



Dietotherapy (*Ilāj bi'l Taghdhiya*) in the Management of Common Lifestyle Diseases: A Unani Perspective

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Abstract: Lifestyle diseases, or non-communicable diseases (NCDs), represent a significant global health burden. These diseases are primarily associated with modifiable behavioural risk factors, including poor dietary habits, sedentary lifestyles, and the consumption of alcohol and tobacco. Common lifestyle-related conditions include diabetes mellitus, hypertension, and obesity. In the Unani system of medicine, health is maintained through the balance of six essential factors (*Asbāb Sitta Darūriyya*), among which Food and drinks (*Ma'kulāt-o-Mashrūbāt*) play a critical role. *Ilāj bi'l Taghdhiya* (dietotherapy), a component of *Ilāj bi'l Tadbīr* (regimenal therapy), emphasizes therapeutic dietary interventions for disease management and prevention. This review highlights the application of dietotherapy in the Unani system for the management of prevalent lifestyle disorders such as diabetes mellitus, hypertension, and obesity.

Keywords: Diabetes mellitus, dietotherapy, *Ilāj bi'l Taghdhiya*, hypertension, obesity, lifestyle diseases, Unani medicine.

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1. INTRODUCTION

Lifestyle diseases are characterized by their association with daily habits and behavioural patterns. These diseases, classified as non-communicable, are not transmissible between individuals and are typically caused by unhealthy diet, physical inactivity, stress, alcohol consumption, and tobacco use. The major lifestyle disorders include diabetes mellitus, hypertension, and obesity. According to WHO estimates (2016), NCDs account for 63% of global deaths, a figure projected to rise. In India, the contribution of NCDs to the disease burden rose from 30% (1990) to 55% (2016), and mortality from NCDs increased from 37% to 62% during the same period [1].

In the Unani system of medicine, health is preserved by maintaining the balance of six essential principles known as *Asbāb Sitta Darūriyya*: *Hawā'* (air), *Ma'kulāt-o-Mashrūbāt* (food and drink), *Haraka wa'l Sukūn al-Badanī* (bodily movement and rest), *Haraka wa'l Sukūn al-Nafsānī* (psychic movement and rest), *Nawm wa'l Yaqza* (sleep and wakefulness), and *Ihtibās wa'l Istifrāgh* (retention and excretion) [2]. Any long-term disruption in these elements may lead to the development of lifestyle disorders.

The Unani therapeutic framework encompasses three primary modes: *Ilāj bi'l Tadbīr* (regimenal therapy), *Ilāj bi'l Dawā'* (pharmacotherapy), and *Ilāj bi'l Yad* (surgical intervention). *Ilāj bi'l Taghdhiya* (dietotherapy) falls under regimenal therapy and constitutes a pivotal

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intervention modality [3]. It involves the regulation and modification of dietary patterns to prevent or manage disease. Both classical Unani and modern medicine recognize the foundational role of diet in the etiology and treatment of lifestyle diseases.

2. Dietotherapy in Diabetes Mellitus

Diabetes mellitus (DM) is a metabolic disorder characterized by chronic hyperglycaemia due to defects in insulin secretion, insulin action, or both. It is classified into Type 1 (T1DM) and Type 2 (T2DM). T1DM is primarily autoimmune-mediated, leading to pancreatic β -cell destruction, while T2DM is often linked to insulin resistance and is closely associated with lifestyle factors [4].

The global prevalence of diabetes in 2019 was 9.3% (463 million people), projected to rise to 10.9% by 2045 [5]. In Unani medicine, diabetes is termed *Dhiyābītus Shakri*, described as the immediate passage of water through the kidneys post-consumption, as in to *Zalq al-Mi'da wa'l Am'ā'* (irritable bowel syndrome) [6].

Unani scholars recommend dietary interventions based on etiological understanding. For instance, in cases where renal heat derangement (*Sū'-i-Mizāj Hārr*) is implicated, cooling, moistening, and thirst-quenching foods (e.g., milk, cucumber juice, whey) are prescribed. In renal weakness (*Du'f-i-Kulya*), tonics for kidney strengthening are advised [7].

Recommended Diets (Unani Sources):

- Non-sugar, low-carb items: *Sharbat ghura*, wheat bran bread, bottle gourd, cucumber, etc [8]
- Juices: *Mā' al-Khiyār*, *Mā' al-Sha'īr*, *Āb-i-Khurfa*, sour pomegranate juice [8-11]
- Others: Whey, buttermilk, yogurt, psyllium husk infusion, and cold environments [9, 10]

To Avoid:

- Sugary, spicy, salty dishes, excessive exertion, and sexual activity [9].

3. Dietotherapy in Hypertension

Hypertension is a major cardiovascular risk factor, with a systolic BP ≥ 130 mmHg or diastolic BP ≥ 80 mmHg. It contributes significantly to the burden of ischemic heart disease, heart failure, stroke, and renal impairment [12].

In Unani literature, blood pressure is termed *Zaghta-i-Damawī*, with conditions resembling hypertension referred to as *Zaghtuddam Qawī* or *Imtilā'*, meaning fluid congestion or over-accumulation in the body [13].

Dietary Recommendations in Unani Medicine:

- *Taqīl-i-Ghidhā'*: Increased bulk, low-calorie diets (vegetables, fruits)
- *Al-Ghidhā' al-Mufarrigh*: Diuretic foods (e.g., coriander, cumin, carrots)
- *Al-Ghidhā' al-Mulaṭṭif*: Blood-thinning items (e.g., honey, figs, pistachio)
- Sodium restriction: $<2\text{g/day}$; potassium $>3.5\text{g/day}^{13}$

Useful Herbs (as per Unani literature): Lehsun (*Allium sativum*), Kalonji (*Nigella sativa*), Zeera Siyah (*Carum carvi*), Kishniz (*Coriandrum sativum*), Gajar (*Daucus carota*) [14, 15].

DASH Diet:

The DASH (Dietary Approaches to Stop Hypertension) regimen promotes intake of fruits, vegetables, legumes, and low-fat dairy while reducing red meat and sugar. It significantly reduces systolic and diastolic BP [2].

4. Dietotherapy in Obesity

Obesity results from an imbalance between caloric intake and energy expenditure, leading to excess adipose tissue accumulation. Contributing factors include endocrinopathies, sedentary lifestyle, high-calorie diets, and certain medications [16].

In Unani medicine, obesity is referred to as *Simān Mufrit*, attributed to a phlegmatic temperament (*Bārid wa Raṭb*) and excessive food intake. The therapeutic goal is to restore the balance through dietary and lifestyle modifications [16].

Recommended Diets (Unani):

- *Hārr Yābis* (hot and dry) and *Mulaṭṭif* foods (e.g., garlic, leeks, vinegar) [7].
- Dry, salty, and spicy diets (if not hypertensive) [9].
- Low-calorie meals, hot water, and husk-based barley bread [9]

Unani Medicinal Substances with Anti-Obesity Effects:

- *Darchini* (*Cinnamomum zeylanicum*), *Marzanjoosh* (*Origanum majorana*), *Zeera Siyah*, *Ajwain*, *Badiyan*, *Zanjabeel*, *Filfil Siyah*, *Hulba*, *Muqil*, *Sirka*, *Lehsun*, and *Piyaz* [16, 17].

5. CONCLUSION

Lifestyle diseases are multifactorial and arise from prolonged exposure to unhealthy habits and environmental triggers. Diet plays a central role in both the pathogenesis and management of these conditions. In the Unani system, dietotherapy offers a holistic and individualized approach to prevention

and treatment. By adopting balanced dietary practices tailored to one's temperament (*Mizāj*), individuals can significantly reduce the risk of NCDs such as diabetes mellitus, hypertension, and obesity.

REFERENCES

1. Sahu S, Kumar S, Nagtode NR, Sahu M. (2024) "The burden of lifestyle diseases and their impact on health service in India"-A narrative review. J Family Med Prim Care.13(5):1612-1619. doi: 10.4103/jfmpc.jfmpc_693_23. Epub 2024 May 24. PMID: 38948597; PMCID: PMC11213448.
2. Mir RA, Azeez A, Zehra F, Ansari. (2024) AN ROLE OF DIETOTHERAPY IN LIFESTYLE DISORDERS: BOTH CONVENTIONAL AND UNANI SYSTEM OF MEDICINE PERSPECTIVE. International Journal of Recent Scientific Research. 15(07),4848-4852.
3. Bashir F, Akhtar J.(2018) ILAJ BIL GHIZA (DIETOTHERAPY) IN UNANI SYSTEM OF MEDICINE- AN APPRAISAL ejpmr, 5(12), 582-588.
4. Sapra A, Bhandari P. Diabetes. [Updated 2023 Jun 21]. Publishing; 2025 Jan, In: StatPearls [Internet]. Treasure Island (FL): StatPearls. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK551501/>
5. Saeedi P, Petersohn I, Salpea P, Malanda B, Karuranga S, Unwin N, Colagiuri S, Guariguata L, Motala AA, Ogurtsova K, Shaw JE.(2019). Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas. Diabetes research and clinical practice.1;157:107843.
6. Abdul W, Abdul H A, Tanwir A, Aisha P, Nafis I.(2014). Concept of diabetes in unani system of medicine: an overview. Medical Journal of Islamic World Academy of Sciences. 117-122.
7. Shahid Iqbal (2018). "Dietary Recommendations in Different Stages of Life and Lifestyle Disorders - A Study in Unani Perspective" Dissertation submitted to the Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore, in Tahaffuzi wa Samaji Tib (Preventive and Social Medicine).
8. Kabeeruddin H. Sharah Asbab. Vol. 3, Faisal Publications, Lahore; p.44,45,46.
9. Anonymous (2025). Standard Treatment Guidelines On Management Of Metabolic Disorders In Unani System Of Medicine. Ayush Vertical, Directorate General of Health Services, New Delhi. 9,96.
10. Khan A.(2011). Akseer-e-Azam (Urdu translation by Kabeeruddin M). New Delhi: Idarah Kitab-us-Shifa, 707.
11. Ibn Hubal. *Kitab al-Mukhtaratfi'l-Tibb*. Vol. III. CCRUM, New Delhi.610 H.; 327.
12. Aljuraiban GS, Gibson R, Chan DS, Van Horn L, Chan Q.(2024). The role of diet in the prevention of hypertension and management of blood pressure: An umbrella review of meta-analyses of interventional and observational studies. Advances in Nutrition. 15(1):100123.
13. Husain B, Nayab M, Begum M.(2024). Concept of hypertension in Unani system of medicine: A comprehensive review. International Journal of Research Publication and Reviews. 5(7):863-9.
14. Abid M, Khan S, Khan N, Nazli T, Sajid M.(2021). Concept of Zaght al-Dam-Qawi (Hypertension) and its management modalities in unani system of medicine. J Integr Community Heal (ISSN 2319-9113).10:11-6.
15. Jurjani AH.(1903). Zakhira Khowarezam Shahi. Part 1 (Urdu translation). Lucknow: Matba Munshi Naval Kishore. 24-25.
16. Ziaur Rahman, *et al*.(2025). "Natural Agents Used for the Management of Obesity in the Traditional Unani System of Medicine: A Comprehensive Review". *Acta Scientific Medical Sciences*.114-126.
17. Khan MN, Zaidi SM, Ahmad E.(2025). Herbal Interventions for Obesity: A Review of Unani Medicinal Herbs. Alternative Therapies in Health & Medicine. 31(3).