



**CLINICAL EVALUATION OF HAMMAM-i-YABIS IN SIMAN-E-MUFTRIT  
(DYSLIPIDAEMIA); A CASE REPORT**

**Sajid Habib<sup>\*1</sup>, Abdul Nasir Ansari<sup>2</sup>, Abdul Aziz<sup>3</sup>, Mohd Mudassir<sup>4</sup>**

<sup>1</sup>Assistant Professor, Hakim Rais Unani Medical College & Hospital Sambhal.

<sup>2</sup>Professor, National Institute of Unani Medicine Bangalore.

<sup>3</sup>Assistant Professor, National Institute of Unani Medicine Bangalore.

<sup>4</sup>PG Scholar, Department of Moalijat, Aligarh Muslim University Aligarh.

**\*Corresponding Author: Sajid Habib**

Assistant Professor, Hakim Rais Unani Medical College & Hospital Sambhal.

Email ID: [sajidhabib8482@gmail.com](mailto:sajidhabib8482@gmail.com)

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**ABSTRACT**

Disorders of lipoprotein metabolism are collectively referred to as “dyslipidemias”. Dyslipidemia are generally characterized by increased plasma level of cholesterol, triglycerides, or both variably accompanied by reduced level of HDL cholesterol. Incidence of hyperlipidaemia is higher among male than female. Management of dyslipidemia have been conducted from time to time and many effective drugs have been introduced in Allopathic medicine. In USM, *Siman-e-Mufrit* is a disease which occurs due to deposition of Barid Ratab madda that is Shaham and fall under the category of Amraz-e-Balghami., most of the diseases are caused by *Maddah*, either due to quantitative or qualitative imbalances in humours. Such diseases are referred to as “*Maddi Amraz*” and these arise due to abnormal change in the body humours. The most preferable and beneficial principle of treatment of such diseases, is the principle of “*Istifragh*” (evacuation). *Hammam* is the one of various ways through which *Istifragh* of abnormal humours can be brought about. *Hammam* has been described as the best way to carry out *Istifragh* as it result in *Tanqiyah* of all body humours simultaneously. *Hammam* like *Riyazat and Dalk* is the part of *Asbab -e- ghairZaroriyah* which means they are not essential for the existence of life but if they are performed they maintain the health. *Hammam* have three rooms having different temperament, the first room is *Sard-Tar (BaridRatab)*, second is *Garm - Tar ( HaarRatab )* and the third room is *Garm -khushk( Haaryabis )*. Instead of this the 4<sup>th</sup> room which is not included as the room of *hammam* is used for the changing clothes and for the relaxationsss. The bather enters the rooms successively till the third room or it can stop according to the need. It evacuates the superfluous matter or waste matter from the body in the form of sweat and vapors.

**KEYWORDS:** *Siman-e-Mufrit, Istifragh, Hammam, Asbab -e- ghairZaroriyah.*

**INTRODUCTION**

Disorders of lipoprotein metabolism are collectively referred to as “dyslipidemias”. Dyslipidemia are generally characterized by increased plasma level of cholesterol, triglycerides, or both variably accompanied by reduced level of HDL cholesterol. Dyslipidemia has a complex pathophysiology consisting of various genetic, lifestyle, and environmental factors. It has many adverse health impacts, and has a pivotal role in the development of chronic non-communicable diseases like CVDs.<sup>[1,2,3,4]</sup> Total Cholesterol and LDL augmented near about 20% in men between the age group 20-50 years and 30% in Women between the age group 20-50 years. Incidence of hyperlipidaemia is higher among male than female.<sup>[5]</sup>

In Unani literature Buqrat (Hippocrates) was the first, who gave detailed description of *Siman-e-Mufrit* including its complication. Later on most of Unani physicians like Jalinoos, Majoosi, Ibn Rushd have described the concept of Shaham and *Siman-e-Mufrit* in

their treatises. Shaham is considered as Barid Ratab in Mizaj and the classification is also described by ancient physician in detail. It is also mentioned that those person who have Barid Ratab Mizaj are more liable to develop *Siman-e-Mufrit*, hence *Siman-e-Mufrit* is a disease which occurs due to deposition of Barid Ratab madda that is Shaham and fall under the category of Amraz-e-Balghami. Peoples suffering from *Siman-e-Mufrit* are more prone to develop disease like tangi urooq (narrowing of vessels), sakta (stroke) and finally sudden death. Thus, it may deduce although dyslipidemia is not mentioned in classical unani literature as such but strongly simulate with *Siman-e-Mufrit* as described by the most of Unani physicians.<sup>[6,7,8,9,10]</sup>

Management of dyslipidemia have been conducted from time to time and many effective drugs have been introduced in Allopathic medicine. Although, some of these drugs are moderately effective but are associated with adverse effects like hepatotoxicity, myopathies,

nephrotoxicity, malaise, anorexia etc. and also their high cost influence the long term use, whereas the disease requires a long term treatment.<sup>[11,12,13,14,15,16,17]</sup>

In USM, *Siman-e-Mufrit* can be managed by through modifying the *Asbab-e-sitta zaruriya* like modification in Makoolat wa mashroobat, Reyazat, and Hammam along with the appropriate drugs.<sup>[18,19,20]</sup> The main principal of management of dyslipidemia is dietary modification, exercise and drug therapy either alone or in combination. Reduction of body weight and risk factor modification can be achieved by non-pharmacological therapy such as decreased daily calorie intake, increased physical activity, etc.<sup>[12,13,14]</sup> but in certain circumstances pharmacological management of dyslipidemia becomes inevitable, similar treatment measures have been described in Unani literature to manage *Siman-e-Mufrit*. Hammam Yabis Causes tahleel(dissolution) or excess fat by means of increasing sweating. In 1724, Gabriel Fahrenheit invented the first mercury thermometer. So because of the unavailability of the instrument measuring temperature there is nothing mention about the temperature of water used in *hammam* in old classical text book. The temperature of water is used in *Hammam* is as follows.

1. Very cold water                      40-65 F<sup>0</sup>
2. Cold water                              65-75 F<sup>0</sup>
3. Tepid warm or *Moatadil*        85-95 F<sup>0</sup>
4. Hot Water                                95-100F<sup>0</sup>
5. Very hot water                        100-110F<sup>0</sup>
- Extreme hot water                      110-120F<sup>0</sup>

### CASE REPORT

A 40 year old male, goldsmith by profession approached Hakim Rais Unani medical college hospital with chief complaints of increasing weight since 2020. While examination, patient revealed that two years back he was doing well, when he suddenly started gaining weight. For which he went to nearby hospital and got some dietary advice. The plan was stopped, again increasing weight. Later, the patient approached to Hakim Rais Unani medical college Hospital for his treatment. The patient was thoroughly interrogated and examined.

On inspection, the patient was found in agony, had an heavy built with fair colour, walking slowly due to the weight, and there was no visible scar and deformity. There was no history of any chronic disease like Thyroid dysfunction, Diabetes, Hypertension, Tuberculosis, Ischemic Heart disease etc. The vitals were all normal and respiratory, cardiovascular and other systemic examination was normal. Diagnosis is covered by measuring the level of lipid in blood an individual. The Lab test measure Total Cholesterol, triglycerides, and Lipoprotein in the blood plasma. A fasting lipid profile measurement is the gold standard for diagnosis of dyslipidaemia<sup>5</sup>.The patient was finally advised to *Hammam-i-yabis* therapy with consent.

Before starting treatment, patients were advised strict dietary control and moderate exercise. For the assessment of efficacy of the therapy pulse rate, body weight, BMI were used as subjective parameters and Serum Cholesterol, Serum Triglycerides, LDL, and HDL were used as objective parameters. The clinical improvement was recorded after 2 sitting on alternate week for the study. The safety assessment was done by complete Haemogram, ESR, Thyroid profile, LFT, RFT, Blood Sugar, Urine examination and ECG to exclusion of the study.

### METHODOLOGY

#### Material required include

Artificial Hammam(temperature based), Separate room(clothes changing), towel, BP instrument

Patient was given full details of treatment/intervention plan. He was instructed to undergo 2 sittings of *Hammam* therapy on alternate week. The patient was assessed on each sitting. The vitals were checked before and after each sitting.

The male patient of 40 years old having a weight 79 kg, height 169 cm on calculation by Basal Metabolic Index(BMI) is 27.66 considered obese. Before starting therapy, we undergo for lab test of Serum Cholesterol, Serum Triglycerides, LDL, and HDL done before and after of the study to evaluate the effect of the therapy. Patient is advices to came on empty stomach and without clothes enter the Hammam is regulated at 40 degree celcius for 30minutes, regularly monitor the condition of the patient. After 30 minutes from Hammam, rest for 10-15 minutes in separate room.

### RESULT

All investigations (complete Haemogram, ESR, Thyroid profile, LFT, RFT, Blood Sugar, Urine examination and ECG) came out to be within normal limits. Further the patient was keenly watched during whole procedure The condition of the patient was assessed by using Cholesterol, Serum Triglycerides, LDL, and HDL done before and after of the study which showed significant improvement of patient. The patient underwent two sittings of *Hammam-i-yabis* therapy. On the very first, the weight score was seventy nine(79) and after therapy, the weight score was seventy seven(77), indicating a significant improvement. Moreover patient has also led to improvement in the activity of daily life(ADL). The findings are summarised in the form of table.

	Before treatment	After treatment
Weight	79kg	77kg
S Cholesterol	200mg/dl	170mg/dl
S Triglycerides	301mg/dl	165mg/dl
LDL	142mg/dl	138mg/dl
HDL	48mg/dl	46mg/dl

## DISCUSSIONS

Dyslipidaemia is a disorder of lipoproteins metabolism characterized by derangement of lipoprotein in the blood. Allama Qarshi said that excess of shaham in the the body is due to ratoobat and lack of fat is due to yabusat. The Shahami Siman-i-mufrit is a sign of barudat. Management of dyslipidemia have been conducted from time to time and many effective drugs have been introduced in Allopathic medicine. Although, some of these drugs are moderately effective but are associated with adverse effects like hepatotoxicity, myopathies, nephrotoxicity, malaise, anorexia etc. The most preferable and beneficial principle of treatment of such diseases, is the principle of "Istifragh" (evacuation). *Hammam* is the one of various ways through which *Istifragh* of abnormal humours can be brought about. Hammam is a type of medicated bath, is based on three room. First room-cold & moist, Second room-moist & hot, Third room-hot & dry.<sup>[21]</sup> Ibne sina said that water of hammam is clean & fresh and its main aim to provide taskheen wa tar-teeb effect. As per the water used in hammam, it is classified as Hammam nutroon, Hammam kibriti, Hammam ramadi etc. The water used in these hammam have muhallil wa mulattif effect.<sup>[6]</sup> According to Rabban tabri, in hammam stay upto that time in which our body accept the humidity of hammam & heat of the hammam should not adverse effect our body. The principle of entering of the hammam is that, enter the hammam from cold room to hot room & hot room to cold room (vice-versa). The person of dry temperament should use water more than air so that he gets *Ratoobat* from the water otherwise the hot air produces more dryness in the body, like that the person of *Ratab* temperament should use air more than water.<sup>[22,23]</sup> When *Hammam* is taken after food it helps to gain weight because the heat of *Hammam* increases the absorption of food but when *Hammam* is taken immediately after food it causes obstruction (*Sudda*) because it causes the absorption of such food (*Ghiza*) which is not completely digested.<sup>[22]</sup> *Hammam-i-yabis* also used in following case., Osteoarthritis, Gout, Neural pain (*Waja Asab*), Chronic inflammation (*Awram e muzmina*), Ascites (*Isteska*), Paralysis. There are different type of Hammam is used for medicinal purpose having a different function as hammam ratab, hammam boraqi etc. *Hammam-i-yabis* therapy, although extensively being used for treating obesity in Unāni system of medicine, has never been evaluated on scientific parameters in accordance with GCP. Now this study will serve as basis for further studies with large sample size and long duration, till then the trial regimen may serve as a treatment of choice for obese patients.

## CONCLUSION

*Ilaj Bit Tadbeer* is the basic treatment modality in USM in which maintenance of health and treatment of various disorders is done by performing various regimens via certain procedures, tools and equipments. *Hammam* is one of the important regimen used to produce humoral and temperament equilibrium in human body. It is very

useful, safe and can be easily applied and incorporated in family health practices. It is useful to eliminate the morbid matter/material by *Tanqiya-e-Mawad*, there by relieving number of diseases. Present case study gives us an idea that the *Hammam* therapy which has been used for various disorders since antiquity still proves one of the good therapies for simproving physical activity. It gives an idea for formulation of protocol for large sample sizes.

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