

## Review Article

# Concept of obesity in Unani medicine: historical perspectives, etiology, pathophysiology and therapeutic approaches

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### ABSTRACT

Obesity is a chronic lifestyle disease caused by unhealthy dietary habits and inadequate exercise, remains a significant public health concern due to its widespread occurrence. This article explained obesity from both the Unani system of medicine and contemporary medical perspectives. The aim of this research is to bring together traditional and modern perspective to comprehensive understanding of obesity. A comprehensive literature review was conducted, to explore the historical context, etiopathogenesis, risk factors, signs, symptoms, complication and management strategies of obesity through the analyzing of authentic text books and manuscripts of Unani and contemporary scientific research. A search was conducted on Google Scholar, Sci Hub, PubMed and Scopus, using keywords such as Obesity, *Mizāj*, Temperament, *Sū'-i-Mizāj*, and *Farbahi*. This review found that imbalanced in diet and physical activity leads to *Sū'-i-Mizāj Barid*, which is responsible for obesity. The detailed concept of obesity as per both Modern and Unani perspectives have been described. Additionally, the therapeutic measures of obesity with reference to the Unani concept also mentioned that may play a pivotal role in the prevention and management of obesity. Both approaches emphasize the importance of dietary habits, physical activity and other factors related with obesity. By combining traditional and contemporary understandings, potential combinations of methods may provide more thorough and efficient ways for managing obesity. Focusing on natural remedies and lifestyle changes in Unani medicine offers a viable path for future research and treatment strategies.

**Keywords:** *Farbahi*, Lifestyle diseases, *Mizāj*, Obesity, *Sū'-i-Mizāj*, Temperament

### INTRODUCTION

Obesity is derived from the Latin word “*obedere*” which means “very fat”.<sup>1</sup> The World Health Organization (WHO) defined obesity and overweight as abnormal or excessive body fat accumulation can increase health risk. Obesity is a state of the body in which excess fat accumulation will cause adverse effect on health.<sup>2</sup> It is a complex and multifaceted public health issue that has reached epidemic proportions worldwide. According to WHO, the proportion of children and adolescents aged 5 to 19 who are obese increased fourfold from 2% to 8% while the proportion of adults aged 18 and older who are obese more

than doubled from 7% to 16% between 1990 and 2022.<sup>3</sup> A woman is considered obese if her body fat percentage is higher than 30 percent. The cut-off value for body fat content is slightly lower (20 to 25 percent) for men. This distinction happens because women typically have a higher amount of fat relative to total body weight than men.<sup>4,5</sup> Modern lifestyles characterized by high-calorie diets and sedentary behavior play a pivotal role in the rising obesity rates.<sup>4,6</sup> This alarming trend poses significant health risks, including increased susceptibility to chronic diseases such as type 2 diabetes, cardiovascular disease, and certain cancers.<sup>4</sup> Moreover, the economic

burden of obesity-related health issues is extremely high and puts a burden on healthcare systems around the world.

Ancient Unani physicians have frequently discussed about certain disease conditions and how lifestyle choices can cause them.<sup>7,8</sup> Any person can be affected by these diseases if he consistently disobeys the factors that are not compatible with his temperament and regularly practices sedentary lifestyle. The body's temperament alters from moderate to immoderate as a result of poor management of diet and exercise, which generally results *Sū'-i-Mizāj Bārid* (coldness of temperament).<sup>7,9</sup> Therefore, the risk of developing all those conditions and diseases produced due to coldness. Obesity is the most common in terms of occurrence of all cold diseases because *Burūdat* (coldness) is essential for fat accumulation in the body as per Unani concept.<sup>7,9,10</sup>

Therefore, our physicians have said that it is not good to be overweight or obese.<sup>10</sup> Obesity has been mentioned under the name of *Farbahi* or *Siman Mufrīṭ* in Unani literature.<sup>9,11,12</sup> It is clearly stated in Unani books that the temperament of obese people is cold.<sup>9,11,13</sup> However, obesity is considered today as a disease of the 21st century. Because of the changes in the modern era, people are away from physical labor and healthy food. These two issues are among the main causes of obesity. That is why most of the people are suffering from obesity in our era.<sup>14,15</sup>

## HISTORICAL BACKGROUND

Ancient Unani scholars described obesity and its bad effects very comprehensively.

*Buqrāt* (Hippocrates 460-377 BC), was the first person according to Unani medicine who provided a thorough description of obesity in his well-known book "*kitāb al-Fuṣūl-i-Buqrāṭiyya*". He was also the first physician to recognize the risks associated with obesity. He says that, 'sudden death is more common in those who are fatty than in the lean'. He described the energy balance equation correctly. According to him, consuming more food than its utilization without proper physical activities or exercise to burn off the excess calories is highly harmful to health.<sup>1,15,16</sup>

*Arastu* (Aristotle 384-322 BC) stated that obese humans and animals produced less semen, which decreases the chance of bearing children. In the same way, large trees usually produce fewer fruits, because their diet is more utilized by branches than stem of the tree.<sup>8</sup>

*Jālīnūs* (Galen 129-216 AD) a roman physician, who lived approximately 500 years after Hippocrates was the first person to distinguish between moderate and immoderate forms of obesity. He was the first person to described and treat morbid obesity with scientific methods. He asserted that the excess of "*Khilṭ Fāsīd*" (Abnormal Humours) in the body causes obesity. He also introduced effective methods of treating obesity, including dietary

modifications, physical activity, and medications those are practicing even today. Galen gave advised to adopt *Tadbīr-i-Mulattif* for fatty individual which is very beneficial to dissolve the fat from the body.<sup>7,17</sup>

*Abū al-Ḥasan Rabban Ṭabarī* (838-870 AD) discussed etiology of obesity in his well-known book *Firdaws al-Ḥikma*. He highlighted that the two main causes of obesity are excess eating and sedentary lifestyle.<sup>8</sup>

*Zakariyyā Rāzī* (850-923 AD) stated in his books *Kitāb al-Ḥāwī fi'l Tibb* and *Kitāb al-Manṣūrī* that oily food is responsible for obesity. Based on his personal experience, he also discussed specific treatments for obesity, such as '*llāj bi'l Ghidhā*' (dieto-therapy), '*llāj bi'l Dawā*' (pharmacotherapy) and lifestyle changes which is comes under *llāj bi'l Tadbīr*' (regimenal therapy).<sup>13</sup>

*Abū Sahl Masīḥī* (1010 AD) stated in his book *Kitāb al-Mī'a* that obesity is of two types in which one is due to congenital cold temperament and another one is due to acquired cold temperament which acquired from use of cold regimens for a long time. He also described that how to differentiate it.<sup>18</sup>

*Ibn Sīnā* (980-1037 AD) explained the causes and consequences of excessive obesity in his famous book *Kitāb al-Qanoon fi Tib*. He asserted the most crucial strategy for treating obesity is the *Taqīl-i-Ghidhā* (reduction in food intake).<sup>9</sup>

*Ibn Hubal Baghdādī* (1121-1213 AD) mentioned in his book *kitāb al-Mukhtārāt fi'l Tibb* that obese people are more likely to become sick than lean people. He discussed the importance of strenuous exercise. He also describes the management of obesity.<sup>19</sup>

*Ibn Naḥs* (1210-1288 AD) described the link between extreme obesity and endocrine, respiratory, and cardiovascular diseases as well as cerebrovascular disorders. He mentioned a special type of obesity in which the person is obese from his birth and known as congenital obesity. He recognized that they are usually cold-tempered, thin vesselled, sub-fertile, unable to deal with thirst or hunger and most of the interventions (drugs) hardly reach their organs due to narrow vessels.<sup>11</sup>

*Īsmāīl Jurjānī* (12<sup>th</sup> century AD) explained the causes, complications and management of obesity in the eighth volume of *Dhakhīra Khwārizm Shāhī*. He focused both on diet and lifestyle modifications as well as drug therapy for the treatment of obesity.<sup>12</sup>

*Dā'ūd Anṭākī* (1541-1599 AD) mentioned complications and treatment of obesity in his book *Tadhkira 'Ūlī al-Albāb* and defined it as is proved, that sense of balance is better in every object. In the context of human body too, moderate condition is good between obesity and leanness.<sup>17</sup>

## DEFINITION OF OBESITY

Obesity is characterized by the abnormal accumulation of adipose tissue. It is defined as an accumulation of excess body fat to extent that may impair health.<sup>4</sup> It is a key risk factor for a number of diseases including diabetes and cardiovascular diseases (CVDs).<sup>14,20</sup> BMI is a simple measure of weight in relation to height, often used to categorize individuals as underweight, overweight and obesity. It is defined as the weight in kilograms divided by square of height in meters. A person is considered obese if their BMI is greater than 30 kg/m<sup>2</sup> and overweight if it falls between 25 and 29.9 kg/m<sup>2</sup>.<sup>4,21</sup>

According to Unani medicine, obesity (*Farbahi*) is an abnormal condition characterized by an excess accumulation of fat in the body, which leads to an abnormal increase in weight and size.<sup>22</sup> According to the ancient physicians, this is an abnormal condition because the functions of the body are affected due to obesity which may lead to various other disorders.<sup>9,13</sup> Such as physical movements become difficult and limited, as a result of which the wastes material cannot be completely removed from the body and there is an excess of waste material in the body which suppress the *Ḥarārat Gharīziyya* (innate heat), the most essential tool of *Ṭabī'at* (Physis) for the execution of different body functions. As a result, it may lead to various diseases which are known as *Māddī Amrād* (Materialistic diseases) in Unani medicine.<sup>9,22-24</sup>

### Synonyms

Unani scholars used different terms for obesity in their treatises: *Siman Mufrit*, *Farbahi*, *Ifrāt-i-farbahi* and *Motapa*.<sup>9-11,25</sup>

### Prevalence of obesity

The global epidemic of overweight and obesity referred as “globesity” has already become a major global public health concern. Obesity epidemic and being overweight significantly decrease in quality of life and life expectancy, while also exacerbating economic challenges in provision of health care. Many developing countries are experiencing a change in nutritional patterns characterized by the rise in case of overweight and obesity whereas, the fall in cases of nutritional deficiencies.<sup>26</sup> According to the statistics form 2016, around 800 million people worldwide are obese in which 670 million adults and 120 million children and adolescents. This number is still increasing. According to WHO, it is projected that by 2025, around 167 million more people (adults and children) will experience negative health effects due to being overweight or obese. Obesity more prevalent in developed then developing countries.<sup>27,28</sup> In India, over 135 million people are affected by obesity with its prevalence influenced by factors such as age, gender, geographical environment, socio-economic status, etc. According to ICMR-INDIA study 2015, prevalence rate of obesity and central obesity varies from 11.8% to 31.3% and 16.9–36.3% respectively.

In India, abdominal obesity is a significant risk factor for cardiovascular disease (CVDs). Numerous studies indicate that the rate of obesity is significantly higher among women compared to men. Obesity is one of the main medical and financial burdens for the government.<sup>29</sup>

## CLASSIFICATION

### Classification of obesity as per modern medicine

The modern classification of obesity has been summarized in the Table 1.

### Classification of obesity as per Unani literature

*Farbahi* is an “Arabic” word which is derived from *Farba*. According to *Feroz al-Lughat Urdu* dictionary the meaning of the word *Farba* is a healthy firm body. On this basis, *Farba* is actually an increase in the body, which can be in length, width, or both.<sup>22,35</sup> However, obesity is only the name given for fat accumulation, which is not similar to *Farbahi*. That’s why Unani physician classified *Farbahi* into two types.

One is due to excess of *Laḥmiyat* (muscle mass). According to Unani physician the main cause of production of muscle is *Ḥarārat* and *Ruṭūbat*. *Ḥarārat* is active cause whereas *Ruṭūbat* is *Māddī* cause for production of muscles. Temperament of the person who is overweight due to excess of muscle mass is *Ḥārr-Raṭb*. It is the normal condition in which body remains healthy.

Second type of obesity occurs due to excess of *Shahm* (fat). According to Unani physician the main cause of production of fat is *Burūdat* and *Ruṭūbat*. *Burūdat* is active cause whereas *Ruṭūbat* is *Māddī* cause for it. That’s why accumulation of fat is more common in cold tempered persons. *Ibn Naḥfīs* stated as it is an abnormal condition of the body. Actually, this type of *Farbahi* is similar to obesity due to characteristic of fat accumulation. Temperament of the person who is obese due to excess of fat is *Bārid -Raṭb*.<sup>36,37</sup>

As mentioned above the active and main cause of obesity is coldness of body temperament. So, there are two basic types and coldness of *Mizāj*. Based on that two types of obesity have been described by ancient scholars i.e. *Ibn Sīnā*, *Jālīnūs*, and *Abū Sahl Masīhī*.

### Congenital coldness of Mizāj

In this type, obesity is caused by congenital cold temperament which is inherited from the parents to their offspring. Individual with this temperament are prone to obesity even with slight imbalances in diet and physical activity. According to Unani physicians such individuals are identify by weak bodies, narrow vessels and inadequate blood supply. Due to this blood shortage, they find it difficult to endure hunger and often feel weak when they are hungry.

**Table 1: Modern classification of obesity.**

| Based on fat distribution <sup>30-32</sup>   | Based on BMI <sup>4,33,34</sup>   | New classification of obesity <sup>31</sup>  |
|--|---|--|
| <b>Generalized obesity:</b> excess fat distributed uniformly over the body   | <b>Pre-obese/overweight:</b> BMI-25.0-29.9, mild risk for co-morbidities  | <b>Normal weight obese (NWO):</b> a new concept of NWO has been proposed. NWO individuals have a normal BMI (18.5-24.9 kg/m <sup>2</sup> ) and the highest body fat percentage (men $\geq$ 23.5%, women $\geq$ 29.2%).   |
| <b>Android obesity:</b> excessive fat deposition around the trunk and usually upper side of the body that lead to make a shape of apple like   | <b>Obesity class 1:</b> BMI-30.0-34.9, moderate risk for co-morbidities   | <b>Metabolically obese normal weight (MONW):</b> MONW individuals defined as metabolically unhealthy weight (MUNW) have normal weights and normal BMIs who possess a cluster of metabolic characteristics that may raise their risk of developing MetS.  |
| <b>Gynoid obesity:</b> excessive fat deposition on the hips and thighs. People may have a pear-shaped appearance due to this distribution.   | <b>Obesity class 2:</b> BMI-35.0-39.9, severe risk for co-morbidities     | <b>Metabolically healthy obese (MHO):</b> MHO defined as a person can have an obese phenotype even in the absence of any metabolic abnormalities. Despite having an excess of body fat, MHO individuals have a healthy metabolic profile   |
| <b>Superior or central type of obesity:</b> excessive fat deposition over the face, neck, and upper portion of the trunk along with thin limbs is known as superior or central type of obesity | <b>Obesity class 3:</b> BMI-above 40, very severe risk for co-morbidities | <b>Metabolically unhealthy obese (MUO) or “at risk” obese:</b> obese individuals have a BMI of 30 kg/m <sup>2</sup> or higher and a percentage body fat (PBF) greater than 30%, which are strongly associated with the development of MS, type 2 DM, and atherosclerotic cardiovascular diseases |

### *Acquired coldness of Mizāj*

In this type, obesity is due to acquired cold temperament or cold dys-temperament. This temperament occurs due to influence of factors which result in excess of coldness in the body such as poor management of diet, overeating of unhealthy food, junk food, oily and cold food items, physically inactive and sedentary lifestyle. According to Unani Physicians this type of obesity is identified by dilated vessels and sufficient blood supply that making it easier for them to endure hunger.<sup>18,36,38,39</sup>

### *Causative factors for obesity*

Obesity is a complex condition with a multifactorial etiology involving both genetic and environmental factors. However, the current rise in obesity is undoubtedly related to environmental factors, i.e., simple availability of high-energy food combined with a significant decrease in physical activity that has defined human existence until recently. Thus, the common cause of obesity is a long-term energy imbalance between too many calories consumed and too few calories expended.<sup>15,40,41</sup>

### *Energy balance*

The term “energy” refers to “calories.” The balance between the calories consumed through eating and drinking and burned through physical activity is known as energy balance. Certain amounts of calories are burned through breathing air and breaking down food. Additionally, burn a specific amount of calorie (energy expenditure) from daily activities. Children burn calories

simply by walking, carrying books, and other school-related activities, while adults burn calories by walking to the bus stop, shopping, and other activities. Weight remains constant when energy intake and expenditure are equal. More energy intake than energy expenditure leads to weight gain/obesity. More energy expenditure than energy consumption leads to weight loss.<sup>40,42-44</sup>

### *Increased energy consumption or excessive eating*

Eating habits develop very early in childhood, such as the taste for sweets, junk food and fats, or eating in between meals. The amount of energy derived from food, the frequency of eating, and the type of diet all have a significant role in the etiology of obesity. Diets rich in high-calorie, low-nutrient foods, such as those high in added sugars and fats, can contribute to weight gain. The major contributor for excess accumulation of fat in the body is the excess consumption of food that contains refined sugar, carbohydrates, and excess fatty acids. Moreover, the calories mostly consumed in the form of liquid calories from soft drinks and sweetened beverages. However, the impact on obesity from the liquid calories consumed from soft drinks and sweetened beverages are greater than that from solid foods.<sup>45,46</sup>

### *Decreased energy expenditure or physical inactivity*

Decreased physical inactivity is a significant contributor to the development and exacerbation of obesity. A sedentary lifestyle refers to a lack of regular physical activity. Modern living often involves prolonged periods of sitting or engaging in activities with minimal energy expenditure,

such as desk jobs, extended screen time, or commuting by car. Urbanization, technological advancements, and changes in transportation and work patterns contribute to reduced physical activity levels. Moreover, Women reported higher rates of insufficient physical activity than males (74.8 and 66.8%, respectively). Insufficient physical activity reduces the overall number of calories burned.<sup>14,40,46-48</sup>

**Other causes**

The other causes for obesity are endocrine diseases, neurological disorders, medications and hypothalamic damage (due to trauma or tumor) are other causes of obesity. Some of the following endocrinopathies are linked to obesity: polycystic ovarian syndrome, hypothyroidism, and Cushing's syndrome, growth hormone insufficiency, male hypogonadism, insulinoma, craniopharyngioma, Stein-Leventhal syndrome and Turner's syndrome.<sup>4,28,42</sup>

**Causes of obesity as per Unani medicine**

As per Modern medicine, the primary cause of obesity is an energy imbalance, where calorie consumption exceeds than calorie expenditure.<sup>4,14,40,44</sup> This concept was also described by Unani physicians long ago. *Zakariyyā Rāzī* and *Majūsī* explains that consuming food in excess of what is required to replenish the body's dissolved constituents promotes growth. However, exceeding this necessary amount can lead to obesity.<sup>49</sup> In simple words, if food (*Ghidhā*) is consumed in excess of the body's dissolution (*Tahallal*), obesity occurs. Conversely, if food is less than the dissolution, it leads to weakness or leanness. (Figure 1) When the consumption of food equals the dissolution, the body maintains a healthy state.<sup>7</sup> That's why excessive eating and physical inactivity are the key factors for obesity because these factors increase the coldness in the *Mizāj* of the body. After a long time, this coldness converts into *Sū'-i-Mizāj Barid* (cold dys-temperament).

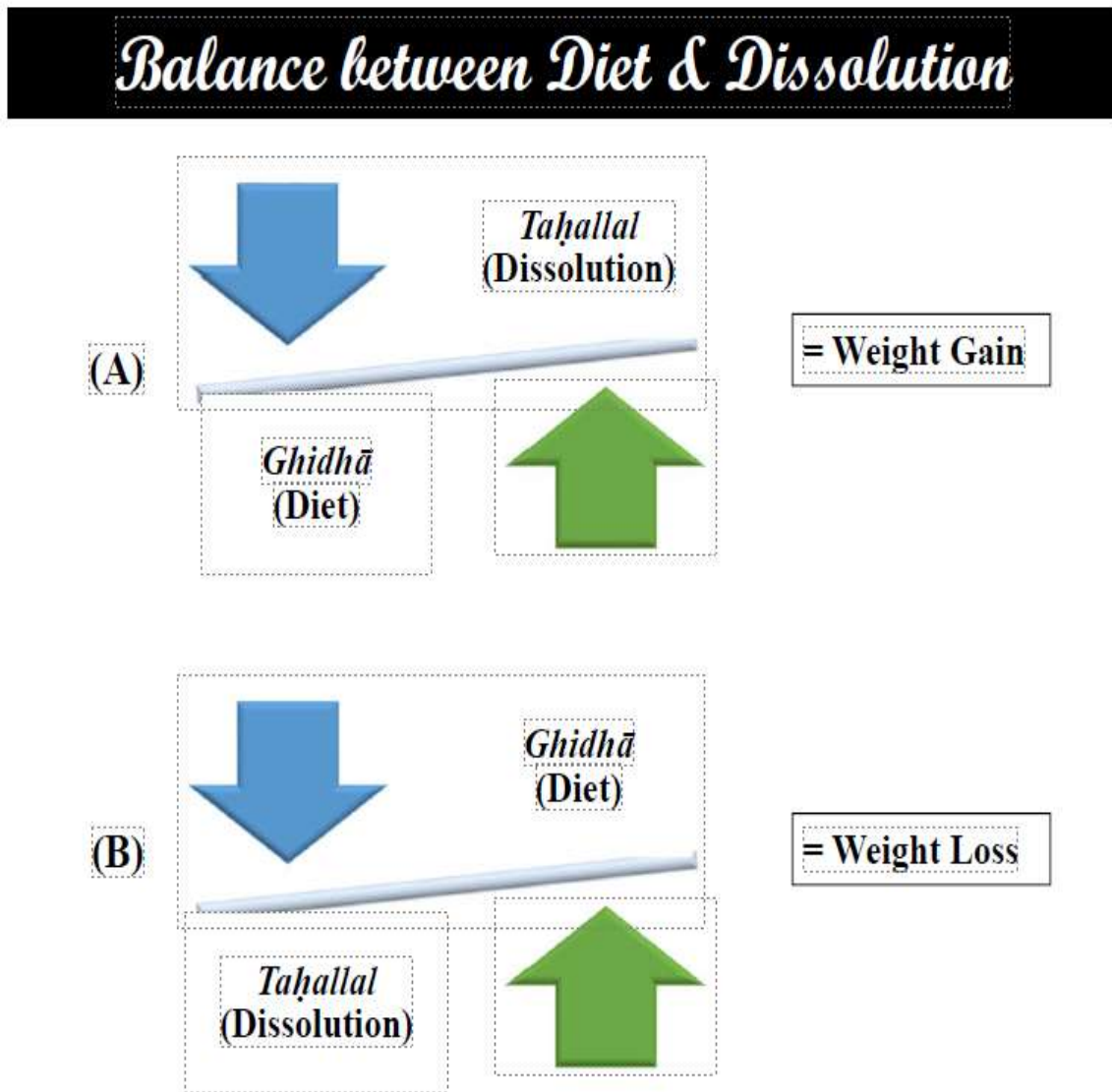


Figure 1: Concept of balance between diet and dissolution.<sup>7,49</sup>

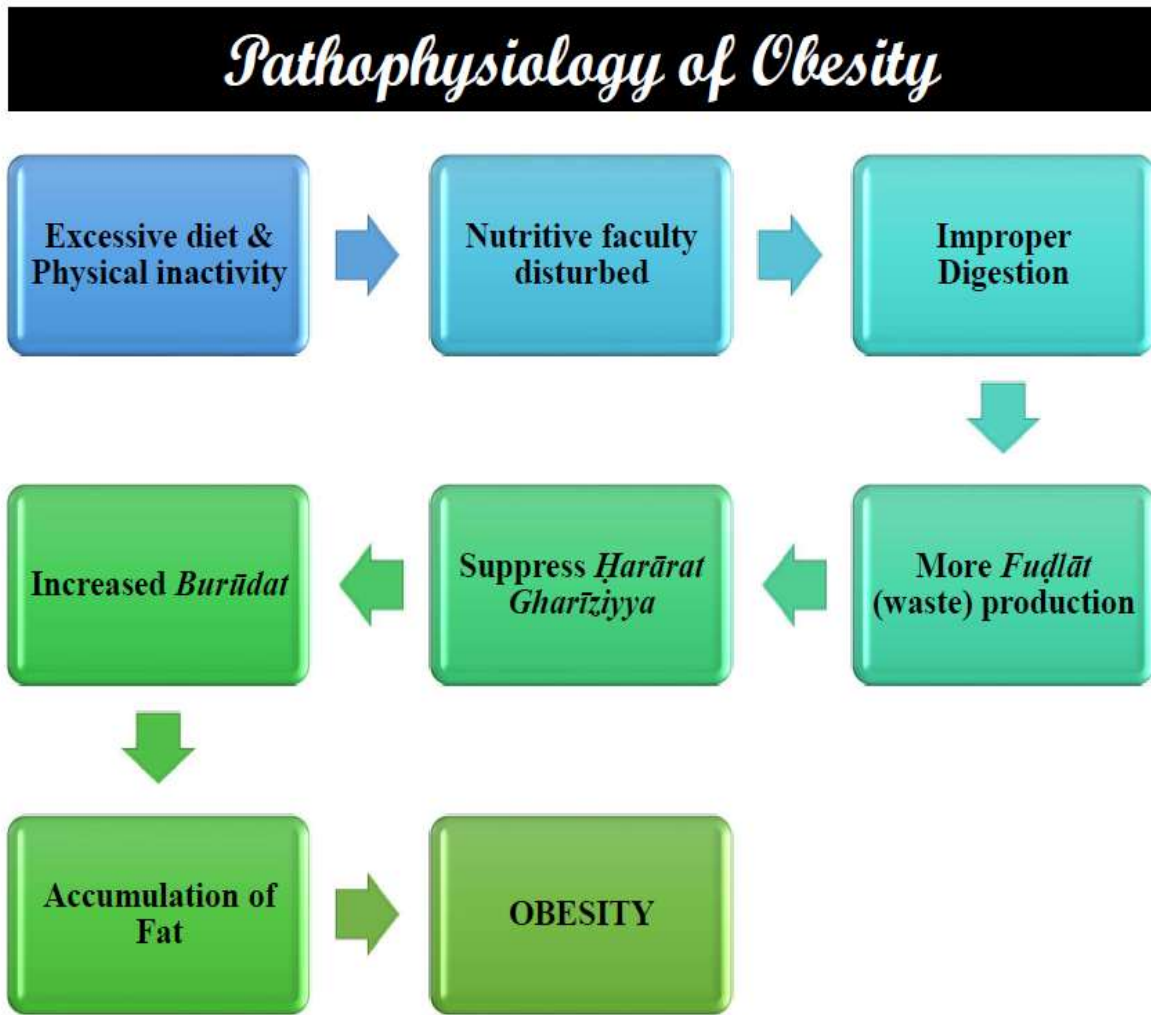


Figure 2: Schematic diagram of pathophysiology of obesity.<sup>7-9,22,23</sup>

Cold dys-temperament is the main cause for obesity which is stated in the Unani text books. So many factors are mentioned in Unani literature that increases the coldness in the body include excessive eating, lack of exercise, sedentary lifestyle, fatty diets, oily diets, junk food, excess sleep, excess rest, taking baths after meals, old age, cold weather, soft bedding, excessive happiness, retention of excretion, and elimination of dry humours like yellow bile.<sup>8,9,23,38,50</sup>

#### **PATHOPHYSIOLOGY OF *SIMAN MUFRIṬ***

According to Unani medicine, the coldness of body *Mizāj* provides a favorable environment for fat accumulation. As we discussed earlier that the factors which increase the coldness in the body are cold food, drinks, medicines, excess rest, sleep, excess of food, cold weather and old age.<sup>8,22,39</sup> *Ibn Sīnā* described that excessive and unhealthy food and sedentary lifestyles are the major factors of obesity.<sup>9,38</sup> According to Unani physicians, any individual

who take excess calorie or excess amount of food, their nutritive faculty will not perform its function properly due to the over quantity. Thus, digestion will be disturbed and the production of waste matters can be increased.<sup>22,23</sup> On the other hand, if this individual is physically inactive or not exercised regularly that is helpful to eliminate the waste. In a long term the waste matters accumulate inside the body and causes to diminished the body's innate heat. And it may lead to the coldness of the body. The organs also effected from this excess and abnormal coldness. Within a certain time, the fat starting to accumulate in and arounds the organs and enhance the coldness of the body and all the process via a chain which is very hard to stop or reverse for a physician.<sup>11,22</sup>

In contrast is it the excess heat (with in normal limit) produced a positive effect on the body and the fatty part of the diet cannot be stored and these are completely digested and utilized as a nutrition or eliminate from the body as a waste.<sup>39</sup> The excess of waste matter (*Rutubat*) act as a

*Madda* or materialistic cause and the excess of coldness (*Burudat*) act as an active cause for fat accumulation. The coldness of the body act upon the waste matter and convert them into fat. That's why *Burudat* and *Rutubat* are essential for the accumulation of fat.<sup>22,38</sup> Usually fatty material accumulates in or around cold organs of the body such as membranes and intestines, because they are cold tempered.<sup>7,38,39</sup> The liver and heart are fat free organs. The fat not easily accumulate on these organs due to their hotness.<sup>7,9</sup> As mentioned earlier that initially *Tabī'at* starts to deposit the fat on *Bārid A'dā* or when an organ's *Mizāj* is altered towards *Burūdat*, the fat accumulates on them.<sup>39</sup> *Tabī'at* sends the excess amount of fat towards skin.<sup>8</sup> As a result, fat begins to accumulate beneath the skin and keep increasing, indicating the beginning of the obese stage. Gradually, this condition leads to obesity. The schematic representation given below shows the concept of pathophysiology of obesity as per USM. (Figure 2).

### Complications

Unani physicians have described a number of complications in their classical literature. Obese people may have complication of atherosclerosis, hypertension, stroke, diabetes, fatty liver, dyspnoea, paralysis, coma, syncope, haemorrhage, infertility, abortion, PCOD, diarrhoea, dysentery, fever, narrowing of vessels, hepatomegaly, epilepsy, heart burn, gall bladder diseases, varicose veins, osteoarthritis, certain inflammatory diseases and even sudden death.<sup>9-13,15</sup>

### Line of treatment (Usool-e-Ilaj)

It includes: correction of the *Sū'-i-Mizāj* (dys-temperament), eliminate the existing cause, use of *Mulattif* (light), *Qaleel ul taghziya* (less nutritious), and *Haar Yabis* (hot and dry) *Aghziya* (foods), use of *Mudir* (diuretics) and *Muarrique Advia* (diaphoretics), if there is accumulation of *Madda* (waste material) or *Khilt Balgham* (phlegm) in the body, and if there is excessive amount of *Khilte balgham* in the body then the use of *Muhil-i-balgham* (phlegmagogue) is better.<sup>7,9,10,12,13,51</sup>

### TREATMENT (ILAJ)

The Unani medicine provides a comprehensive approach to the treatment and management of obesity. As per USM therapeutic approaches of obesity can be classified into three groups: *Ilaj Bil Ghiza* (dietotherapy), *Ilaj Bil Dawa* (pharmacotherapy), and *Ilaj Bil Tadbeer* (regimental therapies).<sup>22,38</sup>

### Ilaj Bil Ghiza (dietotherapy)

People with a cold and wet temperament are more prone to obesity due to body moisture and coldness. These people can become obese very quickly and within a few days as a result of dietary intemperance. At the same time, they produce more phlegm due to their cold and wet temperament. Therefore, it is better to avoid cold foods &

drinks. Eat low nutritious foods and hot-tempered food such as spices which helps to increase the *Hararat* in the body. Apart from this, mustard, onion, radish, green salads, and green vegs etc. can be used as much as desired. Fried foods, thick, moist foods, high nutritious foods like too much meat, ghee, butter, starchy sweets, wheat flour bread, rice, soups and fats etc. should be avoided because these foods cause the production of mucus and increase in fat. Eat food in small quantities and only twice a day and keep a long gap between meals. So that food can be digested easily and the amount of mucus and moisture produced from them does not increase.<sup>8-10,12,13,19,37</sup>

### Ilaj Bil Dawa (pharmacotherapy)

Single drugs and compound drugs which are listed in Table 2, are effective in the treatment of obesity because these drugs have *Mufattit* (deobstruent), *Musakhhkhin* (calorific), *Mudir* (diuretic), *Mulattif* (demulcent), *Muhallil* (resolvent), properties.

**Table 2: Single and compound Unani formulations for the management of obesity.**

| Single drugs <sup>52,53</sup>           | Compound drugs <sup>9,10,12,13,37,54</sup> |
|---|--|
| <i>Afsanteen (Artemisia absinthium)</i> | <i>Arq Badiyan</i>                         |
| <i>Ajwain (Ptychotis ajowan)</i>        | <i>Arq Kasni</i>                           |
| <i>Asarun (Asarum europium)</i>         | <i>Arq Mako</i>                            |
| <i>Badiyan (Foeniculum vulgare)</i>     | <i>Arq Zeera</i>                           |
| <i>Filfil Siyah (Piper nigrum)</i>      | <i>Anqarooya</i>                           |
| <i>Haldi (Curcuma longa)</i>            | <i>Amroosiya</i>                           |
| <i>Karafs (Apium graveolens)</i>        | <i>Asanasiya</i>                           |
| <i>Kishneez (Coriandrum sativum)</i>    | <i>Dawa-ul-Luk</i>                         |
| <i>Lehsun (Allium sativum)</i>          | <i>Dawa-ul-Kurkum</i>                      |
| <i>Luk (Coccus lacca)</i>               | <i>Iyaraj Faiqra</i>                       |
| <i>Murmaki (Commiphora myrrha)</i>      | <i>Itrifal Saghir</i>                      |
| <i>Naana (Mentha arvensis)</i>          | <i>Jawarish Falafili</i>                   |
| <i>Neem (Azadirachta indica)</i>        | <i>Jawarish Kamoni</i>                     |
| <i>Sudaab (Ruta graveolens)</i>         | <i>Majoon Baladuri</i>                     |
| <i>Zanjabeel (Zingiber officinale)</i>  | <i>Majoon muqil</i>                        |
| <i>Zravand (Aristolochia rotunda)</i>   | <i>Safoof Mohazzil</i>                     |
| <i>Zeera (Cuminum cyaminum)</i>         | <i>Sikanjabeen</i><br><i>Unsuli</i>        |

### Ilaj Bil Tadbeer (regimental therapies)

*Ilaj bil Tadbeer* is defined as the moderation in the six essential factors that's why lifestyle modification comes under this. To reduce the accumulation of fat in the body, do Vigorous intensity aerobic exercise is suggested such as jogging or running. Because such exercise dissolves moisture and waste materials and produces dryness in the body. Due to which waste materials cannot accumulate in the body. It is better to massage the body thoroughly with hot oil before exercise so that physical dissolution increases. According to Unani physician, a fatty person

should be gradually started to hard work and exertion because if these type individuals suddenly starts moving vigorously, his life is in danger. Those regimens which produces *Hararat* and *Yabusat* in the body like exercise before meal, bath before meal, bath with salty water, swimming in salty water, reduce sleeping hours, sleep on hard surface, stay in hot and dry places, prolong stay in sunlight, increase mental activity, and take steam bath (*Hammam Yabis*) are very beneficial. Additionally, the amount of fat in the body should be reduced gradually through detoxification measures such as expectorant drugs and laxatives should be used to evacuate phlegm from the body.<sup>8-10,12,13,19,37,54</sup>

## CONCLUSION

Unani medicine offers a comprehensive and holistic approach to managing lifestyle disorders particularly obesity which is rapidly becoming a major public health concern in the world. Unani medicine provides a wealth of single and compound herbal medicine. It focusses on the pathophysiology, complication and preventive measures of obesity. With growing scientific validation of Unani principles, there is a strong need to revisit and integrate this traditional knowledge into modern healthcare strategies to combat obesity and its associated risks.

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