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A Holistic Approach to Diabetes Mellitus: Insights from Unani Medicine

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Abstract

Lifestyle disorders are a group of diseases that emerge primarily due to improper living habits, poor dietary choices, lack of physical activity, disturbed biological rhythms, and environmental influences. These conditions develop gradually and often become chronic, contributing significantly to the global burden of non-communicable diseases. The Unani system of medicine offers a holistic perspective for the prevention and management of lifestyle disorders, emphasizing the balance of six essential factors known as Asbāb Sitta Ḍarūriyya—ambient air, food and drink, physical activity and Repose, Mental Activity and Repose, sleep and wakefulness, and Retention and Elimination. An imbalance in these factors disrupts the body's temperament (Mizāj) and humoural balance (Akhlāṭ), leading to disease.

In Unani medicine, diabetes mellitus is identified as Dhayābīṭus Shakrī and is primarily associated with an abnormal hot temperament of the kidneys (Sū'-i-Mizāj Ḥār), leading to weakened retentive power (Quwwat Mấsika). This results in hallmark symptoms such as excessive thirst (polydipsia) and frequent urination (polyuria). Classical Unani scholars like Ibn Sīnā and Rāzī have extensively described its pathophysiology, symptoms, and complications, linking the disorder to imbalances in Mizāj (temperament) and Akhlāṭ (humours), especially within the kidneys and liver.

Treatment in Unani medicine involves a combination of dietotherapy (Ghidhā'ī Tadābīr), pharmacotherapy using single and compound herbal formulations, and regimenal therapies. Dietary regimens are customized based on the patient's temperament, focusing on cooling and moistening foods for hot temperaments and strengthening foods for weakened organs. Avoiding sugary and heat-producing foods is emphasized as a preventive strategy.

By addressing the root causes of imbalance in lifestyle and organ function, the Unani framework provides a time-tested, holistic approach to managing Dhayābīṭus Shakrī. Its focus on personalized care, preventive strategies, and humoral balance makes it a valuable traditional system in understanding and managing lifestyle disorders.

Keywords: Dhayābīṭus Shakrī, Asbāb Sitta Ḍarūriyya, Unani, Diabetes Mellitus

Introduction

In Unani System of Medicine, lifestyle disorders are understood within a comprehensive philosophical and physiological framework. According to Unani medicine, health is maintained through a harmonious interaction between the body and its environment. Diseases, particularly lifestyle-related ones, result from the disruption of this harmony. Central to this concept is the idea of Asbāb Sitta Ḍarūriyya—the six essential causes or factors necessary for life, health, and disease prevention. These include:

1. Hawā' Muḥīṭ (Ambient Air)
2. Mākūlāt-o-Mashrūbāt (Foods and Drinks)
3. Ḥarakat-o-Sukūn Badanī (Physical Activity and Repose)
4. Ḥarakat-o-Sukūn Nafsānī (Mental Activity and Repose)
5. Nawm-o-Yaqḍa (Sleep and Wakefulness)
6. Iḥtibās-o-Istifrāgh (Retention and Elimination) [1,2]

Renowned Unani scholars like Ibn Sīnā and Ibn Rushd emphasized the crucial role of these factors in maintaining health and preventing disease. They observed that any long-term disruption in these six essential factors leads to an imbalance in the body's temperament (Mizāj) and humours (Akhlāṭ), which are key concepts in Unani pathology. For example, lack of physical activity and excess comfort can alter the temperament to one of coldness and moistness, thereby predisposing individuals to obesity, atherosclerosis, coronary artery disease, and other chronic conditions.[1,3]

Furthermore, prolonged exposure to certain environmental and psychological stressors can result in Sū'-i-Mizāj (altered temperament), contributing to physiological imbalances and the onset of disease.[3] Unani medicine views the prevention and management of lifestyle disorders through a holistic lens—addressing not just the physical, but also mental and spiritual well-being. It emphasizes the restoration and maintenance of balance in Asbāb Sitta Ḍarūriyya, thus allowing the natural healing force of the body, known as Tabi'at, to maintain homeostasis.[3]

Methodology

This study is a comprehensive narrative review based on classical Unani texts (e.g., Al-Qānūn fī al-Tibb, Firdaws al-Ḥikmat, Iksīrul Qulūb & Kitāb al-Mukhtārāt fit Tib e.t.c.), modern Unani pharmacopoeias, and peer-reviewed contemporary research articles. Electronic databases such as PubMed, Scopus, and Google Scholar were searched using keywords like "Unani medicine," "Dhayābīṭus Shakrī," "diabetes mellitus," "temperament," and "dietotherapy." Relevant texts and articles in English and Urdu were reviewed to extract detailed information about pathophysiology, complications, dietary and pharmacological management, and preventive strategies in Unani medicine.

The findings were organized into key topic areas, including pathophysiology, complications, dietary management, pharmacotherapy, and discussion. Efforts were made to correlate Unani terminology and concepts with contemporary biomedical knowledge, providing a cross-disciplinary understanding of diabetes management. References were compiled and formatted according to Vancouver style.

Common Lifestyle Disorders

India has witnessed a significant epidemiological shift—from combating infectious diseases like polio and cholera to grappling with the growing burden of non-communicable lifestyle diseases. This rise is largely driven by modern habits such as unhealthy dietary practices, physical inactivity, disturbed sleep cycles, smoking, and increasing levels of psychological stress. Notably, these conditions are affecting the younger population, including teenagers and young adults, indicating the urgent need for early lifestyle interventions.

The prevention and control of these diseases rest heavily on simple but consistent changes in daily routines—an area where Unani medicine offers valuable insights. The following are some of the most common lifestyle disorders prevalent today:

1. Diabetes Mellitus
2. Cardiovascular Diseases (including coronary artery disease)
3. Hypertension (High Blood Pressure)
4. Obesity
5. Cancer[4]
6. Arthritis[5]

In this paper, only Diabetes Mellitus is discussed in detail, including its historical background, pathogenesis, Unani treatment, and preventive measures.

Dhayābīṭus Shakrī (Diabetes Mellitus)

Historical Background

The term "diabetes" originates from the Greek word *"Diabanmo"*, meaning *"to pass through"* or *"siphon"*, referring to the disease's hallmark symptoms—excessive urination, thirst, hunger, and weight loss.[6,7] Clinical descriptions resembling diabetes mellitus date back more than 3000 years, with ancient Egyptians being among the first to document a polyuric condition, as evidenced in the *Ebers Papyrus* (c. 1550 BC), discovered in Thebes in 1862.[8]

Greek and Arab physicians later expanded upon this understanding. Although Buqrāṭ (Hippocrates) (460–377 BC) did not explicitly mention diabetes, his writings include descriptions of conditions resembling it, such as *excessive urination accompanied by emaciation*.[9] Aretaeus of Cappadocia (81–138 AD) is credited with providing one of the earliest clinical characterizations of the disease and coining the term *"Dhayābīṭus"*. He described it as a "melting down of the flesh and limbs into urine."[9]

During the Islamic Golden Age (10th–11th centuries AD), scholars such as Ibn Sīnā and Mūsā bin Maymūn enriched Greco-Roman knowledge with extensive observations and therapeutic recommendations. Ibn Sīnā, in *Al-Qānūn fi'l-Ṭibb*, documented signs like gangrene, sexual dysfunction, increased appetite, and sweet-tasting urine—clinical features now known to be associated with diabetes mellitus.[1,9]

Today, the disease *Dhayābīṭus Shakrī* is understood in the Unani system as an ailment of the urinary system involving an abnormal *Mizāj* (temperament) of the kidneys and liver**,** correlating closely with the modern understanding of Diabetes Mellitus.[10,]

Prevalence of Dhayābīṭus Shakrī

Diabetes is emerging as a major public health concern in India and globally. As of recent estimates**,** more than 62 million people in India are living with diabetes.[3,11] In 2000, India had the highest number of diabetic individuals globally (31.7 million), followed by China and the United States. According to projections by Wild et al**.**, the number of individuals with diabetes is expected to double from 171 million in 2000 to 366 million by 2030, with India accounting for 79.4 million of these cases.[12,13]

Globally, the prevalence of diabetes is expected to rise from 2.8% in 2000 to 4.4% in 2030. The condition shows higher prevalence in men than in women, although the absolute number of women affected is higher. Urbanization and aging populations are considered key contributing factors to this rise.[14]

Synonyms of Dhayābīṭus in Unani Literature

Unani scholars referred to diabetes with several classical terms, including:

- Zalq al-Kulya
- Dūlābiyya
- Dawwāriyya
- Barkāriyya
- Mu'aṭṭisha
- Dhiāsqūmas
- Qarāmīs[15,16,17]

Pathophysiology in Unani System of Medicine

In Unani medicine, Dhayābīṭus Shakrī (Ḥār) is viewed as a disorder where consumed fluids are rapidly excreted by the kidneys without metabolic transformation, akin to *Zalq al-Mi'da wa al-Am'ā'* (a condition where food passes undigested). Affected individuals present with excessive thirst (polydipsia) and excessive urination (polyuria).

The pathogenesis is attributed to imbalances in Mizāj (temperament) and Sākht (structure) of the kidneys. When the kidney's *Quwwat Māsika* (retentive faculty) is weakened or altered, the organ absorbs water from the blood but cannot retain it, leading to frequent urination. Moreover, due to systemic water loss, the body's liver, stomach, and intestines are also drained, intensifying thirst.[6,18,19]

Etiopathogenesis According to Unani Medicine

Unani physicians like Majūsī, Ibn Sīnā, and Samarqandī have elaborated multiple causes of Dhayābīṭus Shakrī, including:

- Ḍu'f-i-Gurda (Kidney Weakness):
  Inability of kidneys to retain fluids due to weakness in *Quwwat Māsika*.
- Ittisā'-i-Gurda wa Majārī-i-Bawl (Dilatation of Kidneys and Urinary Tubules):
  The urinary system becomes too dilated to hold water, leading to frequent urination.
- Burūdat-i-Badan, Jigar wa Gurda (Coldness of the Body, Liver, and Kidneys):
  Excessive exposure to cold leads to Sū'-i-Mizāj Bārid, a cold derangement of the temperament.
- Sū'-i-Mizāj Ḥār Gurda (Hot Temperament of Kidneys):
  Excessive internal heat causes the kidneys to over-absorb water and rapidly excrete it, resulting in polyuria and compensatory polydipsia.
- Sū'-i-Mizāj Bārid Gurda (Cold Temperament of Kidneys):
  Cold imbalance in kidney temperament can also be a causative factor.[1,20]

Functional Summary:

The nutritive capacity (Quwwat Ghādhiya) of the body relies on three basic operations:

1. Taḥsīl (Acceptance)
2. Ilṣāq (Adherence)
3. Tashbīh (Assimilation)

These are governed by four essential faculties:

- Māsika (Retentive)
- Dafi'a (Eliminative)
- Jādhiba (Absorptive)
- Haḍima (Digestive)

Each faculty operates under the influence of four temperamental qualities (*Kayfiyyāt*):

- Ḥarārat (Heat)
- Burūdat (Cold)
- Ruṭūbat (Moisture)
- Yubūsat (Dryness)[1,20]

Any deviation in these qualities can impair the nutritive functions and Quwwat Ghādhiya**,** leading to defective assimilation (*Badl Mā Yataḥallal*) and subsequent systemic imbalance—a central mechanism in the development of Dhayābīṭus Shakrī**.**

Clinical Features of Dhayābīṭus Shakrī (Signs and Symptoms)

The classical Unani texts provide a comprehensive description of the clinical presentation of Dhayābīṭus Shakrī. The most notable signs and symptoms include:

1. Excessive thirst (Polydipsia)
2. Frequent and excessive urination, usually without any burning sensation (Polyuria)
3. Dryness of skin and noticeable changes in skin color
4. General weakness of the body, often due to impaired liver function
5. Emaciation and general debility
6. Progressive weakness and lethargy with chronic illness duration
7. Loss of vital body fluids leads to temperamental shift towards Yubūsat (dryness) and an unquenchable thirst
8. Urine is typically pale, diluted, watery, and whitish in appearance[15,18]

These symptoms reflect the Unani understanding of systemic imbalance, particularly the impact of Sū'-i-Mizāj on the function of vital organs such as the liver and kidneys.

Pathogenesis of Dhayābīṭus (Māhīyat-i-Maraḍ)

In Unani medicine, the pathogenesis of Dhayābīṭus Shakrī is closely tied to the abnormal hot temperament (Sū'-i-Mizāj Ḥār) of the kidneys. Notable Unani scholars such as Ibn Hubal Baghdādī and Rāzī have elaborated the following mechanisms:

- According to Ibn Hubal Baghdādī, the kidneys develop an excessively hot temperament. To neutralize this internal heat, they absorb large quantities of water from the bloodstream. However, due to the inability to retain this water, it is quickly excreted through urine. This repetitive cycle leads to the loss of essential body fluids, causing dryness (Yubūsat) and resulting in persistent, unrelieved thirst and parched lips.[15]
- Rāzī also attributes the condition primarily to Sū'-i-Mizāj Ḥār, emphasizing that the kidney's Quwwat Māsika (retentive power) becomes weak under this abnormal heat. The kidneys repeatedly absorb and expel fluids, causing excessive urination and thirst. Rāzī recommends Mubarridāt (cooling agents) and Kafūr (camphor) to manage the fiery temperament and restore equilibrium. If untreated, the condition leads to progressive debility and wasting of the body.[19]

Classification of Dhayābīṭus in Unani Literature

Classical Unani scholars classified Dhayābīṭus into two major types, based on the presence or absence of sugar in the urine:

1. **Dhayābīṭus Ḥār / Dhayābīṭus Shakrī (Diabetes Mellitus):**
    - Characterized by excessive thirst, frequent urination, and presence of sugar in urine
    - Associated with type 2 diabetes mellitus in modern medical science
    - Patients tend to pass water without metabolic change, experience dryness, general debility, and specific complications like gangrene and sexual dysfunction
2. **Dhayābīṭus Bārid (Diabetes Insipidus):**
    - Presents with acute thirst and copious yellowish urine that does not contain sugar

- Often occurs in children and adolescents, especially those with a family history of tuberculosis
- Etiology includes psychological disturbances, shock, brain injury, chronic cold exposure, alcoholism, syphilis, and general debility[2,16]

This classification demonstrates the depth of clinical observation and differentiation within the Unani system, which correlates closely with the distinctions made in contemporary endocrinology.

Complications of Dhayābīṭus Shakrī

Unani physicians recognized that if Dhayābīṭus Shakrī is not adequately managed, it can lead to multiple debilitating complications:

1. Continuous polyuria without metabolic processing of water results in kidney and liver weakness
2. Severe debility and muscle wasting
3. Significant weight loss due to loss of body fluids and nutrients
4. Dhūbān (Emaciation), caused by dehydration that is not corrected even with increased water intake
5. Sexual dysfunction and in severe cases, diabetic gangrene, reflecting advanced systemic involvement[1,19]

These complications underscore the systemic nature of the disease and the importance of early diagnosis and holistic management, which Unani medicine advocates through temperament correction and organ-strengthening therapies.

Therapeutic Approaches in Unani Medicine

Unani treatment aims to restore humoral balance and kidney function through a multifaceted approach:

Ghidhā'ī Tadābīr (Dietary Management) for Dhayābīṭus Shakrī
In the Unani system of medicine, Dhayābīṭus Shakrī is primarily attributed to Sū'-i-Mizāj Ḥār (abnormally hot temperament) and the weakness of Quwwat Māsika (retentive power) of the kidneys. Therefore, the cornerstone of Unani dietary treatment involves the use of Mubarrid (cooling) and Muraṭṭib (moistening) foods that counteract the hot and dry state of the body.

Unani physicians recognize Kathrat-i-'Atash (polydipsia) and Kathrat al-Bawl (polyuria) as the hallmark symptoms of Dhayābīṭus Shakrī. Consequently, the first line of dietary management should aim at Taskīn-i-'Atash (alleviating thirst) and Iḥtibās al-Bawl (reducing frequent urination).[1,21]

Principles of Ghidhā'ī Management
Unani dietary therapy is designed based on the underlying cause (Sabab) of the disease. Removing the causative factor is viewed as essential for effective treatment. Therefore, dietotherapy is classified according to the nature and Mizāj (temperament) of the disease, applying foods that exhibit opposite temperamental properties to restore equilibrium.

The categories of recommended dietary items include:

1. Ghidhā' Mubarrid wa Muraṭṭib – Cooling and moistening foods
2. Ghidhā' Musakkin-i-'Atash – Thirst-relieving foods
3. Ghidhā' Māsik al-Bawl – Urine-retaining or urine-reducing foods
4. Ghidhā' Musakhkhin – Warming foods (for cold temperaments)
5. Ghidhā' Muḍaiyyiq – Foods that constrict or reduce urinary tract dilation[16,19]

Condition-Based Dietary Recommendations

1. In Sū'-i-Mizāj Ḥār (Hot Temperament of Kidneys):
When the hot temperament of the kidneys is the primary cause, the focus should be on Mubarrid wa Muraṭṭib and Musakkin-i-'Atash dietary items to cool and moisten the internal environment. Recommended foods include:

- Fish, milk, fresh vegetables, cooling fruits
- Mā' al-Sha'īr (barley water), Ālū Bukhāra (prunes)
- Kashk al-Sha'īr, Āb-i-Anār Tursh (sour pomegranate juice)
- Rubb-i-Rībās, Rubb-i-Behī, Rubb-i-Ghaūra[16,19]

2. In Du'f-i-Kulya (Weakness of Kidneys):
For kidney weakness, Muqawwī-i-Kulya (kidney tonics) and Māsik al-Bawl foods are recommended to enhance kidney function and reduce polyuria:

- Tītar (partridge), Murghābi (duck), Sīkh Kabāb
- Hummāḍ-i-Utrajī (citron-based preparations)[16,19]

3. In Sū'-i-Mizāj Bārid (Cold Temperament of Kidney and Body):
If the disease stems from coldness affecting the kidney or the entire body, Ḥār Yābis (hot and dry) foods are necessary to eliminate Burūdat (coldness), including:

- Boiled eggs, dates, cheese, pomegranate[16,19]

4. In Ittisā'-i-Majrā-i-Bawl (Dilatation of Urinary Tract):
In cases of urinary tract dilation, dietary items that cause Taḍayyūq (constriction) are needed, typically Mubarrid and Musakkin items such as:

- Jāmun, unripe grape juice, guava juice, Nashpāti (pear)[16,19]

Frequently Recommended Foods in Dhayābīṭus Shakrī
Unani physicians often prescribe the following dietary items due to their balancing, nutritive, and therapeutic qualities:

- Jāmun, unripe grape juice, sour pomegranate, milk
- Fresh fish, Tītar, Murghābi, Sīkh Kabāb
- Masūr (lentils), cheese with milk, fresh vegetables
- Barley water, Rubb-i-Ḥamāḍ, curd
- Goat flesh, Ra'ī, Filfil Siyāh (black pepper), Zīra (cumin)
- Tomato, egg, radish, Pālak (spinach), onion
- Almond, walnut, tea, Qahva (herbal coffee)
- Maghz Tukhm Kaddū Shīrīn (sweet pumpkin seeds)
- Maghz Tukhm Kharpaza (melon seeds)[1,2,15,22]

Preventive Dietary Guidelines

To manage and prevent progression of Dhayābīṭus Shakrī, patients are advised to avoid foods that aggravate Sū'-i-Mizāj Ḥār or elevate blood glucose levels. Such foods include:

- Rice, Sāgūdāna (sago), Ārāroṯ (arrowroot), Jav (barley in excess)
- Sweet vegetables: potatoes, carrots, peas, Shaljam (turnip), Bāqilā (broad beans)
- All sweet fruits: apple, orange, grape, banana, dates
- Sugar-rich items: honey, sweets, Murabba (fruit preserves)[1,2,15]

These preventive guidelines serve to maintain humoral balance and reduce the aggravating factors leading to disease progression.

Summary Table: Unani Dietary Recommendations for Kidney Conditions

Condition	Recommended Foods	Purpose
Hot Kidney Temperament	Barley water, sour pomegranate, milk, fish	Cooling, thirst-relieving
Cold Kidney Temperament	Dates, pomegranate, cheese, boiled eggs	Warming, dry temperament correction
Kidney Weakness	Quail meat, partridge, Sikh Kabab, Hummāḍ-i-Utrajī	Strengthening kidney & reducing urine
Dilated Urinary Tract	Jamun, guava juice, pear, unripe grape juice	Constrict urinary tract, reduce urination

Pharmacotherapy (Ilāj bi al-Adwiyah)

Unani medicine utilizes a rich pharmacopeia derived from plants, animals, and minerals to restore humoral balance and treat the underlying causes of Dhayābīṭus Shakrī. Pharmacotherapy is selected based on the patient's Mizāj, disease severity, and the specific pathophysiological changes observed.

Single Drugs (Mufradāt)

Numerous single drugs are traditionally used for their antidiabetic and kidney-strengthening properties. These include:

- Gudmar Booti (Gymnema sylvestre): Known for its hypoglycemic effects by regenerating pancreatic beta cells and reducing sugar absorption [23].
- Tukhm Karela (Momordica charantia): Exhibits insulin-mimetic activity, improves glucose metabolism [24].
- Kachnal (Bauhinia variegata): Used for its hypoglycemic and diuretic properties.[
- Darhald (Berberis aristata): Contains berberine, which enhances insulin sensitivity.[25]
- Tukhm Hulba (Trigonella foenum-graecum): Fenugreek seeds reduce blood sugar and improve lipid profile.[26]
- Satte Gilo (Tinospora cordifolia): Immunomodulatory and blood sugar-lowering effects.
- Tukhm Shoneez (Nigella sativa): Known to improve pancreatic function and antioxidant status [27].
- Maghz Tukhm Jamun (Syzygium cumini): Potent antidiabetic with multiple mechanisms.
- Qust (Saussurea lappa): Used for anti-inflammatory and metabolic effects.
- Sandal (Santalum album): Traditionally used for calming and metabolic regulation.
- Aqaqiya (Acacia arabica): Improves digestion and metabolism.[28]

Compound Formulations (Murakkabāt)

Compound formulations combine multiple ingredients for synergistic effects and balanced action. Some renowned classical Unani preparations for Dhayābīṭus Shakrī include:

- Safoof Ziabetus: A powdered mixture targeting blood sugar control and renal health.
- Qurse Ziabetus: Tablet form used to regulate glucose metabolism and improve kidney function.
- Qurse Gulnar: Formulation with cooling properties to counteract hot derangements.
- Kushta Marjan & Kushta Zamarrad: Calcined mineral-based compounds promoting metabolic balance.
- Qurs Tabasheer: Contains bamboo silica, used for its cooling and rejuvenative effects. [29]

These compound drugs are used alongside dietotherapy and regimenal therapy to maximize therapeutic outcomes.

Specific Therapies for Dhayābīṭus Shakrī

- For Hot Diabetes (Ziabetus Hār): Cooling therapies such as Tabrīd wa Tarteeb, cold Abzan, and application of Aabe Mako (a cooling decoction) are recommended.
- For Cold Diabetes (Ziabetus Bārid): Warming therapies like Hammām Garm (hot bath), Fasde Basalique (warming fomentation), and Dalk with warm oils are advised to restore warmth and function.
- Therapies are customized to patient temperament and disease stage to optimize balance and efficacy.[18]

Discussion and Findings

Lifestyle disorders such as diabetes mellitus pose an escalating global health challenge, with a significant burden in rapidly developing nations like India. Modern medicine recognizes diabetes as a complex metabolic disorder requiring multifactorial management including glycemic control, lifestyle modification, and complication prevention [30]. However, conventional approaches often face limitations related to side effects, compliance, and cost.

Unani medicine offers a complementary and holistic framework rooted in centuries of clinical experience. Its central concept—the balance of Asbāb Sitta Ḍarūriyya (six essential factors for life)—provides a comprehensive understanding of disease causation beyond mere symptom control. This study highlights how Dhayābīṭus Shakrī is seen as a systemic imbalance, primarily of the kidney temperament and humoral quality, resulting in functional impairment and the classical triad of polyuria, polydipsia, and weight loss.

Dietotherapy tailored to the patient's Mizāj addresses root causes by balancing heat, cold, dryness, and moisture. Pharmacotherapy employing both single and compound drugs utilizes natural substances with hypoglycemic, anti-inflammatory, and organ-strengthening properties. Regimenal therapies enhance physiological functions and facilitate detoxification.

Integrating these modalities, Unani medicine emphasizes individualized care, prevention, and health preservation. The holistic approach including psychological, environmental, and lifestyle factors aligns well with modern chronic disease management paradigms, potentially improving outcomes through synergy.

Conclusion

The escalating global burden of lifestyle disorders, particularly diabetes mellitus, demands a comprehensive healthcare approach that integrates preventive, curative, and rehabilitative strategies. This research underscores the profound insights offered by the Unani system of medicine, which views diseases like Dhayābīṭus Shakrī (Diabetes Mellitus) not merely as isolated pathological events but as systemic imbalances

in temperament (Mizāj) and humoral composition (Akhḷāṭ). This foundational philosophy facilitates a holistic, individualized approach to patient care.

Unani medicine's emphasis on restoring equilibrium among the six essential factors of life (Asbāb Sitta Ḍarūriyya)—air, diet, physical activity, psychological health, sleep, and excretory functions—aligns with contemporary models of lifestyle disease management. The disease is primarily linked to hot derangement (Sū'-i-Mizāj Ḥār) of the kidneys, resulting in impaired Quwwat Mā́sika (retentive power), excessive fluid loss, and subsequent symptoms like polyuria and polydipsia.

Therapeutic interventions in Unani medicine are multifaceted, incorporating pharmacotherapy, dietotherapy, and regimenal therapies. The selection of drugs—whether single botanicals like Gymnema sylvestre or compound formulations like Qurse Ziabetus—is based on deep-rooted principles of temperament and humoral balance. Complementary physical therapies such as Hijama, Dalk, and Riyazat further enhance treatment efficacy by improving circulation, removing morbid humours, and restoring organ function.

The holistic model presented by Unani medicine offers valuable preventive strategies, including moderation in diet, balanced physical activity, and seasonal adjustments to lifestyle. Integrating these principles with modern medical practices could significantly enhance chronic disease management, improve patient compliance, and reduce the global healthcare burden.

Future research should focus on standardizing Unani formulations, conducting randomized controlled trials to validate efficacy, and exploring molecular mechanisms underlying traditional therapies. This integrative approach holds promise for developing sustainable, patient-centered solutions for diabetes and related lifestyle disorders.

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