Review Article

TYPE 2 DIABETES MELLITUS AND DIABETIC FOOT IN UNANI SYSTEM OF MEDICINE: A COMPREHENSIVE REVIEW

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ABSTRACT

Health is the key factor for the progress both at individual and community level, so the disease should be of the great concern at both the levels. Diabetes being the most known disease of this era and India is the diabetic capital of the world. Despite availability of various advanced form of management incidence of diabetes is still increasing day by day. One of its most serious complications is diabetic foot which results in well-known non-healing ulcer. Studies have shown the fact that the conventional management of the diabetes does not have a justifiable answer to decrease its burden from society. Therefore, researchers are looking for an alternative approach to tackle and cease the ever-increasing load of diabetes. Unani System of Medicine (USM) is one of the oldest and time proven methods to manage this kind of situation. It has entirely different and comprehensible concept of diabetes. According to the basic philosophy of USM the diabetes mellitus is the result of disturbance in quantity as well as quality of Akhlät (Humors) and Mizaj (Temperament) which leads to decrease in Hararat-e-Gariziya. This concept clearly describes diabetes, its pathogenesis, complications and holistic approach towards its management. Non-healing ulcer, in conventional medicine, is entirely manageable in USM. Hence the objective of this comprehensive review is to explain the Unani Approach in the management of ZiabetusShakri (Diabetes Mellitus) and its complications.

Key Words: Hararat-e-Gariziya, Akhlät, Mizaj, ZiabetusShakri, Asbah-e-Sitta Zarooriya

INTRODUCTION

Health is undoubtedly the key factor for the development of individual as well as the community. Any disease is harmful to society. Diabetes is one of the most prevalent and known diseases of the current era. With the second most populous nation of the world India is the home to maximum diabetic patients and often touted as-the diabetic capital of the world. Despite the availability of various forms of management diabetes is increasing day by day.

One of its most serious complications is diabetic foot which is well known as non-healing ulcer in modern system of medicine. According to the WHO the number of diabetic foot patients will increase from 51 million in 2010 to 87 million in 2030. This data itself narrates that the current methods of the management of diabetes and medical science do not have a justifiable answer to decrease its burden from society.

In conventional medicine DM is a heterogeneous group of metabolic diseases that are characterized by chronic hyperglycemia and disturbances in carbohydrate, lipid and protein metabolism, resulting from defects in insulin secretion and/or insulin action. Fasting (chronic) and postprandial hyperglycemia are mainly responsible for the acute, short-term, and late complications which affect all body organs and systems.

In Unani System of Medicine (USM) the word “Diabetes” is derived from Greek language of “Ziabetus”, which means, “to run through” or “Siphon”, is characterized by hyperglycemia, polyuria, polyphagia, polydipsia and gradual loss of body weight. In Arabic language, diabetes is called as “Ziabetas”, “Dolab”, “Diaquomous”, “Salasulbol”, “Berkaria”, “Qaramus” and “Zalaqul kulliya”. Unani and Arabic physician were well familiar with Diabetes. In the old classical books of USM the comprehensive form of “Ziabetas Shakri”, its pathogenesis, complications have been described along with its management. Bayraq (Hippocrates) the Father of Medicine also described its signs and symptoms like excessive urinary flow with loss of body weight. Arsynatoos (Aretaeus) and Jalinoos (Galen) provided the first precise picture of the symptoms of Ziabetas.

Ibne Sina (Avicenna) explained the clinical features of the Ziabetus Shakri (Diabetes mellitus) in “Al-Qanoon Fil Tibb” (The canon of medicine) and mentioned its specific complications like abnormal appetite, gangrene and sexual dysfunction and he also described the sweet taste of diabetic urine’. According to the USM Sue Mizaj of kidney and liver along with abnormal life style leads to Ziabetus Shakri.

Overall USM offers a different and understandable concept of diabetes. It says that the diabetes mellitus (Ziabetus Shakri) is the result of disturbance in quantity and quality of Akhlät (humour) and Mizaj(Temperament) which decreases the Rutoobat-e-Gariziya and ultimately causes the degradation of Hararat-e-Gariziya. Generally Ziabetus Shakri is due to Sue Mizaj Barid Ratab Umoomi (and various predisposing factors such as excess Harkat, excess Sukoon, Barid agarziya, less or...
DIABETIC VASCULOPATHY

In Advanced case of Ziabetus Shakri, Mukhalif Sue Mizaj is developed which means those organs are affected which have Har Ratab Mizaj such as Urooq and this ailment also causes constriction and tightness in vascular system which leads to deficiency of Rooh-e Tabiyyee and Rooh-e Haiwani to the affected organs. Resulting in less blood supply to those particular organs and these affected organs gradually loses its normal contour (anatomy as well as physiology). This loss appears as ischemia and ultimately diabetic foot and gangrene develops. It must be pointed here whenever Rooh-e-Tabiyyee is disturbed, initially Quwat-e Gaziya is affected. This Quwat-e Gaziya consists of Quwat-e Jaziba, Masika,Hazima andDafiyaa. QwateGaziya acts in three different modes Tawleed, Tailseeq and Tashbeeh. This indicates that any disturbance in QuwateGaziya means all the four Quwa are already affected and further three more Quwa (Tawleed, Tailseeq and Tashbeeh) will also be affected on which growth and development of the body is dependent. Dafiyaa of Quwat-e Gaziya wants to remove excess or unused material from the body which ultimately results in a wound (Fig. 3)7,10.

DIABETIC FOOT

Sue Mizaj ummomi means general mijaz of the patient has changed and it is usually suemizaj yabis or sue mijazbarid and sue mijazHar in case of septicaemic condition. In unani system there are two active conditions Hrarat and Buroodat and two passive conditions Yaboosat and Rutoobat and their combinations. Diabetes causes sue mizaj baridratabumommi in which broodat is dominant. In such conditions, digestive system is the major system to be affected and due to the disturbance of Rooh-e Tabiyyee and Rooh-e HaiwaniHararat-e Gariziya is also decreased. Body wants to remove excess rutoobat and rutoobat finds out a way to go away from the body therefore thisrutoobat is collected in lower limbs. This Rutoobat increases pressure around the ankle joints. Skin and surrounding vessels are devitalized and a wound is formed and this wound is well known as diabetic foot in modern system of medicine and the only management of the diabetic wound is correction of Sue Mizaj BaridRatabUoomomi with HarRatab medicine internally and locally (Fig. 4)10,11.

CONCLUSION

In spite of the advanced age of medical science we are still lagging behind to get an appropriate management of Ziabetus Shakri. Therefore, researchers are looking for an alternative approach to tackle and manage the Ziabetus Shakri. According to USM main cause of the Ziabetus Shakri is Sue Mizaj BaridRatab. Therefore, it becomes easy to prevent Ziabetus according to USM. Correction of Ashab-e-Sitta Zarooriya and Ghair Zarooriya are the only way to stop and prevent Ziabetus Shakri and its complications, for example living in little bit hot environment, avoidance of excess barid foods, excess harkat or sukoon, excess or less meals means USM wants equinox in every part of life.
Fig. 1

DiabetesMellitus

Sue MizajBaridRatab

Polyuria

Abnormal amount of fluid in body in terms of quantity and quality.

Polydipsia

Dehydration

Polyphagia

Fig. 2

Mukhalif Sue Mizaj

In Advanced case of Diabetes

Sue Mizaj Mukhalif

In Vascular System

Tightness & Constriction

Atherosclerosis

RooheTabi’ye (Ghiza)

Badle Mawatahall

Zaboll(Athrophy)

Loss of Functions

Diabetic vasculopathy induced necrosis, gangrene

RooheHaiwan(Rooh)

Rooh

Isceamia

Pain & Constrictions

Mumacil Sue Mizaj

Orgnas having BaridMizaj

Kidney,Aasab&Nukha.

Tightness and constriction

MasallkeRooh

RooheNafsan

AasabeHarkiya

Motor Functions

AasabeHissiya

Sensory Functions

Predispose many factors

Cold, Heat, Trauma, Pain and Friction etc.

Diabetic Neuropathy
REFERENCES


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