

Concept and Management of Saman-e-Mufrat (Obesity) in Unani Medicine

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ABSTRACT

Saman-e-Mufrat (Obesity) is defined as a condition of abnormal excessive fat accumulation in adipose tissue due to enlargement of fat cell in size or its number or in combination upto the extent that health is impaired. According to Unani classical literature *Saman-e-Mufrat* (obesity) is an ancient recognized disease. According to Unani philosophy it is a *Balghami Marz* (disease due to phlegm) mentioned under the heading of *Farbahi*, which means *Motapa* (obese). Unani scholars has discussed predisposing factors, clinical picture and safe, effective medication (single and compound) by medicine along with some *Tadbeer* (regimens) e.g. *Hammam* (Turkish bath), *Ilaj bil Ghiza* (Dietotherapy), *Riyazat* (physical exercise) and other procedures to keep body healthy and fit.

Key words: *Saman-e-Mufrat*, Obesity, Unani Medicine, Regimenal therapy

S*aman-e-Mufrat* (obesity) is a major public health issue as it is associated with increasing health and societal costs. The prevalence of the disease is continuously rising worldwide, especially in low and middle-income countries. It is expected that millions of people at globe will be affected in next two decades [1]. In system of Unani medicine obesity is described under the heading of *Saman-e-Mufrat* which is a combination of two words- *Saman* means fat, *Mufrat* means excessive (*Saman-e-Mufrat* stands for excessive fat and *farbahi* (Persian word) means *Motapa* (obese). While the term obesity comes from a Latin word ‘*obedere*’, to devour and in English means very fat [2,3]. Weight gain of a person upto a certain level is a sign of good health. Obesity is a condition in which excess body fat is accumulated to an extent that health may be negatively influence social and interpersonal relationships [4].

These days obesity is also defined in terms of body mass index (BMI). The concept and formula of BMI was introduced in early 19th century by the great mathematician Lambert Adolphe Jacqueun Quetlet [5]. A BMI of 18.5 to 24.9 Kg/m² is considered normal while that above 24.9 - 29.9 is overweight. A BMI of of 30 kg/m² or higher is defined as Obesity [6]. Further WHO classifies obesity

into three sub- categories 30.00 - 34.99 Obese class I, 35.00 - 39.99 Obese class II , ≥40.00 Obese class III [7].

Historical

The concept of *Saman-e-Mufrat* was initially described by Buqrat (Hippocrates: 460-370 BC) in his famous book “*Fasool e Buqratia*”. He had given a detailed description of *Saman-e-Mufrat* (obesity) including its complications, prevention and management. Another Unani physician *Rofus* (98-171 AD) in his book *Tahzeel Sameen* (treating obesity) described that obese people are more prone to diseases as they lack *Khoon Saleh* (healthy blood) and have excess amount of *Khilt e Bhalgam* (Phegmatic humour) [8]. *Saman-e-Mufrat* can be related to mortality, this was described by the great Unani scholar *Jalinoos* (Galen: 129-210 AD) who has mentioned that obese individuals are more prone to early deaths in comparison to the lean and thin persons [9].

The causative factors of *Saman-e-Mufrat* were also quite clear as another unani scholar Ali Bin Rabban Tabri (847-861 AD) has described the etiology and pathophysiology of *Saman-e-Mufrat*, specifically excessive eating and sedentary life style have been

described as the most important factors for the obesity [10] in his famous book *Firdous-al-Hikmat*. *Zakariya Razi* (Rhazes: 860-925 AD) described that *Tar Ghiza* (oily food) is responsible for the obesity and explained the concept of central obesity, as he classified obesity into *Maqami* (Local) and *Umoomi* (General) and has given separate treatments for both types of obesity. He explained that when *Shaham* gets deposited in a particular organ it is called local or central obesity for example protrusion of abdomen due to the deposition of fat while there is generalized deposition of fat in the body, it is called general obesity [11].

All time great philosopher of medical system *Ibne Sina* (Avicenna: 980-1037 AD) has described the concept of end organ damage in obesity. He has stated that obese people are more prone to diseases as their *Hararat Ghareezia* weaken due to *Sue Mizaj Barid* and constriction of vessels (*Tangi Urooq*) which results in a decrease in the passage of "*Rooh* (Neuma)" to the organs and finally it causes death of an organ (end organ damaged) [12,13]. Similarly, *Jalinoos* has given reasons for the resultant mortality in *Saman-e-Mufrat*. He has mentioned that *Saman-e-Mufrat* reduces the diameter of vessels and produces *Imtela* (congestion) and prevents *Tarveeh*. Due to *Imtela* and *Adme Tarveeh* (Tissue anoxia), death of a person may occur unexpectedly [9]. *Ibne Nafis* (1207–1288 AD), in his book, has described the correlation between the morbid obesity and cardiovascular, *cerebrovascular* diseases and respiratory disorders [14]. *Daud Antaki* (1541-1599AD) mentioned complication and treatment of obesity in his book *Tazkira tu Uolil Albab*. *Azam Khan* (1813-1902 AD) described details about treatment of *Saman-e-Mufrat* in *Rumuz-e-Azam* [15].

Pathophysiology

According to the Unani scholars in *Saman Mufrat*, *Hararat-e Ghareezia* is severely compromised due to increased *Buroodat* (coldness). Due to excess *buroodat* vasoconstriction in blood vessels and causes of narrowing of vessels and contributes to obstructed propagation of *Rooh* in the body [16]. *Ibn-e Nafis* has stated that morbid matters hinder absorption of *Akhlat* resulting in narrow and hard blood vessels, due to *Laham* or *Shaham* and produce disturbance in flow and penetration of *Ruh* into the organs [14]. This obstruction in the way of *Rooh* may result in early death in individuals [16].

Sometime this narrowing and congestion is because of the increased level of *shaham* (fat) and *balgham* in blood vessels. Due to increased pressure rupture of blood vessels may occur anywhere in the body although vessels of heart and brain are more vulnerable to it. As outcome of this situation patient may develop severe breathlessness, palpitation [12,14-17]. When *Ruh* fails to accomplish the body requirement, tissues turn hard and blood flow is not adequately maintained to heart and brain, and thus, patient

suffers from syncope, stroke, and even sudden death in some cases [12,14].

Causes

The cause of accumulation of fat in the body is due to the predominance of *balgham* in the blood. Due to this, it increases *ratoobat* and *baroodat kaifiyat* of body caused by *Sua e Hazam* (dyspepsia), *Ifrat-e-Naum* (excessive sleep), *Ifrat-e-Sukun* (excessive rest) and *Qillat-e-Harkate Badani* (sedentary life style) [3]. *Saman-e-Mufrat* is caused by an imbalance between food intake and proper digestion/metabolism rather than the food intake alone is the main culprit for obesity or overweight problem. An imbalance between food intake and proper digestion/metabolism rather than the food intake alone is the main culprit for obesity or overweight problem. According to Unani classical literature the main causes of *Saman-e-Mufrat* in Unani medicine are consumption of alcohol, sleeping on soft bed, listening music, consuming *Martooob ghiza* (fatty diets), lack of exercise, intake of excessive foods and sedentary lifestyle [10].

Saman-e-Mufrat is a *Balghami* disease and hence *Khilte Balgham* predominates in the body of a person and it is a predisposing factor in causation of obesity. In this condition loss of movements of *Aaza* (organs) is due to excessive accumulated *Balgham* and cold temperament, hence the person becomes lazy and dull. *Balgham* after mixing with blood produces lubrication in its *Qiwam* (viscosity) [11]. Increase in the *Balgham* causes increase in viscosity of the blood and also constrict blood vessels. Deposition of *Balgham* (atherosclerosis) obstructs *Nufuz* of *Rooh* (passage of oxygen) in the organs which finally cause death of the obese persons. When *Shaham* deposits in a particular organ it is called local or central obesity for example, protrusion of abdomen due to the deposition of fat. When there is generalized deposition of fat in the body, it is called general or peripheral obesity [11,12].

Excessive accumulation of *barid ratab madda* (*Balgham* and *Shaham*) in an individual having *Mizaj-e-barid* (Cold temperament) can be a causative factor of . The *Mizaj-e-Barid* are more prone in obese persons. *Saman-e-mufrat* (obesity) is a *balghmai* disease characterized by loss of movement of *Aza* due to deposition of *Shaham* in particular organs or in a whole body. Unani scholars said that a person having more fat in the body is at risk of rupture of blood vessels because vessels are compressed due to excess of fat and especially if obesity develops in early stage of life, then the blood vessels become narrow. This condition is not fullfil the demands of *rooh-e-haiwani* and causes diminution of *hararat-e-Gharizia* (innate heat of body). This excess fat leads to improper digestion and so disruption of *Mizaj*, which become *barid* and *shiddat-e-barudat* may cause even death some times. This *shiddat-e-barudat* causes the narrowing in blood vessels that directly affect the

functioning of liver, kidney, heart and other important organs of the body [12,18-21].

Clinical picture

In Unani text the clinical features and complication are discussed simultaneously. These are as follows *taqleel-e-harkat* (immobility), *khafqan* (palpitation), *zeequn nafas* (bronchial asthma, *sakta* (apoplexy), nausea, *ghashi* (syncope), fever, susceptibility to vomiting, loose motion, sterility, impotence in males and abortion in females, lack of libido, hemorrhages, paralysis, bells palsy, epilepsy, delayed response to medication and some time sudden death [10,12,14,18,20,22].

Management

As the incidence of *Saman-e-Mufrat* (obesity) is steadily increasing, but till date there is no satisfactory treatment available. Although much research is being done that is accompanied by near successful outcomes. The beneficial effect of the drug, is often associated with side effects and there is rebound weight gain after cessation of the pharmacotherapy. Therefore the focus is now on complimentary or safe and effective alternative medicine, which includes Unani system of Medicine. Unani Herbal Medicines plays an important role in the management of Obesity as it is backed by up by documentation and just needs an evidence based validation of its claims documented by the great Unani scholars [23-26]. Various studies carried on the single drugs mentioned in the Unani classics have been shown to be effective in the treatment of obesity, and animal experiments have begun to reveal the potential mechanisms of the various single drugs. Unani medicine offers a complete management of any disease and hence principles of management are laid down as follows:

1. Correction of the *Sue Mizaj Barid*. Since the disease is cold in temperament, so herbal medicines having opposite temperament i.e. Hot and dry should be given. (*Ilaj Bil Zid*)
2. Elimination of the existing causes.
3. If there is accumulation of *Madda* or *Khilt Balgham* in the body use of *Munafis Balgham* (Expectorant), *Mushil Blagham* (Purgatives), *Mudir* (Diuretics), *Muarrique Advia* (diaphoretics) and *Mujaffif* (Desiccant) will be beneficial.
4. If there is excessive amount of *Khilte Dam* in the body then the use of *Fasad* (venesection) is beneficial, otherwise it is better to use purgative of *Khilt-e-Balgham*.
5. In order to reduce *Saman-e-Mufrat*, bulky foods with least nutritional values should be served so that mesenteric vessels will get least time to absorb the nutriment completely. Due to bulky and less nutritious

foods, it occupies the space of stomach and obese patient feels fullness in the stomach [23-26].

Based on the above mentioned principles the physician may adopt the following measures:

1. Modify the *Asbab-e-Sitta Zaroorya* (six essential requisites) according to disease condition.
2. If the diet fails to treat the condition then start with single drug therapy.
3. When single drug therapy too fails, then starts with compound formulations and with regimental therapies.

Ilaj bil Ghiza (Dietotherapy)

1. Avoiding fatty diets

Ibn Hubal Al Baghdadi (1121–1213 AD) suggested that obese persons should avoid fatty diets and suggested gradual decrease in diet, otherwise, adverse effects will be observed in the patient [27].

2. Decrease in food intake (Taqleel Ghiza)

Ibne Sina and *Ibn Hubal Al Baghdadi* (1121–1213 AD) have emphasised on the decrease in food intake (*Taqleel Ghiza*) as the important tool for obesity treatment. He has used *Advia Mulattifa* (demulcents) and described in detail, the pharmacological action of these drugs. He has also described mechanism of non absorption of food from intestine is the same as the modern drugs, used in the treatment of obesity [12,14,18,19,27,28]. *Taqleel-e-Ghiza* i.e. the concept of change in diet patterns means food low quantity and quality of food is very unique to the Unani System of Medicine which lays great stress on treating certain ailments by administration of specific diets or by regulating the quality and quantity of food [12,20,27-30]. According to the system, in addition to nutritional properties, various foods have pharmacological actions too.

Therefore, it is imperative that the changes in eating habits must be permanent, in order to reduce weight. A diet chart may be prepared with consultation of an experienced dietician. Reduce the energy density of food allow patient to feel satiated while consuming fewer calories [31-33]. Behavior therapists are required to counsel patients to make changes in eating activity habit of obese persons. obese persons must modify their eating habits and self monitoring of food [31-33].

Ilaj bit Tadbeer (Regimenal therapy)

Tadbeer is an Arabic word meaning regimen or systemic plan, whereas *Ilaj* means therapy or treatment. So *Ilaj Bit Tadbeer* means treatment through regimen, through which care of the sick person and maintenance of general health is performed with the help of certain procedures, tools and equipments described by eminent Unani physicians. The following regimens may be carried out:

- **Riyazat (Physical activity):** Regular physical activity is an important component for health it should be encourage to opt. these include lower rates of

cardiovascular and all cause mortality, independent of weight. Sports or fitness pursuits can be beneficial to improve health and weight stability. Patient set their goal to achieve by this exercise [20,24].

- **Tareeq (Diaphoresis) & Hammam Muarriq (Medicated Bath):** *Ta'riq* (Diaphoresis) is a process of induced sweating. It is instrumental in liquifying the sticky and adherent humours lodged in the peripheral tissues. Many Unani physicians recommended *Tareeq*, a mode of excretion to control the progress of *Saman-e-Mufrat* [34-35]. *Hammām* is derived from the word “*Hamm*”, which means “to bathe”. *Hammām* is a place used for bathing, consisting of several rooms with one room leading to the other with specific provisions and conditions customized. For this purpose, the steam bath could be used which may be considered to third room of traditional hammam. In this process the *rutubat* inside the body comes to the periphery and when not excreted much then it moist the organs which are near the periphery. On the other hand stay for long duration in *hammam* causes profuse sweating which results in heat and dryness in the organs by loss of *ratubat* from body³⁵. Obese persons who cannot exercise adopt Turkish bath for reduction of their weight [12,22,27,29].
- ***Idrār-i Bawl* (Diuresis):** Diuresis (*Idrār-i Bawl*) is a process in which formation and excretion of urine is increased for the management of bodily ailments. It is one of the important processes adopted for evacuation of morbid matter from the body through urine. Diuresis can be induced by adopting specific methods like exposure to cold, drinking of cold water and intake of plenty of fluids. It can also be induced with the help of certain drugs that have been mentioned in classical Unani literature under the heading of Diuretics (*Mudirr-i Bawl*) [36].
- ***Ilaj bil Dawa* (Pharmacotherapy):** *Ibne Baitar* (1197-1248 AD) in his book *Kitabul jame le Mufradat il Advia wal Aghzia* enlisted some *Muhazzil* (weight reducing) drugs and recommended their use in the treatment of Obesity. According to Unani System of Medicine, the choice of drugs for treatment is governed by three laws: (i) Quality of drug in terms of Temperament, (ii) Quantity of drug in terms of its weight and potency and (iii) Time of administration. The selection of drug depends on the nature and type of the disease. The proper drug is that which its pathological Temperament is contrary to the nature

and qualitative pattern of the disease i.e.. The weight and potency of the drug is determined by the nature of the organ; severity of the disease; and other related factors such as sex, age, weight, habit and habitat, season, built, previous treatment, and stage of the disease.

The commonly used single and compound formulations for the purpose of reduction in body weight and treatment of obesity are Baladur (*Semicarpus anacardium*), Muqil (*Commiphora muqil*), Marzanjosh (*Oliganum vulgare*), Luk Magsul (*Coccus lacca*), Seer (*Allium sativum*), Nankhwa (*Ptychotis ajowan*), Bora (Armenian bole), Zeera (*Carum carvi*), Badiyan (*Foeniculum vulgare* Mill.), Barg Suddab (*Ruta graveolens* Linn.), Sandrus (*Trachylobium hornemannionum* Hayne), Sazaj (*Cinnamomum tamala* Nees) Zarawand (*Aristolochia rotunda*), Juntiyana (*Gentiana lutea* Linn), Sirka (vinegar), Tukhm-e-Karafs (*Apium graveolans*), Khardal (*Brassica nigra* Linn.), and Composite pharmacopeial formulations are *Itrifal Sagheer*, *Tiryag-e-Kabir*, *Jawarish Kamooni*, *Anqarooya*, *Asanasiya*, *Amroosiya*, *Dawa e Murakkab*, *Dawa ul Luk*, *Majoon Seer Alvi Khan*, *Sufoof e Muhazzil*, *Jawarish Bisbasa*, etc.[10-14,20,30].

CONCLUSION

Saman-e-Mufrat (Obesity) is becoming one of the most prevalent health concerns among all populations and age groups worldwide, resulting into a significant increase in mortality and morbidity related to coronary heart disease, diabetes type 2 metabolic syndrome, stroke and cancer. This increase in prevalence of obesity over the past few decades strongly suggest about the preventive strategies will become more important as time goes on. By adopting the treatment modalities *Ilaj bil Ghiza*, *Ilaj bit Tadbeer* and *Ilaj bil dawa* mentioned in Unani classical literature to combat this lifestyle problems. These measures and regimens are promising, time tested and easy to adopt and devoid the side effect, so there is need of hour to generalize the Unani System of medicine regimens for maximum benefit of the sufferers. The Unani system of medicine is backed by the confidence of centuries old usage, however there are still a number of unanswered question with respect to the effect and the relevant mechanisms behind the effect and positive outcomes. Similarly the much asked safety of long-term use of herbal medicine needs to be further established by evidence based data. Especially when the use of Unani medicine to treat obesity is garnering much attention and only a small number of the active ingredients available in herbs have been identified. As a number of formulations used in the system are compound in nature and have complex compositions so the target and definite mechanism of action needs to be determined.

Unani medicine has beneficial effects in the treatment of Saman-e-Mufrat (obesity) and has fewer adverse effects

in comparison to the chemical agents. With the development of modern pharmacological science, it is easier to identify the active agents in herbal medicine compounds, facilitating scientific study of their effectiveness. Therefore more and more clinical trials and evidence based validation needs to be carried out in order to confirm the safety and antiobesity effect of Unani medicine and finally prevent/reduce obesity and provide relief to the ailing community.

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