa' al-Tamth* often takes place between the ages of 35 and 60, according to Unani scholars [2]. Menstruation often terminates between the ages of 40 and 60, according to Razi. According to Zakariya, this stoppage is brought on by the preponderance of thick humours (*Akhlat*) and *Barid* (cold) around the uterus or its vessels, which are brought on by increased viscosity or blood stagnation [3]. In Unani literature, menopause, also known as *Sinn al-Yā's* or *Iḥtibās al-Ṭamth*, is regarded as a normal time for menstruation to stop due to *sūʾmizāj* (temperamental changes), which are marked by an overabundance of *burūdat* (coldness) and *yabūsat* (dryness) in the body. The physiological processes that occur during *sinn al-kuhūlah* result in a considerable increase in the generation of *khilṭ-i-saudāʾ* (black bile). When these changes happen quickly and coincide with the involvement of *mādda* (morbid matter), the transitional process moves forward quickly and the symptoms become noticeably more severe [4, 5].

What is *AsbabeSittaZarooriyah*?

According to *Unani* terminology, the term "*Asbab*" (cause) describes what starts a certain human state, such as health or illness. By preserving the equilibrium in *Asbab-e-SittaZarooriya*, which directly affects health, *Unani*medicine has greatly contributed to the prevention of diseases. The change in *Mizaj* is the result of an imbalance in these elements.

*Asbab-e-SittaZarooriyah*include six vital factors which are as follows-

1. Hawa-e-Muheet (Atmospheric air)
2. MakoolwaMashroob (Food and drinks)
3. Harkat waSukoon-e-Badani (Physical activity and repose)
4. Harkat waSukoon-e-Nafsani (Mental activity and repose)
5. NaumwaYaqza (Sleep and wakefulness)
6. EhtibaswaIstifragh (Retention and elimination).

Unani Management Strategies

Restoring the unbalanced temperament is the main goal of the Unani method to illness treatment. Therefore, before beginning any treatment, determining the patient's or the damaged organ's *Mizāj* is crucial. The following techniques can be used to manage menopausal symptoms.

- *Ilaj bid-Dawa*
- *Ilajbil-Ghiza*
- *Ilaj bit-Tadbeer*

***IlajBilDawa* [Pharmacotherapy]**

The main strategy for treating Alamat Sinn al-Yas, according to Unani scriptures, focusses on the root causes, which include uterine disorders, irregular menstruation, unbalanced temperament, and environmental and psychological problems. It has been scientifically demonstrated that Unani herbs such *Asgandh, Aslusus, Khar-e-khasak, Tagar, Shuneez, Ustukhuddus, Zafran*, and *majoon-e-Najaḥ* are useful in treating Alamat Sinn al-Yas.These herbs have a number of qualities, including emmenagogue, anti-inflammatory, analgesic, cardioprotective, and neuroprotective [5], which help to alleviate the symptoms of *Sinn al-yas.*

Name/ Purpose	Ingredients	Preparation	Benefits
1. Hormonal Balance powder [*Sufoof*][6]	• *Asgandh* (*Withania somnifera*) - 5g • *Shatavari* (*Asparagus racemosus*) - 5g • *Gul-e-sad-barg*(*Rosa damascena)* - 5g • *Barg-e-TukhmeKasni (Cichorium intybus)* - 5g	Grind all the ingredients separately and mix them evenly. Use 5gms twice a day. For one month.	Balances hormones, reduces internal heat, supports ovarian function Balances hormones, reduces internal heat, supports ovarian function
2. Uterine Tonic Decoction [*Joshanda*][6]	• *Majoon Supari Pak* - 5g with • *TukhmeShatawara* - 5g • *TukhmeBalango(Lallemantiaroyleana*) - 3g • *Ustukhuddus(Lavandula stoechas*) - 2g	Boil in 200 ml water until reduced to 100 ml. Strain and take once or twice daily. For one month.	Uterine tonic, improves menstrual regularity, enhances reproductive health

*Majoon-e-Najah, Majoon-e Suparipak, Habb-e-Mudir, Majoon-e Falafasa, and Khameer-e-Marwarid*are among the Unani formulations that are beneficial in treating neurological disorders, phlegmatic (*Balghami*), and melancholic (*Saudavi*) illnesses [6]. They function by aiding in the removal of waste products from the body and re-

establishing regular physiological processes.

Majoon Najah Composition

Name of the Drug	Scientific Name	Family name	Part used	Dose
Post-e-HalelaZard	*Terminalia chebula Retz.*	*Combretaceae*	Pericarp	50gm
Post-e-Balela	*Terminalia bellerica Retz*	*Combretaceae*	Pericarp	50gm
Aamla	*Emblica officinalis Linn*	*Euphorbiaceae*	Dried fruit	50gm
HalelaSiyah	*Terminalia chebula Retz.*	*Combretaceae*	Unripened fruit	50gm
Turbud	*Operculinaturpethrum Linn*	*Convolvulaceae*	Root	25gm
Bisfayej	*Polypodium vulgare Linn.*	*Polypodiaceae*	Rhizome	25gm
Aftimoon	*CuscutareflexaRoxb.*	*Convolvulaceae*	Dried stem and fruits	25gm
Ustukhuddus	*Lavandula stoechas Linn.*	*Lamiaceae*	Inflorescence	25gm

IlajBilGhiza

The *Unani* philosophy holds that only the body's *haar* and moist components have the nutritious worth of food [7], and that these components are eliminated more quickly than other components. Foods with *haarratabmizāj*, such as *badam* (*Prunus amygdalus*), *narial* (*Coco snucifera*), *pista* (*Pistachia vera*), *kaju* (*Anacardum occidentalis*), *kishmish* (*Vitis vinefera*), *munaqqa* (*Vitis vinefera*), *sabzchana* (*Cicer arietinum*), *angur* (*Vitis vinefera*), *sweet aam*(*Mangifera indica*), sweet kharbuzah (*Cucumis melo*), gajar (*Daucus carota*), *injeer* (Ficus carica), *khajur* (*Phoenix dactilifera*), *taroi* (*Luffa cylindrical*), *palak* (*Spinacea oleracea*), cow and goat milk, sweet curd, jaggery, ghee, butter, and half-boiled egg will all be beneficial [7, 8]. Foods that are stale, salty, astringent, or spicy ought to be avoided. Even though spicy food has a heated *mizāj*, it also burns and dries up *khilt*, which results in *sauda*. Moreover, foods heavy in salt cause the body to feel parched. Foods that are stale, salty, astringent, or spicy ought to be avoided. Even though spicy food has a heated *mizāj*, it also burns and dries up *khilt*, which results in *sauda*. Moreover, foods heavy in salt cause the body to feel parched.

IlajBilTadbeer

It is important to keep people in a temperature-controlled environment that is neither too hot nor too cold. Avoiding excessive physical activity is the best option. *Taweelneend*, or more sleep, and adequate rest will help. Since it will make their dryness worse, *jima* (sexual contact) is harmful for certain kinds of *sue mizāj*. *Riyazatemuskkina* and a little massage will help [9]. A climate-controlled environment that is neither too hot nor too cold should be used to shelter people. It's recommended to stay away from strenuous physical activity. Additional sleep, or *taweelneend*, and adequate rest will be helpful. The *jima* (sexual touch) is harmful for these kinds of *suemizāj* since it will make them drier. You will benefit from a light massage and riyazate*muskkina*. People should use oils like *roghanebanafshan* (Viola odorata), *roghanebadam* (*Prunus amygdalus*), *roghanekaddu*, and others that have *ratab* (wet) qualities all over their bodies. For these persons, *hammam* and *abzan* (sitz bath) are appropriate. Additionally, according to *Al-Qanoon*, *Nutool*, *Hammam*, *Fasd of Rag-e-Safin*, and *Hijamah* are recommended during menopause [4, 5].

Holistic Health Framework in Menopause Care

The holistic health paradigm, according to Unani medicine, places a strong emphasis on integrating the six essential components. It takes into account the person and gives self-empowerment, lifestyle modifications, and preventative care first priority. Holistic approaches to menopausal care may involve dietary modifications, environmental changes, physical and movement therapy, mental and emotional well-being, sleep and wakefulness patterns, and the removal of unpleasant substances from the body. These techniques seek to reduce symptoms while fostering general health and equilibrium.

Hawa-E-Muheet (Environmental Air)

Air is more important than the other six components; without it, life would not be possible. The atmosphere surrounding us is what we mean when we say "air," not the simple (imponderable) element. As an element and a modifying agent, air is a component of our body. In addition to being an element, *Arwah* (pneuma) is a reinforcement that enters our *Arwah* and contributes to its purification. By exchanging air, air fulfils the role of *Ta" adeel-e-Ruh* during inspiration. At the moment of expiration, it also functions as *Tankiya-e-Ruh* [10]. Putrefaction in humour is caused by polluted air. Due to its greater air accessibility than any other humour, it starts with the putrefaction of the heart's humours [11]. To sustain health and carry out physiological processes, the body requires clean, fresh air.[5] A person's health can be impacted by harmful air pollution.

How do the Environment (climate & season) affect the menopausal symptoms?

Although menopause is a very personal experience, outside variables like the weather and seasonal variations can have a big influence on how symptoms manifest. Environmental factors might either exacerbate or lessen your symptoms, which can include mood swings and hot flashes.

Hot Flashes and Heat Sensitivity: Hot flashes can be exacerbated by hot temperatures or excessive humidity, increasing their frequency or intensity. If night sweats become more difficult to control without colder evening temperatures, warmer seasons may also cause sleep disturbances [12].

Cold Weather and Joint Pain: Because of decreasing oestrogen levels, some women have joint stiffness or soreness during menopause, which can be made worse by cold conditions. Wintertime sun deprivation may lower vitamin D levels, which are essential for healthy bones and mood stability [12].

Seasonal Changes and Mood Swings: Mood swings can be made worse by seasonal changes, especially during the shorter winter days when less sunlight can cause seasonal affective disorder (SAD). Milder temperatures in the spring or autumn may alleviate certain symptoms, but they may also introduce allergens that could compromise respiratory comfort [12].

Air Quality and Skin Issues: Menopause-related skin changes, including dryness or sensitivity, might be exacerbated by dry or dirty air. Allergies may be made worse by high pollen counts in the spring or summer, which could aggravate already sensitive skin or eyes [12].

Managing Symptoms in Hot Climates: Make your home space comfortable by using useful ways to treat menopausal symptoms in various settings. Try to stay cool in hot weather by using fans or air conditioning, dressing comfortably in light clothing made of natural materials like cotton, and drinking enough of water throughout the day. In addition to helping your body maintain equilibrium, these actions can lessen hot flashes and nocturnal sweats. Walking or other regular moderate exercise can help reduce joint stiffness that comes with low oestrogen levels in colder climates. Wearing layers that are warm and breathable helps you stay comfortable without overheating [13]. Using moisturizers can help with dry skin, and taking vitamin D can help if you don't receive enough sunlight. Vitamin D helps your mood and bones. Particularly since poor air quality can exacerbate menopausal symptoms including skin sensitivity and irritation, good air quality is important. A humidifier can assist maintain the moisture content of indoor air. Using an air purifier or covering windows during periods of high pollen counts are further ways to lessen allergens. These actions align with Unani's views on clean air and are backed by recent studies that demonstrate how natural settings can reduce stress and anxiety during menopause.

***MakoolwaMashroob* (Food and drinks)**

Foods and beverages are ranked second after air because they are more important than all other factors but less important than air. Because each person is unique in their physical attributes, temperament, age, eating habits, and environment, they must select foods based on their needs. There are three ways that food and beverages affect the human body [14]:

- by their quality alone,
- or simply by their element,
- or by their substance as a whole.

Foods alter the body's condition, quantity, and quality (whether they become hot or cold when they enter the body). In addition to headaches and joint pains, hot flashes and nocturnal sweats are typical during the perimenopause and menopause. Women's concentration declines, and they become more agitated and emotionally unstable. Although, the severity and frequency of these symptoms can vary, lifestyle choices can have an impact on all of them. A comprehensive strategy for maintaining a healthy menopause should include dietary adjustments in addition to adjustments to the physiological processes brought on by the decline in oestrogen levels.40% of women are overweight, and 15% are obese, according to WHO data from 2016. Poor consumption of vegetables and fruits, poor intake of calcium (730 ± 277 mg/day), and high intake of fat (38% of energy) and salt (9.2 g/day in women aged 50-59) are characteristics of unhealthy Western nutrition [15]. Achieving and maintaining a balanced nutritional status can help to greatly lessen and make the symptoms of menopause and perimenopause more bearable. A healthy nutritional status cannot be attained in a single, perfect approach. It has been demonstrated that complex, individualized lifestyle therapy works better than separate therapeutic components. The diet ought to adhere to the principles of a mixed, balanced diet.

Hydration During Menopause A healthy fluid intake is also crucial during menopause, particularly in terms of cellular metabolism and preserving haemostasis at its best. The regulation of heat balance, detoxification, gastrointestinal tract function, mucous membrane moisture, and skin turgor are all crucially dependent on it [15]. The cardiovascular system, as well as fluid and electrolyte balance, are greatly impacted by oestrogen and progesterone. Thirst is also impacted by hormonal changes during menopause, which can significantly reduce fluid consumption. A daily fluid intake of 33 mL/kg is the suggested quantity for each individual and should be spread out equally throughout the day.

Harkat waSukoon-e-Badani (Physical activity and repose)

Physical activity, according to Unani doctors, is necessary to release waste products from the body and activate *hararatghariziya*, or innate energy. Nonetheless, extended exercise of any kind causes the *hararatghariziya* (innate heat) to disperse [4, 16, 17]. In order to alleviate fatigue and reduce body temperature, which damages bodily fluids, rest is required. Excess of both makes the body cold because although mobility reduces the body's natural fluids, rest causes the fluids to grow, which lowers the body's natural energy. Indigestion is alleviated by rest [16, 17]. Exercise prevents sickness if it is done before meals, but it can induce illness if it is done laterl [5].

Physical activity and VMS

The impact of physical activity, typically aerobic exercise and walking, on VMS has been examined in a number of intervention studies [18]. Several of the summarized findings show no effect, one shows a nonsignificant increase in the intensity of hot flashes in the exercisers as compared to the controls, and several show a decrease in the frequency and intensity of VMS [18]. The majority of trials, like the observational studies, do, however, have methodological flaws, such as small sample sizes, nonrandomized designs, poorly defined exercise dosages, and notable follow-up losses.

Harkat waSukoon-e-Nafsani (Mental activity and repose)

The link between psychology and medicine was initially established by *Ibn-e-Sina*, a physician. The body and mind are interdependent because a person's dominant *khilt* and *mizāj* determine their *nafsiyatiawamil*, or psychological aspects. When all of these are overdone, the body becomes dry and weak, the *hararat-e-ghariziyah* is weakened, and the temperament is altered. These psychological states are followed by either a rapid or gradual inner or outward rooh [5, 17]. *Unani* medicine maintains that the human brain and psyche require sufficient rest and stimulation. Anger, anxiety, sadness, and other psychological states have a big impact on a person's health. Globally, wealthy cultures are experiencing a rise in health issues due to stress and depression, which also shortens people's lifespans and causes other health issues. Both mental and physical activities must be in balance to maintain excellent health and prevent numerous physical ailments [19].

Mental Health and Menopause

During a woman's menopausal years, mental health care is essential since menopausal symptoms can cause some disturbance and a drop in wellbeing for most women, which can worsen pre-existing mental health conditions or lead to the development of new ones [20].

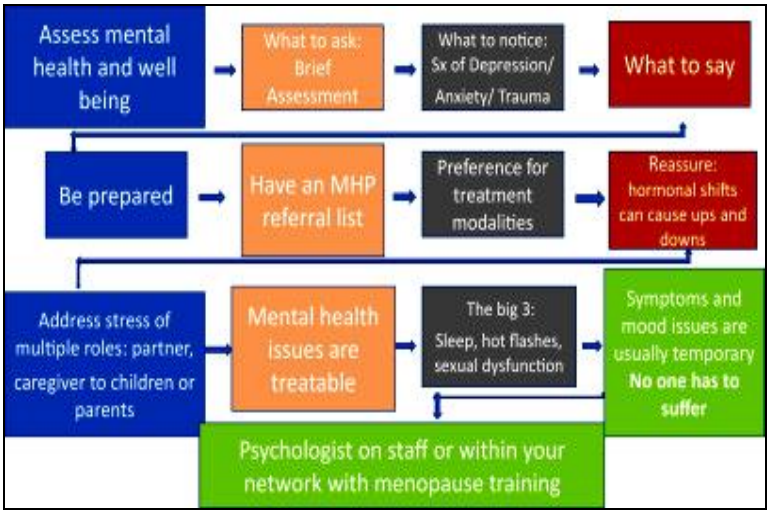
Depressive Disorders: Women are frequently subjected to significant hormone variations during the menstrual cycle, which are roughly ten times higher for oestradiol and over a thousand times higher for progesterone, in contrast to men. The body has receptors for the neuroactive steroids progesterone, oestrogen, and their metabolites. As a result, they can affect mood on multiple levels. In fact, women seem to experience new or recurring mood disorders during periods of sex steroid flux, such as puberty, pregnancy and the postpartum period, and the menopausal transition.

Anxiety [20]

Posttraumatic stress disorder (PTSD) is a term used to characterize a mental condition that arises in reaction to a traumatic event or events. Research suggests that midlife women frequently experience PTSD symptoms and have been exposed to trauma. According to one extensive study, more than 22% of women in their midlife and beyond experienced clinically significant symptoms of PTSD.

Cognition and Attention Deficit Disorder[20]Changes in mood and sleep patterns during the menopause transition can have an impact on cognitive function. Menopause's independent impacts on certain areas of cognitive function, especially verbal learning, memory, and attention

Other mental Health issues: Bipolar disease, schizophrenia, and schizoaffective disorders, etc.



Flowchart: Addressing Mental Health support during menopause.

Naum Wa Yakza (Sleep and Wakefulness)

According to *Majoosi*, sleep benefits *tabi"at* in two ways. The digestion and preparation of *akhlaat*, which results in the introduction of intrinsic heat into the body, comes after the first is repose, both physical and mental. Insufficient sleep results in energy loss, cognitive impairment, and digestive issues. Since the body uses sleep and wakefulness as its primary tools to maintain digestion and activity, they are essential. Sleep deprivation results in a cold temperament, which, in turn, leads to weakness, sluggishness, headaches, and other health problems. A major risk factor, inadequate sleep has also been connected to cardiovascular illnesses, diabetes, obesity, and other health issues. Getting enough good sleep may be just as important for overall health and wellness as proper diet and exercise [11, 19].

Sleep and menopause: Serious sleep issues can have long-term effects on one's physical and emotional well-being, cause chronic exhaustion, and lower quality of life. Menopause-related sleep disruptions were found to be prevalent and substantial in a meta-analysis. The analysis's findings showed that 51.6% of people had sleep problems overall [21]. Adults who don't get the necessary 7-8 hours of sleep each night are more likely to die and experience cardiovascular problems. Leptin resistance, glucose absorption, and calorie intake are all impacted by sleep deprivation. Hunger, food absorption, and metabolism are all impacted by sleep and circadian rhythms. Digestive diseases can potentially be exacerbated by sleep and circadian rhythm disturbances. Melatonin-containing foods have a direct impact on sleep. Sleep is improved by adequate levels of tryptophan, a melatonin precursor. Folic acid, vitamins B6 and B12, magnesium, and zinc are among the vitamins and trace minerals that contribute as cofactors in the synthesis of melatonin [22]. Getting enough of these is also essential for restful sleep.

Ehtibas Wa Istifragh (Retention and Elimination)

Certain advantageous byproducts of metabolism are kept in the organism to preserve a balanced and synchronised tabi. On the other hand, negative ones are ejected. Micturition, faeces, menstruation, diaphoresis, sebum and mucus secretion, and other natural processes are some of the ways that *Tabi'at* eliminates waste. Conversely, beneficial substances ought to be kept in the body since they are necessary for proper nourishment and the appropriate operation of numerous physiological processes. Infection results from abnormal faecal matter retention. Therefore, tabi's job is crucial in proving what should be eliminated or kept.

Discussion

The current analysis highlights the Unani medical framework's tremendous potential in offering a thorough and methodical approach to the holistic management of menopause, particularly the philosophy of *Asbab-e-SittaZarooriyah* (The Six Essential Factors). According to our investigation, this ancient paradigm offers a systematic, comprehensive model whose tenets exhibit striking agreement with our current understanding of biomedicine. This synergy implies that using this framework could fill the gaps in the present menopausal care strategy, which is primarily symptom-focused.

The etiological perspective of the model is its fundamental strength. It reinterprets the many menopausal symptoms as signs of a systemic *sūʾ al-mizāj* (morbid temperament), particularly a change towards *BaridYabis* (cold and dry) as a result of the preponderance of *Khilṭ-i-saudāʾ* (black bile).By using the idea of *yabūsat* to link vaginal dryness, dry skin, and cognitive "brain fog" and by associating exhaustion with a decrease in *Hararat-e-Ghariziyah* (innate heat), this offers a cohesive explanation for symptoms that appear to be unrelated.

Crucially, this analysis finds a strong correlation between evidence-based lifestyle medicine and the recommendations for each of the six factors:

Hawa-e-Muheet (Environmental Air): Current studies that correlate elevated ambient temperatures to worsened hot flashes and poor air quality to elevated systemic inflammation lend credence to the Unani emphasis on a calm, unpolluted atmosphere.

MakoolwaMashroob (Food and Drink): Foods like *Badam* (almonds) and *Injeer* (figs) are recommended as *HaarRatab* (moistening) to combat dryness; this recommendation has been scientifically supported. These foods immediately address current concerns about bone health and urogenital atrophy since they are abundant in phytoestrogens and important fatty acids.

Harkat waSukoon-e-Badani (Physical Activity & Repose): Since the quality of exercise is crucial for boosting metabolism without exhausting essential fluids, the suggestion for *RiyazateMuskkina* (moderate exercise) provides a tenable explanation for the conflicting clinical trial findings on VMS.

Harkat waSukoon-e-Nafsani (**Mental Activity & Repose**)**:** The Unani understanding of the mind-body connection provides a solid foundation for the high incidence of mood disorders and cognitive problems during the hormonal flux of menopause by framing mental health as a crucial component of physiological change.

Nam waYaqza (**Sleep and Wakefulness**)**:** The current finding that over 51% of menopausal women have sleep difficulties is directly consistent with the Unani view that sleep (*Taweelneend*) is essential for digestion and the preservation of natural vitality. Getting enough sleep is recommended as a direct treatment for a major complaint linked to fatigue, difficulty concentrating, and metabolic dysregulation, which includes weight gain and glucose intolerance.

EhtibaswaIstifragh (**Retention and Elimination**) addresses one of the essential elements of physiological homeostasis. The Unani notion of regular elimination to prevent the accumulation of diseased matter (*mādda*) is congruent with modern medicine's understanding of the gut-brain axis, the role of detoxification pathways in hormone metabolism, and the systemic implications of prolonged constipation. Proper clearance is necessary to prevent autotoxicity, which can exacerbate the metabolic burden and inflammation after a significant hormonal shift.

Ilaj-bid-Dawa (Pharmacotherapy) in Context

In situations where lifestyle regulation of the *Asbab* is inadequate, the Unani pharmacopoeia, which includes formulations such as *Majoon-e-Najah*, should be considered a targeted intervention for rectifying severe humoral imbalances. Ingredients like *Asgandh* (*Withania somnifera*) have been shown to have neuroprotective and anti-inflammatory qualities, which give them a scientific foundation for use and establish them as useful adjuvants in a comprehensive therapy strategy.

Implications for Research and Practice

In clinical practice, this concept empowers both patients and practitioners. By providing a methodical and thorough checklist of six variables, it converts the reactive approach into a proactive, empowered, and preventative one. To turn this promise into evidence-based practice, future research must bridge the gap between accepted knowledge and current scientific validation.

- Priority one should be given to developing strong clinical studies that evaluate the efficacy of the full *Asbab-e-SittaZarooriyah*-based intervention procedure in comparison to standard care.
- Investigating the physiological impacts of Unani principles through mechanistic study, such as how a *HaarRatab* diet affects inflammatory and autonomic biomarkers.
- Ensuring the quality, safety, and repeatability of traditional Unani formulations by standardizing and profiling them using pharmacological and phytochemical research.

Conclusion

In conclusion, the *Unani* concept of *Asbab-e-SittaZarooriyah* offers a sophisticated and highly useful framework for all-encompassing menopausal treatment. Its capacity to provide a unique etiological perspective while integrating seamlessly with contemporary ideas of lifestyle medicine makes it a valuable tool in the quest for more comprehensive and patient-centered healthcare solutions. Further scientific investigation and validation of this integrative paradigm could significantly advance the field of alternative and traditional medicine.

Conflict of Interest
Not available.

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