EJPMR, 2026, 13(8), 150-155 **Review Article** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211
ISSN (P): 3051-2573
Coden USA: EJPMAG

UNDERSTANDING SIMAN MUFRIṬ: A UNANI PERSPECTIVE AND THERAPEUTIC APPROACHES

Dr. Shaikh Reshma[1]*, Aslaaf Nayeem Shaikh[2], Dr. Hina Kausar[3], Dr. Nazia Shaikh[4]

[1,3,4]PG Scholar Department of Moalajat National Research Institute of Unani Medicine for Skin Disorder, Hyderabad, Telangana, India.
[2]Professor, PG department of Moalajat National Research Institute of Unani Medicine for Skin Disorder, Hyderabad, Telangana, India.

***Corresponding Author: Dr. Shaikh Reshma**

PG Scholar Department of Moalajat National Research Institute of Unani Medicine for Skin Disorder, Hyderabad, Telangana, India. **DOI:** https://doi.org/10.5281/zenodo.21702949

How to cite this Article: Dr. Shaikh Reshma[1]*, Aslaaf Nayeem Shaikh[2], Dr. Hina Kausar[3], Dr. Nazia Shaikh[4]. (2026). Understanding Siman Mufriṭ: A Unani Perspective And Therapeutic Approaches. European Journal of Pharmaceutical and Medical Research, 13(8), 150–155.

Article Received on 01/07/2026 **Article Revised on 21/07/2026** **Article Published on 01/08/2026**

ABSTRACT

Around the world, obesity is a serious health issue. Obesity adversely affects psychological and social well-being in addition to physical health. Currently, obesity is a major global health concern associated with an increased risk of cardiovascular, metabolic, and musculoskeletal disorders due to increased use of digital platforms in all fields and sedentary lifestyles. In the Unani system of medicine, Obesity is called ***Siman Mufriṭ, Farbāhī*** and ***Motāpa***. It is considered a pathological condition resulting from the dominance of ***Bārid Raṭb*** temperament. Unani physician also attribute Siman Mufriṭ to excessive consumption of fatty and sweet foods, lack of physical activity, sedentary life style and impaired metabolic function, leading to the deposition of fat in various part of the body. This paper aims to provide a overview of ***Siman Mufriṭ*** by integrating modern medical concept with classical Unani perspective. it discuss the causes, clinical feature, complication and management of obesity as described in both systems. Unani management of obesity primarily focuses on ***'Ilāj bil Ghidhā*** (dietotherapy), ***'Ilāj bil Tadbīr*** (Regimenal therapy), and ***'Ilāj bi'l Dawā'*** (pharmacotherapy). An integrated understanding of obesity through this holistic approach facilitates personalized management strategies, contributing to effective prevention and treatment of obesity.

KEYWORDS: Obesity, Siman Mufriṭ, 'Ilāj bil Ghidhā, 'Ilāj bil Tadbīr, *'Ilāj bi'l Dawā.*

INTRODUCTION

Obesity is a major public health problem that adversely affects overall health, quality of life and life expectancy. In 2019, high body mass index (BMI) contributed to approximately 5 million deaths from non-communicable disease worldwide. The prevalence of obesity continues to rise among both adults and children. Between 1990 and 2022, global obesity prevalence among children and adolescents aged 5-19 years increased from 2% to 8%. Among adults aged 18 years and above, obesity rates increased from 7% to 16%.**[1]** According to the National Family Health Survey (NFHS-5, 2019-21), 6.4% of women and 4.0% of men aged 15-49 years in India are obese. Additionally, the prevalence of overweight children under 5 years (weight-for-height) increased from 2.1% in NFHS-4 (2015-16) to 3.4% in NFHS-5 at the national level.[2]

According to World Health Organization (WHO) Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) above 25 indicates overweight, while a BMI over 30 is classified as obesity.[1] Obesity means having too much body fat, but the exact amount that counts as "too much" is difficult to define. Beyond its effect on physical appearance, obesity is important because extra fat increases health risks. Studies like the Framingham Study showed that weighing 20% more than the ideal weight increases health risks. The National Institutes of Health (NIH) also recognizes that a 20% increase in weight or a BMI above

the 85th percentile in young adults is risky.[2] Another definition of obesity is abnormal adipose tissue growth caused by an increase in the size, quantity, or both of fat cells. Body mass index is a common way to express obesity. People with a BMI of 30 or higher are typically seen to have considerable body fat.[3]

Modern pathophysiology states obesity is characterized by excessive accumulation of adipose tissue resulting from chronic positive energy balance. Persistent energy excess leads to adipocytes hypertrophy and hyperplasia, particularly within visceral adipose tissue. This expansion is associated with dysregulated secretion of adipokines, including increased leptin, resistin, tumour necrosis factor-alpha (TNF-α) and interleukin-6,along with reduced adiponectin levels thereby promoting chronic low grade systemic inflammation and insulin resistance and metabolic dysfunction.[3]

In Unani medicine, obesity is described using terms such as siman ***Mufriṭ, Farbāhī, and Motāpa.*** The term siman which means fat and *mufrit* denotes excessive, are combined to form siman ***Mufriṭ*** which stands for excessive accumulation of fat.[4] Obesity is phlegmatic (*Balghamī*) disease hence it increases coldness(Būrudaṭ) and wetness (*Ruṭūbat*) in the body.[5] **Hakim Hasan Jurjani** described obesity as occurring in two distinct forms; one due to excessive accumulation of flesh (kasrat-i- *Laḥm*), associated with a *Ḥārr Raṭb* temperament, and the other form due to excessive accumulation of fat (*kasrat-i-Shaḥm*), characterized by a *Bārid Raṭb* temperament.[6] **Mohammad Hasan Qarshi** explained that the food we consume especially oily and fatty food is converted into fat and then deposited in different parts of the body. When fat accumulates in areas such as the buttocks, face, abdomen, and breasts, it is termed *Shaḥm*, representing the thicker form of fat. In contrast, fat deposited in blood vessels and around kidneys is referred to as *Sameen*.[7] **Rofas** explains that obese individuals exhibit predominance of phlegm with relative paucity of blood which adversely affect their physical strength and physiological resilience. Consequently, their tolerance to strenuous activity and digestive stress is compromised, predisposing them to weakness, lethargy and impaired digestive function.[8] Hippocrates (Buqrāt) (460 BC) is regarded as one of the earliest physician to describe obesity and its potential repercussions such as cardio vascular problems, coma, and sudden death in his classic book *Fusool-e-Buqratia.* According to him "unforeseen death is more common in those who are naturally fat than in the spare".[9]

The Present Review aims to analyse Siman Mufriṭ in the light of classical Unani literature and contemporary modern science to develop a holistic understanding of its pathogenesis and therapeutic approaches.

MATERIALS AND METHODS

A precise and elaborative search is done by using various databases like PubMed, Google Scholar, Web of Science, ResearchGate, and Google Search. for searching sufficient information on obesity keywords like "obesity," " ***Siman Mufriṭ***," "***Ilāj bil Tadbīr***," "management," and "Unani medicine are used." The specific Unani terminologies are taken from standard Unani medical terminologies book published by CCRUM. For Unani literature, traditional Unani books have been studied.

Aetiology: Obesity is a complex and multifaceted condition resulting from a combination of environmental, genetic, dietary and lifestyle factors. It primarily develops due to chronic imbalance between energy intake and energy expenditure, leading to a positive energy balance and subsequent fat accumulation. Even a small but persistent daily excess of 50–200 kcal can gradually result in significant weight gain over time (approximately 2-20 kg over the span of 4-10 years).[10] Sedentary lifestyles and reduced physical activity contribute significantly to weight gain, whereas regular physical activity plays a protective role. Excessive consumption of sweets, refined carbohydrates, and energy dense fatty foods, as well as frequent snacking in between meals, further promotes fat deposition. The psychosocial factors such as stress, anxiety, frustration, and depression may lead to overeating and unhealthy dietary behaviours.[11] In addition, endocrine disorders such as hypothyroidism, Cushing's syndrome, insulinoma and hypothalamic tumours along with certain medication including atypical antipsychotics (e.g. olanzapine), sulphonylureas, thiazolidinediones, insulin, pizotifen, glucocorticoids, Sodium Valporate and β-blockers are known to contribute to weight gain.[10]

According to classical Unani literature, Siman Mufriṭ develops due to multiple predisposing factors primarily related to diet, life style and temperament. These include excessive intake of food particularly rich, fatty, cold and wet substances. Sedentary habits, lack of physical activity, excessive sleep and indulgence in comfort such as sleeping on soft bed facilitates weight gain. Additionally, certain lifestyle practices, including alcohol consumption and excessive engagement in pleasurable activities like music, luxury and ease also play a significant role in the development of obesity.[12][7] Individual with *Bārid Mizāj* (cold temperament) are considered more susceptible to the development of ***siman Mufriṭ***. In such individuals, the metabolic activity is relatively reduced, leading to a tendency for the oily components of blood to accumulate and transfer into ***Shaḥm*** (fat). Predominance of ***Khilṭ-e-Balghamī*** (cold and moist temperament) promotes fat accumulation by increasing *Ruṭūbat* and *Burūdat* in the body.[13] This state is further aggravated by *Sū'al-Haḍm* (dyspepsia), ***Ifrat-e-Nawm*** (excess sleep), ***Ifrat-e- Sukūn*** (excess rest), and ***Qillat-e-Harkat-e-Badani*** (sedentary lifestyle).[8,4]

Clinical features: The common clinical feature of *Siman Mufriṭ* is excessive lethargy, *Khafaqān* (Palpitations)[14], *Ishāl* (Diarrhea), *Dia al-Nafas* (dyspnea)[14], *Ḍu'f al-Bāh*

(reduced libido)[15] and *Tahabbuj* (facial puffiness). The cardinal feature of this condition is excessive accumulation of adipose tissue, resulting in a marked increase in body mass. This abnormal fat accumulation exerts pressure on internal organ, leading to impaired function. Consequently, patients exhibit reduced physical efficiency, easy fatigability, and even on mild exertion may precipitate breathlessness and palpitations.

Additionally, patient often present with indigestion although appetite is increased.[7]

Complications: Obesity is associated with multisystem complications that increase the risk of cardiovascular diseases such as hypertension, atherosclerosis, and coronary artery disease. It also contributes to endocrine disorders like type 2 diabetes and metabolic syndrome. The major system-wise complications are summarized in Table 1.[10,16]

System	Complications
Neurological	pseudotumor cerebri
Cardiovascular	Hypertension, Dyslipidaemia Coagulopathy, Chronic Inflammation and Endothelial Dysfunction
Psychological	Eating Disorder, Low Self-Esteem, Depression
Pulmonary	Obstructive Sleep Apnoea, Asthma
Gastrointestinal	Gall Stone, Fatty Liver Disease, Colon Cancer GERD
Renal	Glomerulosclerosis, Renal Cancer
Musculoskeletal	Ankle Sprains, Flat Feet, Osteoarthritis
Endocrine	Insulin Resistance, Impaired Fasting Glucose, Polycystic Ovary, Hormone-Related Cancer, Type 2 Diabetes

Vasoconstriction and increased blood viscosity are caused by an increase in *Balgham*. Similar to atherosclerosis, its deposition reduces the *Nufūdh*-e- *Rūḥ* (oxygen supply) to organs, which ultimately leads to organ damage and death in obese people.[4] Ibn sina describe a concept analogous to end organ damage in obesity. He explain that obese individuals are more susceptible to disease due to weakening of *Ḥarārat Gharīziyya* as a result of sue Mizāj Bārid. This along with constriction of blood vessels, reduces the flow of *Rūḥ* to vitals organ, ultimately leading to their functional impairment and eventual damage.[4] According to jami-ul-Hikmat, fat deposition in vital organ such as the liver and heart impair their function leading to hepatomegaly or liver dysfunction(e.g. jaundice) and reduced cardiac efficiency. Associated metabolic and renal disturbances may cause diabetes mellitus. In women, obesity is linked with infertility and increased the risk of miscarriages.[7]

Management: In conventional medicine, obesity is managed through multiple therapeutic strategies with life style modification. These measures include adopting a healthy and balance diet, limiting the intact of junk foods and high calories foods and practicing portion control. Regular meal timing is encouraged to promotes satiety and prevent excessive hungers that leads to binge eating.[10]

Principles of Management: (*Uṣūl-i-Ilāj*)

- **Correction of *Sū'-i-Mizāj Bārid*:** Since the disease is characterized by a cold temperament, herbal medicines possessing the opposite temperament, i.e., hot and dry, should be administered ***(Ilāj bi'l Ḍidd).***
- **Elimination of the underlying causes.**
- **Evacuation of accumulated morbid matter (Khilṭ-e-Balgham):** In cases where there is accumulation of *Mādda* or Khilṭ-e-Balgham in the body, the use of the following drugs is beneficial:
  - *Mushil-i-Balgham* (purgatives)
  - *Mudirr Adwiya* (diuretics)
  - *Mu'arriq Adwiya* (diaphoretics)
  - *Mujaffif Adwiya* (desiccants)**[4][17]**
- Avoid the intake of foods high in fats, refined sugars and excessive carbohydrates.[7]
- Massage using *Ravghaniyāt-i- Ḥārr*.[17]

❖ **Ilāj bil Ghidhā: (Dietotherapy)**

- Reduce the portion size of the food or taking meal of low calories. **(*Taqlīl-i- Ghidhā*)**[18][14]
- Patient with obesity should consume dry and desiccating food.[18] [14]
- Sleeping on an empty stomach or skipping evening meal.[19]
- They should avoid all high-fat and oily foods.[14]
- Qarshi recommended, roti cooked from whole wheat and barley flour, as well as vinegar (sirka), can also aid in fat reduction.[15]
- Excessive use of spices possessing Mulaṭṭif properties to facilitate dissolution of morbid matter.[17][19]
- Patient should practice fasting frequently.[18]

❖ **Ilāj bil Tadbīr (Regimenal therapy)**

➢ ***Hammām*:** Unani physician considers Ḥammām is the best therapy for siman mufrit. Ḥammām promotes dilation of pores, facilitating the process of Nuḍj and elimination of morbid matter from the body. Ḥammām is work on the principal of *Taḥlīl*, *Taqṭī* and *Talṭīf*.[20]

- Bathing in salty water and sulphur containing water induces *Taḥlīl -i- Shaḥm* which causes the *lāgharī-i-Badan*.

- Therapeutic Diaphoresis induced in the Ḥammām contribute to the reduction of body fat.[8]
- Bathing in water boiled with salt, borax, Alum, Kasees and Sulphur is also reported to aid in the reduction of Body fat.[8]
- Exercise and bathing on an empty stomach can help manage fat because exercising and bathing on a full stomach contributes to obesity.[15]

- **Ḥammām-e-Bukhārī** uses perspiration to remove morbid matters, especially Balghami *Mādda*, from the body.[20] Ḥammām-e-Bukhari is recommended either alone as an adjunct in the management of obesity. It raises body temperature thereby increasing metabolic rate and promoting the utilization of stored fat. Zakariya Razi suggests this regimen for the management of obesity in his book Al-Hawi Fit Tib.[13]
- **Riyāḍat(Exercise):** Regular physical activity (Riyāḍat) is essential for stimulating Ḥarārat Gharīziyyah and facilitating the elimination of metabolic wastes. A proper balance between activity and rest is important, as both excessive exertion and excessive rest can lead to increased coldness (Būrudaṭ). Excessive rest increases body moisture and phlegm (*balgham*), lowering metabolic rate and promoting fat accumulation. Therefore, moderate Riyāḍat plays a key role in weight reduction by enhancing energy expenditure and inducing dryness in the body.[8] [20]
- **Dalk (Massage):** It includes vigorous, prolonged massage techniques such as *Dalk Ṣulb*, Dalk Khashin and *Dalk Kathīr* along with diaphoretic inunctions that help stimulate the body and promote fat reduction. These massage techniques usually performed by using warm, resolvent oil prepared from medicinal plant.[8]
- Reducing sleeping Hours(*Bedārī*)[12]
- Refraining from drinking water despite of thirst

following use of diuretic (*Mudirr-i-bawl*) Medicine.[19]

- Sleeping on Hard surface.[8]

❖ **Ilāj bi'l Dawā (Pharmacotherapy)**

According to the principles of Unani medicine, obesity is generally associated with a *Bārid Raṭb* (cold and moist) temperament. Therefore, drugs with a *Ḥārr Yābis* (hot and dry) temperament are recommended. These drugs exert Musakhin (heating) and Mulaṭṭif (demulcent/attenuating) actions, increasing the body's heat and dryness, enhancing fat metabolism (*Shaham*), and thereby promoting weight reduction.[14,21] Administration of diuretic (Mudirr) and purgative (Mushil) medication to facilitate elimination of excess fluids and morbid humours.[7]

Single drug that helps in obesity are listed in Table 2.[8,12,14,22,23,24,25,26]

Sr. No	Single Drug	Botanical Name	Action
1.	Ajwain Desi	*Ptychotis Ajowan*	Musakhkhin
2.	Anisoon	*Pimpinella anisum L.*	Musakhkhin,Mulaṭṭif
3.	Bora Armani	*Armenian bole*	Mulaṭṭif, Mushil-iBalgham
4.	Badiyan	*Foeniculum vulgare Mill*	Munḍij-i-Balgham
5.	Barg Suddab	*Ruta graveolens L.*	Mujaffif
6.	Baladur	*Semicarpus anacardium Linn*	Musakhkhin
7.	Juntiyana	*Gentiana lutea L.*	Mudirr-i-Bawl
8.	Khardal	*Brassica nigra L.*	Mushil-i-Balgham
9.	Zarawand Mudarrij	*Aristolochia rotunda*	Mushil-i-Balgham Mulaṭṭif
10.	Zeera Siyah	*Carum carvi Linn.*	Muhazzil
11.	Sazaj	*Cinnamomum tamala Nees*	Mudirr-i-Bawl
12.	Seer	*Allium sativum L..*	Mu'arriq, Mulaṭṭif
13.	Shib-e-Yamani	*Aluminium Hydroxide*	Mujaffif
14.	Filfil Siyah	*Piper nigrum L.*	Musakhkhin
15.	Kalonji	*Nigella Sativa L.*	Mulaṭṭif
16.	Tukhm-e-Karafs	*Apium graveolens L.*	Mulaṭṭif
17.	Luk Magsul	*Coccus lacca*	Muhazzil, Mujaffif
18.	Marzanjosh	*Origanum vulgare L.*	Jādhib al-Ruṭūbat, Mohallil
19.	Muqil	*Commiphora mukul*	Musakhkhin, MushilBalgham
20.	Pudina	*Mentha arvensis L.*	Musakhkhin, Mulaṭṭif

Compound Unani Formulations used in the management of obesity. Table 3.[8,14,27,28 29]

Sr. No	Compound Unani Formulations
1	Majoon Flafli
2	Itrifal sagheer
3	Jawarish Kamoooni
4	Arq-i-Zeera
5	Arq-i-badiyan

6	Arq-i-Ajwain
7	Safuf-i-Muhazzil
8	Dawa-i-Murakkab
9	Jawarish Bisbasa
10	Dawa al Luk
11	Majoon Seer Alvi Khan
12	Tiryaq-i-Kabir
13	Amroosiya
14	Sikanjbeen Unsuli
15	Majoon-i Muhazzil

DISCUSSION

The present review highlights that both modern and Unani system recognize obesity as a multifactorial disorder primarily associated with excessive dietary intake, sedentary lifestyle, and metabolic disturbances. While modern medicine explain obesity through chronic positive energy balance, adipose tissue dysfunction and systemic inflammation, Unani medicine attributes Siman Mufriṭ to *Su-i-Mizāj Bārid* predominance of Balgham, and impaired metabolism. Despite the differences in terminology, both system acknowledge similar risk factors and disease progression.

The review further emphasized that Unani management adopts a holistic approach through dietary modification (Ilāj bil Ghidhā), regimenal therapy (Ilāj bil Tadbīr) and pharmacotherapy (Ilāj bi'l Dawā) which complement modern lifestyle-based interventions. Tradition therapies such as exercise, Ḥammām, massage and herbal formulations may contribute to weight management; however further well-design experimental studies and randomized controlled trials are needed to established their efficacy, safety, and mechanisms of action. Integrating evidence-based Unani principles with modern medicine may provide a comprehensive strategy for the prevention and management of obesity.

CONCLUSION

Obesity is rapidly growing global health challenge associated with significant metabolic, cardiovascular, musculoskeletal and psychological complications, adversely affecting both quality of life and life expectancy. Unani medicine describe this condition as a siman mufrit primarily resulting from *Su-i-Mizāj Bārid*, predominance of Balgham, excessive eating, sedentary life style and derangement of digestive and metabolic functions. The Unani approach to the management of obesity is holistic and focuses on correction of temperament, elimination of causative factors, evacuation of morbid humours, dietary modifications, *regimenal* therapies and pharmacotherapy. Unani literature describe several single and compound formulations possessing Musakhkhin, Muhazzil, Mudirr, and *Mushil* and Mulaṭṭif properties that contribute to weight reduction. although many of these therapeutic approaches is supported by traditional knowledge, further well-designed experimental studies and randomized controlled clinical trials are require to stablished their safety, efficacy and mechanism of action.

REFERENCES

1. World Health Organization. Obesity and overweight [Internet]. Geneva: World Health Organization, 2024 [cited 2025 Feb 12]. Available from: https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
2. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), 2019–21: India. Mumbai: IIPS, 2021.
3. Braunwald E, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL, editors. Harrison's Principles of Internal Medicine. 12th ed. Vol. 1. New York: McGraw-Hill, 1991.
4. Azhar M, Anjum N**.** Concept and management of Saman-e-Mufrat (obesity) in Unani medicine. Indian Journal of Integrative Medicine, 2021; 1(1): 10.
5. Kabiruddin M. Ifade Kabir. 1st ed. New Delhi: Central Council for Research in Unani Medicine (CCRUM), 2001; 201.
6. Jurjani H. Zakhira Khwarazm Shahi. New Delhi: Idara Kitab-us-Shifa, 2010.
7. Qarshi HKMH. Jami-ul-Hikmat. New Delhi: Idara Kitab-us-Shifa, 2019 Jan.
8. Qamri AAMH. Ghina Muna. 1st ed. New Delhi: Central Council for Research in Unani Medicine (CCRUM), 2008.
9. Aleem M, Banu SS, Khan SN, Zarnigar. Understanding and tackling obesity (Siman Mufriṭ) through the prism of Unani medicine: a comprehensive review. Integr Med Case Rep., 2025; 6(2). Published 2025 Nov 18.
10. Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier, 2018.
11. Park K. Park's textbook of preventive and social medicine. 24th ed. Jabalpur: Banarsidas Bhanot Publishers, 2017.
12. Al-Tabari AAH. Firdaus al-Hikmat fi al-Tibb. New Delhi: Central Council for Research in Unani Medic, 2010.
13. Wani IA, Husain B, Nayab M, Begum M. Unveiling Siman-i-Mufrit (Obesity): Unani perspective and role of Ḥammām-i-Bukhari in its management. J Drug Deliv Ther., 2024; 14(12): 151-155 https://jddtonline.info/index.php/jddt/index
14. Ibn e Sina, Al Qanoon Fil Tib, Vol. IV, (Urdu translation), Idara Kitab us Shifa, New Delhi, 2010.
15. Qarshi AA. Moalajat-e-Nafeesi. New Delhi: Idara Kitab-ul-Shifa, 2022 Aug.

16. Golwalla AF, Golwalla SA. Golwalla's Medicine for Students. 25th ed. Mumbai: The Health Sciences Publisher, 2017.
17. Itrat M, Zarnigar, Siddiqui MA. Concept and management of obesity in Unani medicine. Int J Basic Med Clin Res., 2014; 1(2).
18. Ibn Hubal, Kitabul Mukhtarat fit Tib, Vol-I, (Urdu translation) Central council for research in Unani Medicine Publication, New Delhi, 2007.
19. Razi Z. Man la Yahduruhu al-Tabib. New Delhi: Central Council for Research in Unani Medicine (CCRUM), 2025 Jan.
20. Ahmad I, Azeez A, Ansari AN, Ali M. Efficacy of Riyāḍat (Physical Exercise) with Ḥammām-e-Bukhari (Steam Bath) in the Management of Simane Mufrit (Obesity). Int J Health Sci Res., 2013; 3(5): 1–7.
21. Mand D, Ahmad T, Khalid M, Khan MR, Tarique BM, Akmal M. Concept of Siman Mufrit (obesity) in Unani system of medicine: A review. Int J Herb Med., 2015; 3(5): 43-46.
22. Hakim MA. Bustan-ul Mufradat. 2nd ed. Lucknow: Idara Taraqqi Urdu Publications, 2008.
23. Sughra A, Khan TN. Concept of obesity in Unani medicine: Historical perspectives, etiology, pathophysiology and therapeutic approaches. Int J Res Med Sci., 2026 Jan; 14(1): 341-349.
24. Aleem M, Banu SS, Khan SN, Zarnigar. Understanding and tackling obesity (Siman Mufriṭ) through the prism of Unani medicine: A comprehensive review. Integr Med Case Rep., 2025. doi: 10.5005/imcr-11021-0021.
25. Kabiruddin H. Makhzan-ul-Mufradat. New Delhi: Idara Kitab-us-Shifa.
26. Najam-ul-Ghani M. Khazain-ul-Adwiya. New Delhi: Central Council for Research in Unani Medicine (CCRUM); 2010.
27. Qarabadin-e-Majidi. New Delhi: All India Unani Tibbi Conference, 1986.
28. Kabiruddin M. Al-Qarabadeen. New Delhi: Central Council for Research in Unani Medicine (CCRUM), 2006.
29. Kabiruddin HM. *Bayāż-e-Kabīr*. New Delhi: Maktaba Shifa.