

# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 10, Issue 1, 1285-1294.

Research Article

ISSN 2277- 7105

# EFFECT OF NON MEDICINAL THERAPY OF UNANI MEDICINE IN WEIGHT AND DYSLIPIDEMIA MANAGEMENT

Dr. Misbahuddin Azhar\*<sup>1</sup>, Sadia Ayub<sup>1</sup> and Mustehasan<sup>2</sup>

<sup>1</sup>Research Officer Scientist-III, Regional Research Institute of Unani Medicine, Aligarh. <sup>2</sup>Central Council for Research in Unani Medicine, Janakpuri New Delhi.

Article Received on 30 October 2020,

Revised on 20 Nov. 2020, Accepted on 10 Dec. 2020

DOI: 10.20959/wjpr20211-19456

\*Corresponding Author Dr. Misbahuddin Azhar Research Officer Scientist-III, Regional Research Institute of Unani Medicine, Aligarh.

## **ABSTRACT**

The Unani System of Medicine (USM) offers treatment of diseases related to all the systems and organs of the human body. It offers four types of treatment modalities e.g. Regimenal Therapy ('Ilājbi'l-Tadbīr), Dietotherapy ('Ilājbi'l-Ghidhā'), Pharmacotherapy ('Ilājbi'l-Dawā') and Surgery ('Ilājbi'l-Yad). However, the first preference of treatment is given to regimenal therapy and dietotherapy, pharmacotherapy and surgery are used as per requirement. Regimenal therapy ('*Ilājbi'l-Tadbīr*) and Dietoptherapy ('*Ilājbi'l-Ghidhā'*) comprises of non-medicinal procedures, along with lifestyles and diet modification for preservation of health and treatment of disease. Unani scholars have advocated for mixed approach of treatment in cases of

complex diseases. In this case study, a 23-year-old presented with the complaints of heaviness in chest, palpitation, listlessness, constipation, numbness in hand and legs and severe sweating occasionally, with dyslipidemia was treated with non-medicinal (riyazat and change in diet) procedures of USM for two months. After two months of change in diet pattern in terms of quality and quantity and riyazat his lipid profile comes to normal and he loses 11.5 kg weight and feel healthy. By this observation it may be concluded that the concept of dieto-therapy and riyazat in UMS have strong base to prove safe and effective in the weight and dyslipidemia management.

**KEYWORDS:** Dyslipidemia, obesity, Regimenal Therapy, '*Ilājbi'l-Tadbīr*, Dietotherapy, 'Ilājbi'l-Ghidhā', weight management.

#### **INTRODUCTION**

Unani system of medicine (USM) is one of oldest system of medicine catering health services based on Hippocratic theory of humour and temperament through its regimenal Therapy ('Ilājbi'l-Tadbīr), dietotherapy ('Ilājbi'l-Ghidhā'), pharmacotherapy ('Ilājbi'l-Dawā') and surgery ('*Ilājbi'l-Yad*).<sup>[1]</sup> Unani scholars emphasizes on non-medicinal procedures initially for the management of diseases through regimenal Therapy ('Ilājbi'l-Tadbīr) and dietotherapy ('Ilājbi'l-Ghidhā'). Pharmacotherapy ('Ilājbi'l-Dawā') and surgery ('Ilājbi'l-*Yad*) are used whenever these two therapies fails to combat the situation. [2-3] 'Ilājbi'l-Tadbīr (regimenal therapy) comprises of more than fifteen non medicinal components with sub divisions for various indications. Usually the complex diseases do not respond to simple approach of treatment, that requires combination of two or more than treatment modalities. e.g. change in diet and adoption of suitable component from 'Ilājbi'l-Tadbīr e.g. physical exercise, lifestyle modification. [2-4] These changes, may leads to eliminate the morbid humours (tangiya) from the body. [5-7] Great Unani physicians, e.g. Hippocrates, Galen, Rhazes, Avicenna, Albucasis etc. have described various regimens for the management of diseases, either independently or in combination with other therapies. Hippocrates stated that "let food be your medicine, and medicine be your food", and "leave your drugs in the chemist's pot, if you can heal the patient with food". [8] According to Unani, change in dietary pattern (dietotherapy) is necessary to restore the imbalance in the body caused by unhealthy lifestyles. [3,5] The principle aim of '*Ilājbi'l-Ghidhā'* (dietotherapy) is to maintain nutritional needs according to demand of the body. Drug is not considered to be part of the body and can produce adverse reactions, which are why pharmacotherapy is to be avoided. [9]

The genetic basis of complex diseases depends on the environmental conditions and lifestyle of a person. It is not possible to change genes, however; lifestyle and environment can be changed to prevent or delay the onset of disorders. [10]

Dyslipidemia is a condition of abnormality of lipid levels measured in the blood, which includes either over production or deficiency of lipoproteins or both. [11-13] It may mark as rise of total cholesterol or triglyceride or both, or low-density lipoprotein (LDL) and decrease in high density lipoprotein (HDL) concentration.<sup>[13]</sup> If dyslipidemia left untreated for long duration, it may affect the overall health status of an individual leading to cardiovascular disease and diabetes mellitus type 2. [14-16] It is estimated that about 2.6 million Indians will be affected by cardiovascular disease related disability and death in next decades.<sup>[16-18]</sup> In Unani Medicine the lipids in the blood have been described as *Dusumat-e-Dam* and their ill effects with management have been eloborated. [14,19-22]

Saman-e-Mufrit (obesity) has also been discussed extensively and managed in Unani medical system (UMS) since centuries. [20,23] According to philosophy of UMS, when oily substances of blood reach to different organs of the body, due to barid mizaj (cold temperament) of those organs, they start to deposit there in the form of fat (Shaham). [20,23-28] This deposition of fat in the organs due to cold temperament falls under the category of amraz-e-balghamiya. [23-26] The common sign and symptoms mentioned in conventional Unani medical system of dyslipidemia are palpitation, atherosclerosis, stroke, breathlessness, coma and sometime sudden death.[14]

The management of dyslipidemia in allopathic system of medicine is effective but not safe due to the adverse/side effects of the medicines, hence researchers are inclined towards alternative system of medicine e.g. Unani, Ayurveda yoga etc.

#### MATERIAL METHOD

## **Case presentation**

A 23 years old male ex-sportsman visited the institute with the complaints of heaviness in chest and shoulder, palpitation, constipation, numbness in hands and legs, constipation, listlessness and severe sweating occasionally. He was not having history of smoking, alcohol and no family history of diabetes, hypertension and dyslipidemia. He confessed that he had to quit physical activity three years ago on account of his studies. His weight increased gradually.

The parameters of physical examination such as height, body weight, blood pressure (BP), temperature, pulse rate, basal metabolic Index (BMI), waist circumference (WC), waist-hipratio (WHR), sagital abdominal diameter (SAD) and laboratory investigations parameters i.e. lipid profile, kidney function test, liver function test, heamogram, blood sugar (F), were recorded, the values was as shown in column 3 (baseline) of Table-I & II. On the other hand, his complaints i.e. listlessness, leg pains, heart burn, fullness of stomach, breathing difficulty and sleep apnea were also recorded on VAS scale at baseline as shown in table- II.

Patient's food intake was assessed in comparison to its physical activities and after counseling, patient agreed to adopt change in his lifestyle and diet patterns. After his consent, the benefits of *riyazat* (physical exercise) and dietotherapy of Unani system were discussed in details. He was advised to walk daily atleast of 5 km and aerobics exercise for 20 minutes daily 5-6- times in a week. Patient was also advised to quit motorcycle and encouraged to use bicycle for his daily need of travel.

The detailed dietary chart and daily physical activity chart were prepared. Patient was asked to come for follow-up fortnightly. On every visit patient was counseled to continue the non medicinal procedure of USM for weight & dyslipidemia management.

### **RESULT AND DISCUSSION**

It is well documented in UMS that non medicinal procedure and pharmacotherapeutic treatment of Unani system has a major role in modulating the disease pattern and preventing the health. [2-3,19-20,29-46] In the pathogenesis of dasumat/shaham-ud dam dieto-therapy play an important role to manage the fat content and weight management. [13] The patient visited to the institute fortnightly and no adverse or uneven complaints were noticed. Patient felt reduction in breathlessness, heaviness in shoulders and chest & relaxed by following the non medicinal procedures of USM. Dieto-therapy detoxifies the body by eliminating the toxic and morbid matter from the body and manages to metabolise the excess fat and take the energy from the body depots. The remarkable reduction in anthropometric parameters, e.g. weight, waist circumference, waist hip ratio, BMI, blood pressure, blood glucose fasting, total cholesterol, triglycerides, LDL, VLDL were recorded along with enhance in HDL level as shown in table-1. The possible mechanism of action of dieto-therapy is to regulate the cholesterol levels and also normalization of hepatic synthesis of endogenous lipoprotein.

It is reported that non medicinal procedures of treatment mentioned in unani classical literature riyazat (physical exercise) and 'Ilājbi'l-Ghidhā' (dietotherapy) positively effect on the total cholesterol and HDL. [7,13,47-48] In this study it is also observed that non medicinal procedure effectively reduces the weight, BMI, Serum cholesterol, triglycerides, LDL, VLDL, WC, WHR & SAD and enhances the HDL levels as shown in table 1 and 2.

Table 1: Patient's biochemical and hemaotological parameters.

Parameters	Base line	After 8 weeks
Serum Cholesterol mg/dL	250.9	149.3
Serum Triglycerides mg/dL	324.8	101.6
Serum HDL mg/dL	19.80	47.74
Serum LDL mg/dL	166.92	81.24

Serum VLDL mg/dL	64.98	20.32
Blood Sugar (F) mg/dL	81.31	82.57
Bilirubin mg/dL	0.65	0.78
SGOT mg/dL	32.35	35.36
SGPT mg/dL	38.20	40.66
Alkaline phosphatise mg/dL	167.21	56.11
Heamogram gm/L	13.1	13.2
TLC microL	8930	7990
Polymorphs %	80	78
Lymphocytes %	17	18
Eosinophils %	03	03
Monocytes %	00	01
Basophils %	00	00
ESR mm	32	30

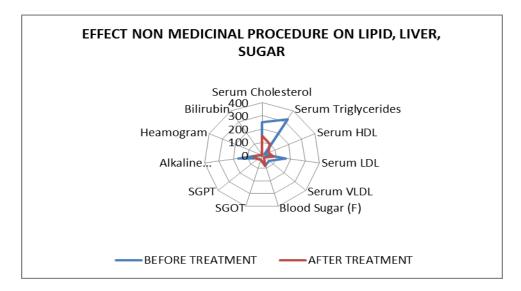


Figure 1.

Table 2: Patient's anthropometric parameters and other sign & symptoms.

Parameters	Base line	After 8 weeks
Weight (Kg)	113.1	101.5
Height (cm)	169.3	169.3
BMI (m <sup>2)</sup>	39.5 (II)	35.4 (II)
<b>Blood Pressure (mmHg)</b>	114/71	120/72
Pulse rate (/min)	85	79
WC (cm)	119	110
WHR	1.0	0.95
SAD (cm)	29	27
Listlessness	+++	+
Legs pain	++	-
Heartburn	++	-
<b>Fullness of stomach</b>	+++	+
Breathing difficulty	+++	+
Sleep apnea	+	-

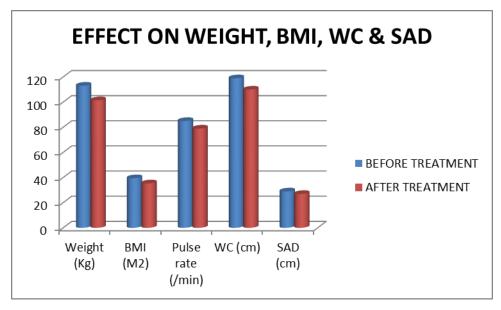


Figure 2.

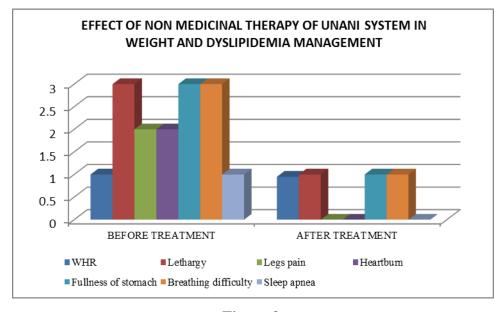


Figure 3.

## **CONCLUSION**

Reduction in all the parameters, sign and symptoms in comparison to baseline to end of the treatment (8 weeks) e.g. serum cholesterol, serum triglycerides, serum LDL, serum VLDL, weight (Kg), BMI (M²), blood pressure (mmHg), pulse rate (/min), WC (cm), WHR, SAD (cm), listlessness, legs pain, heartburn, fullness of stomach, breathing difficulty, sleep apnea and enhancement in serum HDL showed the positive result of non medicinal procedure of Unani medicine in management of dyslipidemia and weight/obesity. These results proved the claims of Unani philosophers of non medicinal approach of treatment for better health and well being. [21,23,49-51] In an earlier study 'Ilājbi'l-Ghidhā' (dietotherapy) successfully control

the weight and dyslipidemia in a case study. [13] We can conclude that dietary modification along with exercise exerts beneficial effect as normalization of deranged lipid profile, body weight, BMI etc. There was no complained by the patient during the therapy. In a nutshell we can say that non medicinal procedure of unani system is having the almost similar effect as in pharmacotherapy. It is recommended that non medicinal therapy is safe, effective free from any adverse reaction of medicine. This is a safe and cost-effective therapy to manage the patient of obesity, diabetes, hypertension, coronary heart disease, etc.

#### REFERENCES

- 1. Anonymous. Unani System of Medicine, The Science of Health and Healing. Department of AYUSH, Ministry of Health and Family Welfare, Government of India, New Delhi, 2013.
- 2. Ibn Sina. Al Qanoon fit Tib. (urdu translation), Vol-IV, Idara Kitab us Shifa, 1889; 174,178-179,197.
- 3. Ibn Rush. Kitab-ul Kulliyat, (Urdu translation), Central Council for Research in Unani Medicine publication, New Delhi, 1980.
- 4. Ansari AP, Ahmed NZ, Wadud A, Arif M, Khanday S. Ilaj bil Ghiza (Dietotherapy): A Core Mode of Unani Treatment. Journal of Advanced Research in Pharmaceutical Sciences & Pharmacology Interventions, 2018; 2(1): 27-35.
- 5. Akram U, Quddusi N. Importance of Dietary Therapy (Ilaj Bil Ghiza) in Unani System of Medicine. Acta Scientific Nutritional Health, 2020; 4(2): 183-188.
- 6. Kelly RB. Diet and Exercise in the Management of Hyperlipidemia. American Family Physician, 2010; 81(10): 1097-1102.
- 7. Fatma G, Nasir A, Siddiqui MJ, Wani P. Role of Riyazat (physical exercise) in maintenance of health mentioned in unani Medicine. World Journal of Pharmaceutical Research, 2020; 9(5): 479-488.
- 8. Glynn J, Bhikha-Vallee N, Bhikha R. Dietotherapy: Background and theory. Ibn Sina Institute of Tibb. Reprint. (http://tibb.co.za.>articles>Tibb-and-Dietotherapy), 2013.
- 9. Azhar MU. Adverse Effect of Unani Pharmacopeial Formulation Habb-E-Shifa. Journal of Pharmacovigilance, 2018; 6(5).
- 10. Jackson M, Marks L, May GHW, Wilson JB. The genetic basis of disease. Essays Biochem, 2018; 62(5): 643-723.
- 11. Fauci AS, Kasper DL, Hauser L, Longo, DL, Jameson JL, et al. Harrison's Principles of Internal Medicine. 19th edition, New York, McGraw Hill education, 2015; 2438-2449.

- 12. Humes HD. Kelley's Textbook of Internal Medicine. 4th edition, Lippincott Williams & Wilkins, USA, 2000; 72-87.
- 13. Azhar MU, Ayub S, Anjum N, Ahmad S. Role of dieto-therapy in weight and dyslipidemia mangement a case study. International Journal of Scientific Research in Biological Sciences, 2020; 7(1): 17-19.
- 14. Ibn Sina. Kitab Advia Qalbiya. (Urdu translation), Manager National Printers Company, Aligarh, 1956; 12-25.
- 15. Paccaud F, Fasmeyer VS, Witlisbach V, Bovet P. Dyslipidemia and Abdominal Obesity: an Assessment in Three General Populations. Journal of Clinical Epidemiology, 2000; 53(4): 393-400.
- 16. Gupta V. Abnormalities in Lipid Profile Amongst Type 1 and Type 2 Diabetes in North Indian Population. International Journal of Scientific Research in Biological Sciences, 2000; 6(1): 17-22.
- 17. Goenka S, Prabhakaran D, Ajay VS, Reddy KS. Preventing cardiovascular disease in India-Translating evidence to action. Current Science, 2009; 97(3): 367-377.
- 18. Reddy KS, Prabhakaran D, Chaturvedi V, Jeemon P, Thankappan KR. et al., Methods for establishing a surveillance system for cardiovascular diseases in Indian industrial populations. Bulletin of the World Health Organization, 2006; 84(6): 461-469.
- 19. Jalinoos. Kitab fil Mizaj. (Urdu Translation), Ibn Sina Academy, Aligarh, 2008; 138-141.
- 20. Ibn Nafis. Moalajat-e-Nafisi. Munshi Naval Kishore, Lucknow, 1906; 537-539.
- 21. Razi Z. Kitab ul Hawi Fit Tib. Vol-XXIII, Dairatul Moarif Usmania, Hyderabad Deccan, 1969; 3.
- 22. Shah MH. The General Principles of Avicenna's Canon of Medicine. Idara Kitab Ul Shifa, 2007; 300-305,309-311,359.
- 23. Majoosi A. Kamil-us-Sana. (Urdu translation), Munshi Nawal Kishore Lucknow, 1911; 47-48.
- 24. Jurjani AHI. Zakhira Khwarzam Shahi. (Urdu translation), Vol-VIII, Idara Kitab-ul-Shifa New Delhi, 2010; 23-28.
- 25. Chandpuri K. Mojiz-ul-Qanoon. 3rd edition, Qaumi Council Baraye Farogh Urdu Zaban, Delhi, 1998; 99,459.
- 26. Kabeeruddin M. Ifada-e-Kabir. 1<sup>st</sup> edition, Qaumi Council Baray-e-Farogh Urdu Zuban, Delhi, 2001; 58.
- 27. Zaman R, Basar SN, Farah SA. Dietotherapy in Unani system of medicine. International Journal of Pharmaceutical, Chemical and Biological Sciences, 2013; 3(4): 1035-1039.

- 28. Ahmad T, Azeez A, Ansari AN, Ali M. Efficacy of riyazat (physical excericise) with Hammam-e-Bukhari (steam bath) in the management of Simane mufrit (obesity). International Journal of health Science and research, 2019; 9(8): 239-247.
- 29. Alam MI, Ahsan M, Salam M, Ahmad T, Azhar MU, Arfeen S. Clinical evaluation of unani drugs majoon suranjan safoof suranjan and raughan suranjan in wajaul mafasil (rheumatoid arthritis)-a preliminary study. Hippocratic Journal of Unani Medicine, 2014; 9(4): 73-84.
- 30. Azhar MU. Effect of herbal unani formulation on nephrotic syndrome: a case study. Indian Journal of Traditional Knowledge, 2018; 17(4): 807-810.
- 31. Azhar MU, Ansari RI, Ahmad S. Clinical effect of Barg-e-Jhao (Tamarix articulata vahl.) In hepatosplenomegaly-a case study. International Journal of AYUSH case reports (IJA care), 2014; 3(2): 128-135.
- 32. Azhar MU, Ayub S, Anjum N, Ahmad S. Effect of *Jawarish Bisbasa* on dyslipidemia a case study. International journal of scientific research in biological sciences, 2020; 7(1): 20-23.
- 33. Azhar MU, Ahmad Z, Mustehasan. Effect of unani medicine in *Iltehab-e-Jild Huzaazi* (seborrheic dermatitis) of head: a case study. International Journal of Scientific Research in Biological Sciences, 2020; 7(2): 41-43.
- 34. Rehman S, Azhar MU, Afza S. *Du'f al-mi'da* (functional dyspepsia) and its management by unani medicine. World Journal of Pharmaceutical Research, 2020; 9(10): 285-297.
- 35. Azhar MU, Mustehasan. Phyto-pharmacology of an important unani drug Bazr-Ul-Banj (Hyoscyamus niger linn)-review. Asian Journal of Pharmaceutical & Clinical Research, 2020; 13(9): 28-32.
- 36. Azhar MU, Javed K, Jafri MA. Plant with nephroprotective activity. Hamdard Medicus, 2005; 48(4): 33-43.
- 37. Azhar MU, Quddusi N, Anjum N, Akhtar J, Hannan A, Jamil SS. Care of skin through unani system of medicine. Unimed Kulliyat, 2009; 4(2): 9-12.
- 38. Azhar, MU, Quddusi N, Anjum, N, Siddiqui KM, Siddiqui MK. Kala-azar (leishmaniasis) and its management in unani medicine. Hippocratic Journal of Unani Medicine, 2010; 5(2): 51-56
- 39. Azhar MU, Quddusi N, Parveen S, Tajuddin, Siddiqui KM, Siddiqui MK. Daa-us-sadaf (psoriasis) and role of herbal drugs. Hamdard Medicus, 2010; 53(1): 51-57.

- 40. Azhar MU, Akhtar J, Akram U, Anjum N, Quddusi N. Phamacological activity of holy drug zaitoon (Olea europea linn.) –review. Indian Journal of Unani Medicine, 2011; 4(1): 85-91.
- 41. Azhar MU, Quddusi N, Akhtar J, Akram U, Anjum N, Hannan A. Pharmacological activities of salajit (asphaltum)-a unani drug. Indian Journal of Unani Medicine, 2011; 4(1): 5-8.
- 42. Javaid R, Aslam M, Javed R, Nizami Q, Javaid K, Azhar MU. Extract of Refula foetida regal reverses gentamicin induced nephrotoxicity in rats. Experimental and Clinical Sciences Journal, 2012; 11: 1-7.
- 43. Anjum N, Quddusi N, Azhar MU. Phyto-pharmacological aspects of Bisehri booti (Aerva lanata) and its uses in unani system of medicine: a review. Hippocratic Journal of Unani Medicine, 2017; 12(3): 51-64.
- 44. Akram M, Azhar MU, Anjum N, Quddusi N. Phytopharmacology of unani drug Zeerah siyah (Carum carvi linn.)- a review. Journal of Pharmacognosy and Phytochemistry, 2019; 8(1): 2772-2782.
- 45. Alam M, Mustehasan, Khan HU, Azhar MU. A scientific recent trend for the management and treatment of filariasis (daul feel). World Journal of Pharmaceutical Research, 2019; 8(8): 384-397.
- 46. Azhar MU, Anjum N. Concept and management of Saman-e-Mufrat (obesity) in Unani medicine. Indian Journal of Integrative Medicine, 2019; 1(1): 8-13.
- 47. Halbert JA, Silagy CA, Finucane P, Withers RT, Hamdorf PA. Exercise training and blood lipids in hyperlipidemic and Normolipidemic adults: a meta-analysis of randomized, controlled trials. Eur J Clin Nutr, 1999; 53(7): 514-522.
- 48. Kodama S, Tanaka S, Saito K, Shur M, Sone Y, Onitake F, Suzuki E, Shimano H, Yamamoto S, Kondo K, Ohashi Y, Yamada N, Sone, Effect of aerobic exercise training on serum levels of high-density lipoprotein cholesterol: a meta-analysis. Arch Intern Med, 2007; 167(10): 999-1008.
- 49. Ibn Hubal. Kitabul Mukhtaraat Fit Tib. Part-I, CCRUM Publication, New Delhi, 2005; pp.205.
- 50. Kabiruddin M. Kulliyat Qanoon. (Urdu Translation) 7<sup>th</sup> edition, Daftarul Al Maseeh, Karol Bagh Delhi, 1932; 775-776.
- 51. Ahmad KR. Kulliyat Qanoon. Vol-I, Aftab Alam Press, Hospital Road Lohore, 1945; 216,388.