

Unani Advocacies On Diet And Nutrition: Classical Concepts, Mizāj-Based Recommendations, And Therapeutic Applications

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Abstract

The unani system of medicine offers a holistic approach to disease prevention and treatment, centering on personalized diet and nutrition. This review examines the theoretical foundation of unani dietetics, including digestion (haḍm), temperament (mizāj), and dietotherapy ('ilājbi'l-ghidhā'), specifically focusing on the prevention and management of lifestyle diseases. A narrative literature review was conducted using classical unani sources (e.g., al-qānūnfi'lṭibb, kitāb al-manṣūrī) and contemporary scientific literature. Databases including pubmed, scopus, google scholar, and sciencedirect were searched to identify studies detailing unani dietetic principles and their clinical applications. Unani medicine establishes a comprehensive health framework via personalized nutrition, emphasizing food classifications (e.g., ghidhā' laṭīf), the six essential factors of life, and the role of individual temperament in dietary choices. The review highlights specific mizāj-based regimens prescribed for various life stages and clinical conditions, the therapeutic use of functional foods, and interventions like dietary abstinence (tark-i-ghidhā'). Integrating these time-tested strategies with contemporary science offers a highly personalized, long-term holistic approach to curbing the rising global burden of non-communicable diseases.

Keywords: Unani Medicine, Dietotherapy, Mizāj, Ghidhā', Lifestyle Disorders, Ilājbi'l-Ghidhā'.

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INTRODUCTION

Traditional Medicine has strong historical and cultural roots¹. The Unani System of Medicine (USM), developed in ancient Greece (*Yūnān*) is a codified traditional medicine based on a systematic theoretical framework and a comprehensive therapeutic methodology of prevention, promotion, treatment, and rehabilitation. Early Greek scholars adopted foundational medical concepts (*Ṭibb*) from ancient Egyptian and Mesopotamian civilizations. It later passed to the Arab scholars who combined classical Greek medical concepts with current medical knowledge of the Middle East and other areas around it, further systematizing the Unani medical tradition and developing it².

The theoretical foundation of Unani medicine is based on the humoral theory first articulated by Hippocrates (460–377 BCE). He established that disease is a natural phenomenon and that signs and symptoms represent the body's response to pathological changes. According to his theory, health is determined by the adequate balance

and ratio of four humours (*Akhlāt*) in the body: *dam* (blood), *balgham* (phlegm), *ṣafrā'* (yellow bile), and *sawdā'* (black bile). Each of the humours is associated with specific pair of qualities, i.e. hot and moist, cold and moist, hot and dry, cold and dry, respectively. Any qualitative or quantitative disharmony among these humours causes *Sū'-i-Mizāj* (dys temperament) and translates into disease².

The foundations laid by Hippocrates were further strengthened and systematized by Galen (129–200 CE), whose work became central to the development of Greco-Arabic medicine. During the Islamic Golden Age, eminent Arab scholars such as Avicenna, Rhazes and others expanded this medical system to remarkable heights. Its persistence stands as a testament to the shared intellectual heritage of humanity and the interconnectedness of human civilization. It has now become part of the mainstream system of medicine particularly in India, and also continued to be practiced in Bangladesh, Sri Lanka, Pakistan, Afghanistan, etc. and other Southeast countries.

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Unani medicine has unique principles of *Asbāb al-Sitta al-Darūriyya* (six essential factors) which are, *hawā-i-muḥīt* (atmospheric air), *Ma'kulātwa'lMashrūbāt* (foods and drinks), *Ḥarakawa'lSukūn al-Badanī* (bodily movement and repose), *Ḥarakawa'lSukūn al-Nafsānī* (mental activity and repose), *Nawmwa'lYaqza* (sleep and wakefulness) and *Ihtibāswa'lIstifrāgh* (retention and evacuation)³⁻⁶. The key strategy to achieve health and recovery is moderation and adequate adaptation of all these six necessities⁷. Once this is disturbed, any imbalance over the long term predisposes to lifestyle-related disorders^{4,6,8}. *Ma'kulātwa'lMashrūbāt* (foods and drinks) is one of these essentials and is recognized as one of the fundamental pillars of dietotherapy (*'Ilājbi'l-Ghidhā'*), non-drug-based disease prevention and management of lifestyle disorders^{5,6}.

According to the World Health Organization, healthy diet at the whole-life cycle may help to prevent all forms of malnutrition and minimize the risk of major noncommunicable diseases (NCDs) such as cardiovascular disease, diabetes, stroke and cancer, and should consist of a wide range of foods with the free sugars intake not exceeding 10 percent (preferably not exceeding 5 percent) of the total energy, salt intake less than 5 g/day, and saturated and industrial trans-fats being very low⁹.

Chronic conditions (primarily cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes), which are mediated to a large extent by modifiable behaviours (e.g. unhealthy diet, physical inactivity, tobacco use, and harmful alcohol consumption), are key contributors to nearly three-quarters of global mortality as NCDs^{6,10}. Nutrition has traditionally played a central role in most traditional medical systems, including Unani. The Unani literature focuses on the fact that proper dietary plans and balanced *Asbāb al-Sitta al-Darūriyya* (six essential factors) are the key to the prevention and treatment of lifestyle diseases, and *'Ilājbi'l-Ghidhā'* (dietotherapy) is usually the first choice prior to pharmacotherapy^{5,6}. The Unani System of Medicine is now a component of the national healthcare delivery system in India that has the highest number of Unani teaching, research and healthcare institutions in the world and is still designing Unani based solutions to NCDs and lifestyle diseases^{11,12}.

MATERIALS AND METHODS

In order to prepare this extensive review, a narrative literature review was conducted to search the classical literature and modern scientific databases. Classical

books of Unani, Hippocratic corpus, and the work of Rhazes (*Kitāb al-Hāwīfi'lṬibb* and *Kitāb al-Manṣūrī*), Avicenna (*Al-Qānūnfi'lṬibb*), and Ibn Zuhr (*Kitāb al-Taysīrfi'lMudāwāwa'lTadbīr*), were consulted to derive basic concepts of dietetics. Moreover, the electronic databases (PubMed, Scopus, Google Scholar, and ScienceDirect) were used to conduct a literature search to find out the relevant current studies and reviews to prove the validity of these concepts. All findings of these various sources were then combined to make a systematic account of the importance of Unani dietetics in contemporary healthcare.

RESULTS

Concept of Food and Diet in Classical Unani Texts

The concept of food (*Ghidhā'*) extends far beyond mere sustenance; it is regarded as a foundational pillar for maintaining health, preventing disease, and managing lifestyle disorders.

"No food in nature is prepared so perfectly that it needs no preparation. The closest examples are good milk and fully ripened fruits. For items requiring correction and preparation: some improve with fire (cooking), some with water, some with both, and some along with that improve with other things such as fat/oil, vinegar, salt, and spices"¹³.

There has been an extensive description of diet in Unani literature, with various scholars elaborating its medicinal aspects and the principles of *'Ilāj bi'l-Ghidhā'*^{14,15}. Al-Qarshī has extensively elaborated upon *Tadābīr al-Ma'kul* and *Tadābīr al-Mashrūb* within his treatise, *Mūjaz al-Qānūn*¹⁶. Several texts have been written by eminent *hakīms* about dietetics and the role of diets in disease. The Hippocratic Corpus (Corpus Hippocraticum), comprising more than 60 texts, includes extensive discussion on diet and regimen. It was Hippocrates (460–370 BC) who is traditionally associated with the maxim "let your food be your medicine and your medicine be your food"¹⁷⁻²⁰. He has also been credited in later Graeco-Arabic and Unani literature with treatises on dietotherapy such as *Kitāb al-Ghidhā'* (book on dietetics) and *KitābMā' al-Sha'īr* (book on barley water), as reported in contemporary reviews of Unani dietotherapy²¹.

Rhazes (ZakariyyāRāzī; 865–925 AD), one of the most celebrated Persian physicians, greatly stressed nutrition in the treatment of a broad range of diseases as well as in the prevention of illness. He authored several

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specialised works on food and diet, including *Manāfi' al-AghdhiyawaMaqādrrihā* (Benefits and Harms of Foods), *Al-Aghdhiya al-Mukhtasarah* (Brief Facts about Foods), *Aṭ'imat al-Marḍā* (Food for Patients), *MāYuqaddam min al-Fawākihwa'l-AghdhiyawaMāYu'akhhkar* (Fruit Before or After Meals) and *Kayfiyyat al-Ightidhā'* (Temperament and Quality of Foods), which collectively reflect his highly developed concepts of nutrition and dietetics²². He is credited with the maxim that "if a physician can treat the patient by food, he has been fortunate; if not cured, he should use simple drugs, and only in the last resort use compound drugs"²².

Later Unani authorities further systematised dietetics. *Ibn Zuhr* (Avenzoar, 1091–1162 AD) elaborated dietary restrictions and prescriptions in disease management and categorised foods according to disease conditions in *Al-Taysīrfī al-Mudāwātwa'l-Tadbīr* (The Book of Simplification Concerning Therapeutics and Diet)²³ an influential text available in Urdu translation from the Central Council for Research in Unani Medicine. And he made a special commentary on dietetics, *Kitāb al-Aghdhiya* (book on diets), which concerned solely food and properties, as the contemporary review of Unani dietotherapy indicates²¹.

Taken together, the writings of eminent Unani and Graeco-Arabic scholars from the Hippocratic era through the medieval period show that diet consistently received serious attention in medical practice. Discussions by figures such as Aristotle, Celsus, Galen, *Jibrīl ibn Bakhtīshū'*, *Ibn Māswayh*, *Hunayn ibn Ishāq*, *Thābit ibn Qurra*, *ZakariyyāRāzī* (Rhazes), Avicenna (*Ibn Sīnā*) and *Ibn Zuhr* (Avenzoar) collectively reinforced and elaborated the foundational place of diet in health and disease²¹.

Ilājbi'l-Taghdiya (Dietotherapy) in Unani Medicine

Unani System of Medicine offers a holistic approach for treating the patient, which includes physical, mental and spiritual aspects, as opposed to treating only the affected organ. Its therapeutics are traditionally divided into four main modes: *'Ilājbi'l-Tadbīr* (regimenal therapy), *'Ilājbi'l-Ghidhā'* (dietotherapy), *'Ilājbi'l-Dawā'* (pharmacotherapy) and *'Ilājbi'l-Yad* (surgery)²⁴.

Among these, *Ilājbi'l-Ghidhā'* is considered as a primary method of treatment in the Unani system. Dietary changes are done based on the needs of the patient, temperament (*Mizāj*), and temperament of the disease (*Mizāj al-Maraḍ*)^{21,25}. In *Ilājbi'l-Ghidhā'*, *Hakīm* emphasizes treatment through specific and

appropriate diet, considering it the simplest, most natural, and least invasive therapeutic approach. For example, in conditions such as Fever, inflammatory state, GI disturbance, Unani scholars advocate dietary restriction or reduction. They believed that timely alteration or restriction in daily diet, itself can help restore balance and may lead to disease resolution even before the initiation of medicinal therapy. Thus, principal therapeutic agents and modified diets in the Unani system serve both as preventive measures and as therapeutic aids in metabolic and chronic diseases^{21,26}.

Food Classification in Unani Medicine

Unani Medicine deal with unique concepts of diet such as *Ghidhā' Dawā'ī* (Medicinal food; help in treating disease and also nourish the patient), *Dawā' Ghidhā'ī* (Food Medicine; used primarily as food but also have some medicinal properties), *Ghidhā' Mu'tadil*; also divided diet into *Ghidhā' Laṭīf* (light or easily digestible diet) and *Ghidhā' Kathīf* (heavy or difficult-to-digest diet)^{14,27}. Unani scholars are of the opinion that easily *Ghidhā' Laṭīf* helps to reduce the viscosity of humours and makes them more excretal from the body, thereby producing diluted blood, while *Ghidhā' Kathīf* tend to produce viscous humours and concentrated blood^{14,28}. Examples of light diet include meat extract, half-boiled egg, fruits and vegetables, *Daliyā* (porridge), *Khichrī*, etc., whereas heavy diet includes meat, cheese and other dense hard-to-digest preparations¹⁴. The division of diet is illustrated pictographically in Figure 1.

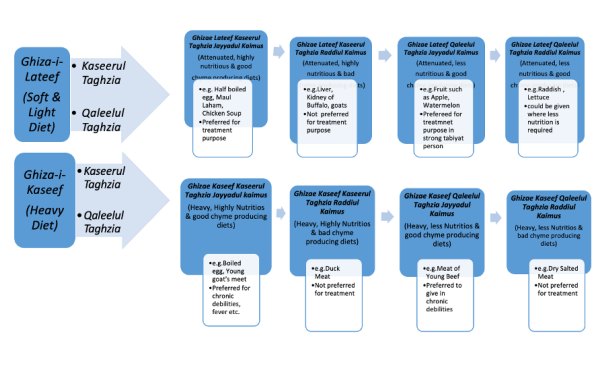


Figure 1: Pictographic Illustration of Food Classification (*Taqsīm-e-Ghidhā'*) in Unani Medicine. Further, scholars elaborated that when the need is to strengthen *ṭabī'at* and the powers of the individual for example, in a convalescent patient or a growing child whose gastrointestinal (GI) tract cannot digest food easily and completely—low-volume but calorie-dense food is recommended. This includes foods such as egg

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yolk and preparations made from rooster or meat juices (e.g. lamb), or gruel (thin porridge)²⁶. Conversely, when *ṭabī'at* (the innate regulatory/healing power) is comparatively strong, little assistance is required to maintain internal homeostasis, and appetite is good, it is advised that easily digestible food with relatively low nutritional density should be used—such as fruits, vegetables and diluted soups—with the aim of providing less nutrition and reducing body weight^{26,28}. In addition, heavy diets may lead to *sudda* (obstruction) formation and aggravate disease processes, such diets are generally discouraged in ill or debilitated individuals²⁸.

Concept of Digestion and Metabolism in Unani Medicine

In the Unani framework, food is not only a source of energy and growth but also the primary substrate for the formation of *Akhlāṭ* and the maintenance of *Mizāj*^{11,14}. Classical texts describe a sequence of four stages of digestion— *HaḍmMi'dī* (gastric), *HaḍmKabidī* (hepatic), *Haḍm 'Urūqī* (vascular) and *Haḍm 'Uḍwī* (tissue-level)—through which ingested food is progressively transformed under the guidance of *Ṭabī'at*^{11,26}. At each stage, useful nutrients are separated from waste and gradually converted into suitable humours— *Dam*, *Balgham*, *Ṣafrā'* and *Sawdā'*—which then nourish specific organs according to their *Mizāj*¹¹. When food is wholesome, taken in proper quantity and at the appropriate time, this metabolic cascade proceeds smoothly, humours remain balanced and organs function optimally; excessive, poor-quality or mistimed intake, however, leads to incomplete digestion, generation of coarse or putrid *Mawād* (morbid matter), disturbance of humoral balance and, ultimately, disease^{14,26}.

Dietetic Rules (*Qawā'id-i-Ghidhā'*) in Unani Medicine

General principles governing dietary intake

Unani medicine lays down certain rules that regulate the eating process to ensure adequate digestion and nutrient absorption. These are as follows: Meals should be consumed with full attention in a calm environment and only after adequate appetite is established. Easily digestible foods should not be combined with heavy-to-digest items (e.g., milk with fish, pulses, or mutton). Food must be thoroughly masticated before swallowing, and eating should be avoided during digestive disturbances. Excessive water intake during or immediately after meals should be avoided; water is

preferably taken about one hour later. Practice of *Qaylūla* (midday nap) is recommended, while physical exertion and bathing should be avoided immediately following meals. Following these dietary rules may assist in preventing indigestion, fermentation, and formation of harmful morbid matter (*mawāḍfāsida*), while supporting natural digestive power (*QuwwatHaḍima*). They promote efficient digestion, proper mastication, mental calmness, and timely gastric emptying, allow *Ṭabī'at* to restore digestive balance, and help prevent obstruction (*Sudda*), gastric overload, and digestive disturbances²⁹.

Incompatible Foods and Dietary Prohibitions

In Unani medicine, certain food combinations are considered harmful as they cause *Fasād al-Haḍm* (disturbance of digestion), produce abnormal humors or aggravate morbid conditions and lead to disease risks. Such incompatible diets are prohibited as they disturb digestion, absorption, and assimilation (Table 1).

Table 1: Incompatible Food Combinations and Their Potential Adverse Effects³⁰

Incompatible Combination	Reason / Unani Explanation	Possible Effect
Rice with <i>Sirka</i> (vinegar) or food prepared in vinegar	Alters normal digestion due to contradictory temperaments	Leads to <i>Du'f al-Haḍm</i> (weak digestion) and imbalance of humors
Fish with Milk, Fresh <i>Panīr</i> , or Curd	Opposite <i>mizāj</i> (cold + moist with hot + moist) causes putrefaction	Results in <i>Fasād al-Haḍm</i> , skin eruptions, leprosy-like conditions
Fresh Paneer with Juicy Fruits or Citrus Vegetables	Acidic and protein-rich foods create indigestion	Produces flatulence, heaviness, and toxic humors
Large quantity of <i>Ghī</i> with <i>Charbī</i> (fat) or Milk	Excessive heavy & moist combination burdens digestion	Causes <i>sudda</i> formation, indigestion, obesity
<i>BādāmShīrīn</i> (sweet almond) + <i>BādāmKūhī</i> (bitter almond)	Contradictory action on digestion	Leads to <i>fasād al-haḍm</i> (disturbed digestion)
<i>Bāqlā</i> (Broad beans), <i>Mūlī</i>	Produces excess cold & moist	Causes bloating, heaviness, and

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(Radish) with <i>Dahī</i> (Curd)	temperament	increased <i>balgham</i>
Milk with Salted Fish or Pickles	Opposite <i>mizāj</i> → fermentation in stomach	<i>Fasād al-haḍm</i> , skin eruptions, leprosy-like conditions
Dates with Cucumber or Watermelon	Hot (dates) with cold (melon) → imbalance	Weakens digestion, causes bloating

Foods Forbidden for Prolonged Use

In Unani medicine, habitual intake of foods with extreme temperament or heaviness is forbidden though they may be permissible in small or occasional quantities. Classical and contemporary Unani texts caution against chronic overuse of very hot and dry items (e.g. excessive spices, salted and smoked meats), very salty and very sour foods, heavy fatty meats, repeatedly fried foods, pickles and preserved preparations. Prolonged use of these products is believed to weaken *Ṭabī'at*, impair digestion, thicken the humours and predispose to conditions such as *imtilā'* (plethora), *sudda* (obstruction), haemorrhoids, hepatic and biliary disorders, hypertension and arthropathies^{11,14,28}. Excessive red meat and organ meats, heavy sweets, dense refined flour foods and overuse of *Ghī* especially in individuals with *damawī* or *balghamimizāj* and in those with a history of metabolic or vascular disease are particularly discouraged^{14,28}.

Therapeutic Strategies for Food Reduction and Abstinence

In Unani medicine, *Tark-i-Ghidhā'* (abstinence from diet) and *Taqīl-i-Ghidhā'* (reduction of diet) are described as core dietotherapeutic approaches. The concepts of *Tark-i-Ghidhā'*, *Taqīl-i-Ghidhā'*, along with their rationale and methodology, are explained in Table 2.

Table 2: Therapeutic Strategies for Food Reduction (*Taqīl-i-Ghidhā'*) and Abstinence (*Tark-i-Ghidhā'*)

Dietotherapeutic intervention	Clinical indication	Therapeutic rationale	Application and key considerations	References
Complete dietary abstinence (<i>Tark-i-</i>	Used predominantly in acute conditions when	Minimises digestive load so	In acute illness, intake may be stopped	14,23,28, 31

<i>Ghidhā'</i>	<i>Ṭabī'at</i> is strong and the therapeutic intent is to prioritise resolution of the morbid state over digestion.	physiological forces can focus on maturation and elimination of morbid matter, facilitating evacuation of <i>Mawād Fāsida</i> .	or markedly reduced. Avoid in children, the elderly, and in high-severity states where strength is at risk. Seasonal: generally avoided in summer ; considered more useful in <i>Rabī'</i> (spring) when <i>Imtilā'</i> -related disorders are common. Temperament: not preferred in <i>Ṣafrāwī</i> individuals; considered beneficial

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			al in <i>balgha mī</i> individuals due to reduced formation of <i>Khilṭ-i-Khām</i> .		ve diets (Ghidhā' Laṭīf)	abstinence/restriction in acute illness and weakness to support vital strength without heavy feeding.	strength while keeping digestive burden minimal, reducing the risk of the disease overpo	include barley water (<i>Mā' al-Sha'ir</i>), meat distillate (<i>Mā' al-Lahm</i>), honey water (<i>Mā' al-'Asal</i>), buttermilk, diluted fruit juices, and light vegetable soups.	
Dietary restriction (Taqlī-i-Ghidhā')	Preferred when complete abstinence is not appropriate, particularly when maintenance of strength is required.	Preserves <i>Quwā</i> while enabling <i>Tabī'at</i> to concentrate on disease elimination.	Implemented as quantitative restriction (reduced amount) and/or qualitative modification (lighter, easily digestible choices; bulky low-calorie options). Used as the practical alternative in groups where full abstinence is unsuitable.	14,23,28,31	Classical therapeutic principle (Ibn Sīnā / Avicenna)	Food reduction is emphasized as a major therapeutic principle, especially in acute diseases.	Appropriately calibrated reduction supports the body's capacity to manage pathological processes; overfeeding is discouraged.	Reduction is tailored to patient strength and disease stage as a guiding therapeutic approach.	26
Light supporti	Used during	Maintains	Exampl	14,21,23,29	<p>Dietary Recommendations According to Mizāj</p> <p>In Unani medicine, temperament (<i>Mizāj</i>) is a cornerstone in diagnosis and treatment, as it determines an individual's suitability to particular foods and lifestyle habits^{32,33}. Every food has a specific <i>Mizāj</i> and when consumed according to one's inherent temperament, it helps in maintaining health and</p>				

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preventing diseases³⁴. Conversely, unsuitable foods can aggravate morbid humors and lead to illness³². Thus, personalization of diet based on temperament is central to Unani preventive and therapeutic nutrition^{14,31} and specific strategies for each temperament are depicted in Figure 2. Further, the *Mizāj* of drugs have been expressed in terms of four *kaifiyat* (qualities) viz. *har* (hot), *barid* (cold), *yabis* (dry) and *ratab* (moist).



Figure 2: Chart of Dietary Recommendations Based on Temperament (*Mizāj*)

Building on this principle, Unani dietotherapy prescribes foods in accordance with an individual's temperament to support humoral equilibrium and promote health^{33,35}. Table 3 shows the particular foods that are recommended to each of the four temperaments to keep the humors balanced.

Table 3: Dietary Recommendations and Strategies Based on Temperament (*Mizāj*)

Temperament (<i>Mizāj</i>)	Recommended Strategy	Dietary Items Advised	Rationale / Benefits	References
<i>Damawī Mizāj</i> (Hot and Moist)	Foods possessing a cold and dry temperament are considered	Cabbage, cauliflower, tomato, potato, beans,	Assists in balancing out surplus heat and moisture	29,35

	d most suitable.	maize, corn, peas, apples, coconut, peanuts, yogurt, sour fruits, tea, coffee, pickles, tamarind, and vinegar.	, and, as a result, prevents congestion, inflammation, and disorders caused by sanguine humor (<i>Dam</i>) dominance.	
<i>Balghamī Mizāj</i> (Cold and Moist)	Foods with a hot temperament are advised to enhance warmth and stimulate metabolism.	Chicken, eggs, onion, garlic, bitter gourd, fenugreek, grapes, saffron, walnuts, almonds, and hazelnuts.	Opposes phlegm (<i>Balgham</i>) preeminence, lessens lethargy, enhances digestion and generally increases vitality.	14,35
<i>Şafrāwī Mizāj</i> (Hot and Dry)	Foods of cold temperament with moistening properties are preferred. Mild laxatives are also recommended on a regular	Cucumber, lettuce, ladyfinger, beetroot, citrus fruits and vegetables, pear, watermelon, pomegranate,	Cools surplus heat, suppresses irritability and inflammation, prevents liver and biliary disorders.	29,35

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	basis.	litchi, rice and barley products, milk, coriander, sugarcane juice, and fruit shakes.		
Sawdāwī Mizāj (Cold and Dry)	Foods with a hot temperament and nutritive value are most suitable.	Poultry, lamb meat, mutton, ginger, cardamom, almonds, pistachios, peaches, banana, figs, raisins, turnip, and milk.	Heats, moisturizes and harmonizes the melancholic humor (<i>Sawdā'</i>) and thus averts such conditions as depression, rigidity and ailments of the dryness.	29,35

Dietary Recommendations According to Seasonal Variations

In the Unani system of medicine, the relationship between seasons (*Mawāsim*) and the *QuwwatHādīma* (digestive power) is well recognised, and dietary regimens are adjusted accordingly^{36,37}. According to Avicenna, spring (*Rabī'*) is of a moderate temperament; it is not considered hot-moist (*Hārr-Raṭb*). In contrast, winter (*shitā'*), unlike the other seasons mentioned, is characterised as cold and moist (*Bārid-Raṭb*). Summer is hot and dry, and in autumn the heat is less, but the cold has not established itself yet, and so it is nearly moderated in heat and cold, but immoderate in moisture and dryness^{38,39}. A visual guide to these seasonal dietary adjustments is provided in Figure 3.

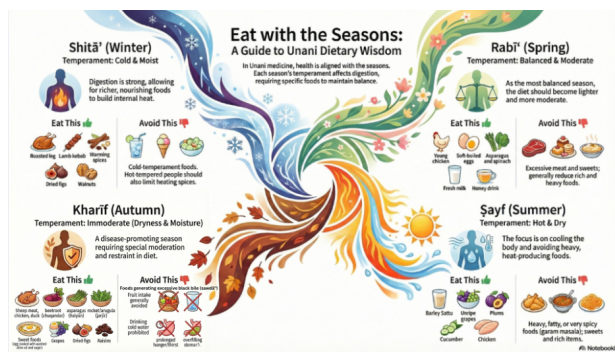


Figure 3: Seasonal Dietary Guidelines (*Mawāsim*-Based Nutrition)

Table 4 provides a comprehensive elaboration of these regimens, detailing the specific dietary inclusions and exclusions necessary to preserve *QuwwatHādīma* and humoral balance throughout the year.

Table 4: Seasonal Dietary Regimens and Recommendations (*Mawāsim*)

Season (<i>Mawsim</i>)	Dietary guidance (key recommendations)	Foods/Examples emphasized	Foods/Practices to avoid	References
<i>Shitā'</i> (Winter)	Digestion and internal heat are considered strong; slightly higher food quantity is tolerated, with emphasis on warm, nourishing items. Dietary means must be changed in accordance with temperament (cold	Warm meats (pigeon, chicken, bird meat, lamb) cooked with warming spices/vegetables; roasted meat/kebab; lightly fried or half-done eggs; figs and walnuts in the morning; for cold tempera	Cold-temperament foods; avoiding/reducing heating foods (garlic/onion/spicy) especially in late winter/early spring particularly in hot-tempered young people.	40,41

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	vs hot).	ment: garlic, onion, spicy foods.				hot- natured items; prefer small frequent meals; cool water advised; sour/cooling preparations preferred.	Oxymel (<i>Sikanjab īn</i>) / Julep (<i>Jullāb</i>); thick extract (<i>Rubb</i>) from sour fruits; decoction (<i>Maṭbūkh</i>) from sour ingredients; young chicken cooked with unripe grapes, apples, citron (<i>Turanj</i>) or plums (<i>ĀlūBukh ārā</i>); half- boiled eggs; cooling vegetables/ fruits; vinegar, olive oil, chicory (<i>Kāsnī</i>), purslane (<i>Khurfā</i>), cucumber; light cooling drinks (barley water, dried	gent/salty items; milk and rich heavy preparations; <i>Garam Maṣāla</i> .	
Rabī' (Spring)	Considered the most balanced season (<i>I'tidāl</i>); diet should be light, balanced, and moderated before intense summer heat; rich foods reduced especially in plethora (<i>Imtilā'</i>)-prone individuals.	Moderate quantities of temperate-Mizāj foods: young chicken, partridge (<i>Tītar</i>), year-old goat; soft-boiled eggs; cultivated green vegetables; fresh milk (sheep/goat); slightly sour apple before meals to strengthen stomach; honey-sweetened drinks.	Excess meat and sweets; excessive heavy foods; rich foods generally moderated.	36,40,41					
Ṣayf (Summer)	Avoid excessive increase of blood; prefer cooling foods; avoid heavy and strongly	Roasted barley flour (<i>Sattū</i>) in chilled water with sugar (morning);	Heavy foods; very hot-natured foods; sweets, fatty foods; very spicy/pun	36,40,41					

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		pomegranate seeds).		
Kharīf (Autumn)	Considered disease-promoting; diet requires special attention with moderation and restraint; avoid practices that provoke black bile (<i>Sawdā'</i>).	Meat of sheep, young chicken, duck; preparations with beetroot (<i>Chuqandar</i>), asparagus (<i>Halyūn</i>), rocket/arugula (<i>Jarjūr</i>); sweet foods (e.g., egg cooked with washed olive oil (<i>Zayt Maghsūl</i>) and sugar); half-boiled egg; grapes; dried figs; raisins.	Foods generating excessive black bile (<i>Sawdā'</i>); fruit intake generally avoided; drinking cold water prohibited; avoid prolonged hunger/thirst; avoid overfilling stomach.	40,41

in IUGR cases⁴⁴. In the post-natal period, soft, easily digestible items such as *Mā' al-Sha'īr* (barley water), light soups and milk preparations are recommended to support recovery and humoral balance^{21,45}. For lactating women, almonds, dates, milk, honey and fennel water are described as supportive for milk production and maternal strength, with modern evidence discussed for dates and fennel in relation to breastfeeding adequacy and milk outcomes^{21,46,47}.

Dietary Recommendations in Selected Diseases

Physicians (*Hukamā'*) have underlined the correct choice of food based on the disease and temperament of the patient, not only to nourish the body but also to help eliminate or control the abnormal humours (*Akhlāṭ*). Table 5 lists the recommended prescriptions applying to these diseases, explaining the therapeutic action behind each therapy, e.g. purification or strengthening of the organ.

Table 5: Dietary Prescriptions and Therapeutic Rationales for Selected Diseases

Disease	Dietary recommendations (Unani System of Medicine)	Remarks / Rationale	References
Cerebrovascular diseases	Barley water (<i>Mā' al-Sha'īr</i>), Honey water (<i>Mā' al-'Asal</i>), Whey (<i>Mā' al-Jubn</i>), light chicken soup, red lentils, Chickpea / Bengal gram.	Barley water, whey and honey water are described as light, easily digestible preparations that support humoral balance and convalescence after stroke, while lentils and chickpea provide strength	21,48,49

Dietary Recommendations for Women

The nutritional demands of different life stages of a woman differ substantially. During pregnancy, moderate consumption of fresh fruits and vegetables such as *Behī* (quince), pear, *Anār* (pomegranate), apple and lettuce are advised for nutrition, digestion and temperamental balance^{14,21,42}. Evidence cited includes a clinical trial reporting that quince syrup reduced nausea/vomiting comparably to vitamin B6⁴³ and a study linking maternal pomegranate intake with infant brain outcomes

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		without overburdening digestion.				digestive secretions; cucumber, watermelon and pumpkin provide a cooling, soothing effect and reduce gastric irritation.	
Cardiac disorders	Meat distillate (<i>Mā' al-Lahm</i>) (from young chicken or small birds), Honey water (<i>Mā' al-'Asal</i>), Preserves (<i>Murabbayāt</i>) (e.g., Indian gooseberry (<i>Āmla</i>), pomegranate), fruits (ripe apple, pear, quince, pomegranate), aromatic spices and nuts such as cardamom, cinnamon, pistachio, saffron, basil, coriander and rose water.	These diets are usually light, slightly cooling and cardiogenic; they aid in reducing palpitation, assisting myocardial activity and avoiding the excessive heat and humoral imbalance in patients with a heart problem.	28,50,51				
Gastrointestinal disorders	Pomegranate (whole fruit or juice), ginger, garlic, cucumber, watermelon, pumpkin, grape juice, prunes/dried plums.	Pomegranate and prunes help regulate digestion and bowel movements and aid humoral purification; ginger and garlic stimulate appetite and	14,21,52				
				Skin disorders	Black gram (<i>Urad</i>) with fresh milk, fresh milk alone, barley water, cucumber juice, pumpkin juice, Psyllium husk (<i>Ispaghul</i>) mucilage, curd/buttermilk.	These diets provide nourishment, improve skin moisture, reduce dryness and help detoxify morbid humours associated with skin irritation and eruptions; barley water, milk and buttermilk are used as mild humoral purifiers and moisturising diets in Unani dermatological practice.	14,31,53
				Fever	Soup of young goat	Light and easily	14,54,55

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	<p>mutton, Rice-lentil porridge (<i>Khichrī</i>), Broken wheat porridge (<i>Daliyā</i>), light diets prepared with olive oil, almond oil and small quantities of Vinegar (<i>Sirka</i>).</p>	<p>digestible diets minimise digestive burden during fever; olive and almond oils act as mild nutritive and emollient agents, while small amounts of vinegar aid digestion and help in balancing humours during febrile illness.</p>				<p>and provide vitamins and antioxidants during chronic diseases such as tuberculosis.</p>	
				Gout	<p>Sugarcane juice and Plum (<i>ĀlūBukhārā</i>) in appropriate quantities, with restriction of heavy, hot and concentrated diets according to Unani dietotherapy principles.</p>	<p>Sugarcane juice and plum are described as cooling and mildly laxative, helping to prevent excessive heat and uric-acid-related humoral imbalance; Unani management of gout emphasises low-purine, cooling and deobstruent diets to reduce pain, swelling and recurrence.</p>	28,57,58
Tuberculosis	<p>Meat distillate (<i>Mā' al-Lahm</i>), Barley water (<i>Mā' al-Sha'īr</i>), Honey water (<i>Mā' al-'Asal</i>), goat's milk, fruits such as watermelon, grapes and plum.</p>	<p>These foods are strengthening and nutritive yet relatively easy to digest; goat's milk and honey water help restore vitality in debilitated patients, while barley water and fruits support hydration</p>	21,28,56				

Functional Foods in Unani Medicine

The uses of cereals such as wheat, rice and coarse cereals like *Jau* (barley), Bengal gram, *Bājra* (pearl millet), *Juwār* (sorghum), *Masūr* (lentil) are discussed in the Unani system of medicine³⁰. Despite the fact that they are consumed as food, they exert medicinal benefits too. They not only provide major nutrients but

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are also an excellent source of antioxidants required for human health functions. Any food ingredient that exerts a beneficial effect on health and/or reduces the risk of chronic diseases beyond basic nutrition is included as functional food. Cereals and their ingredients are accepted as functional foods and nutraceuticals. Various nutraceutical preparations such as *Mā' al-Sha'ir* and *Kashk al-Sha'ir* are described as nutritious foods in general debility and fever⁵⁹. Unani medicine utilizes common dietary items as functional foods for their medicinal properties as described in Table 6.

Table 6: Therapeutic Uses and Indications of Functional Grains in Unani Medicine

Grain name	Properties	Used / Indications
Gandum (Wheat)	Temperament-wise considered most suitable and most acceptable diet for the human body; highly nutritive and strength-giving. Red wheat is heavier and slightly sweeter, with more nutrition; white wheat is lighter and easier to digest.	Chapati prepared from wheat flour provides good nutrition as a staple food. Chapati prepared with boiled and peeled wheat may cause excessive flatulence, so it is advised to take it with <i>Jawārish-i-Falāfilī</i> . <i>Nashāsta</i> (fine starchy powder) is recommended in chest and lung congestion. <i>Sattū</i> is used as a light, strengthening preparation.
Chāwal (Rice)	Various varieties are used; among them white rice is considered more useful. Its nutritional property is said to remain intact even	Widely used as a staple cereal. Cooked white rice mixed with milk, sugar, butter or <i>Ghī</i> is recommended as a soft, easily digestible, nourishing diet, especially when light food is required.
		when old. Though generally harmless, its excessive dryness is reduced and nutritive value increased when cooked well or mixed with milk, sugar, butter or <i>Ghī</i> , after which it is easily digestible.
		Jau / Sha'ir (Barley)
		Considered light, cooling and relatively easy to digest when prepared as decoction or gruel. Has mild laxative and humoral-balancing effects.
		<i>Mā' al-Sha'ir</i> (barley water) is used in fever, general debility and other hot/inflammatory states. Variants such as <i>Mā' al-Sha'ir Mulahham</i> (with meat), <i>Kashk al-Sha'ir</i> and <i>Sattū</i> are used as light, restorative diets in weakness and during recovery.
		Chanā (Bengal gram)
		Nutritive pulse; relatively heavy and can be constipative and flatulence-producing if taken in excess or inadequately cooked.
		Used as a strength-giving food in various preparations; often combined with other cereals or correctives to reduce heaviness and gas.
		Bājra (Pearl millet)
		Coarse grain, relatively heavy, cold and dry; can cause flatulence and
		Eat as flour in rotis/flatbreads and porridges, primarily in hearty people and is usually recommended when ghee or warming

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	constipation, especially in weak digestion.	spices are used as remedies and should be avoided when one is acutely ill or suffers a weak digestion.
Juwār (Sorghum)	Coarse cereal with properties similar to other millets; comparatively heavy and gas-forming.	Consumed as flour in preparation of rotis/breads. It is normally to be taken with appropriate digestives/correctives due to the tendency to induce flatulence and constipation.
Masūr (Orange lentils)	Described with properties similar to <i>Juwār</i> in the given text; relatively heavy and may produce flatulence.	Used as dal/soup and in mixed cereal-pulse dishes; better taken in moderation and with digestive spices to minimise heaviness and gas.
Makkī (Corn)	Constipative and flatulence-producing grain; needs correctives. Corn silk (Stigma maydis) is highlighted separately for urinary uses.	Traditional medicine uses corn and corn silk in the treatment of diarrhoea, dysentery, urinary tract problems, lithiasis, bed-wetting and urinary infections. Due to its constipative property and the possibility of flatulence, Unani scholars suggest the use of corn with digestive <i>Muṣliḥāt</i> (correctives) fennel (<i>Foeniculum vulgare</i>), carom (<i>Trachyspermum ammi</i>) and anise (<i>Pimpinella anisum</i>).

DISCUSSION

The comprehensive data synthesized out of classical and modern Unani literature demonstrates a highly advanced system of nutritional medicine acting under separate principles, but frequently complementary to, modern reductionist dietetics. Although in modern nutrition, the

emphasis has been on macronutrients and caloric content, the results of this review indicate that Unani medicine is more concerned with the qualitative relationship between the food, the metabolism (*Haḍm*) and the constitutional state (*Mizāj*) of the consumer.

Holistic Metabolism and the Mizāj-Based Paradigm

The Unani conceptualization of *Haḍm* as a four-staged process spanning from the stomach (*Mi'dī*) to the cellular level (*'Uḍwī*) provides a holistic model of metabolism^{11,60}. The classical insistence that health depends on the equilibrium of digestion aligns with contemporary understandings of gut health and its systemic impact. The "Incompatible Foods" listed in the results (e.g., fish with milk, or milk with sour foods) offer a compelling case study³⁰. The identification of *Mizāj* as a determinant of dietary suitability acts as a precursor to modern precision nutrition. The findings indicate that a diet that is acceptable in a *Ṣafrāwī* (Bilious/Hot and Dry) person (like cucumber and rice) is strictly contraindicated in a *Balghamī* (Phlegmatic/Cold and Moist) person to whom garlic and chicken are prescribed³¹. This rigid personalization is one of the most significant findings of this review^{33,35}.

Therapeutic Interventions and Functional Nutrition

In addition to the daily maintenance, Unani dietetics provides the powerful therapeutic measures. The concept of *Tark-i-Ghidhā'* (abstinence) and *Taqīl-i-Ghidhā'* (reduction) provides a historical precedent for the modern practice of intermittent fasting²⁶. By withholding food during acute conditions like fever, the body allows *Ṭabī'at* (innate energy) to focus on immune response rather than digestion²⁸, a concept increasingly supported by studies on immunometabolism.

Furthermore, Unani medicine has long advocated for what are now termed "functional foods." As noted by Maqbool et al. (2020), cereals such as barley (*Jau*), pearl millet (*Bājra*), and sorghum (*Juwār*) are recognized not just for their macronutrients but for their medicinal benefits and antioxidant properties³⁰. Preparations like *Mā' al-Sha'ir* (barley water) are described as nutritious foods for general debility and fever⁵⁹, effectively bridging the gap between food and medicine. The identification of these staples as bioactive formulations underscores the preventive potential of Unani dietetics in managing chronic diseases²¹.

CONCLUSION

Unani System of Medicine offers a comprehensive, time-tested framework for diet and nutrition that is deeply rooted in the regulation of the six essential

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factors (*Asbāb Sitta Darūriyya*). Unani medicine helps to offer a sustainable approach to preventing and treating non-communicable diseases (NCDs) by focusing on the maintenance of humoral balance with the help of '*Ilājbi'l-Ghidhā*'.

The versatility of this system can be observed in the structured approach to diet, both as a daily maintenance according to *Mizāj* and as particular therapeutic interventions, such as *Tark-i-Ghidhā*' (abstinence). With the world turning into a preventive approach to healthcare, the combination of the Unani dietary laws and the latest nutritional science can be viewed as a viable and highly promising way of managing holistic health. The next line of clinical research would be to test the validity of these classical ideas especially the therapeutic effectiveness of functional foods and temperamental diet plans in order to establish them as part of evidence-based medicine.

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The authors acknowledge the use of Generative AI tools (Google Gemini, Copilot, and Paperpal) to support language polishing (grammar, clarity), restructuring of sentences for readability, and reference/formatting checks during the preparation of this manuscript. These tools were not used to generate or manipulate data, results, or conclusions. All content was reviewed, edited, and verified by the authors, who take full responsibility for the accuracy, integrity, and originality of the manuscript.

Informed consent

Not applicable. This study is a narrative review of existing literature and did not involve any human participants or animal subjects.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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