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## Review Article

### ILAJ BIL GHIZA (DIETOTHERAPY): A CORE PRINCIPLE OF UNANI TREATMENT– AN APPRAISAL

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#### ABSTRACT

Ghiza (diet) is one of the vital necessities of life. During prehistoric period most of the people considered diet only to satisfy their hunger pangs, but with the advent of medical science and preventive or community medicine, people began to realize the dietary importance as it plays a key role to maintain health and recover from various ailment. In fact diet is responsible for cellular activity, growth, reproduction and their secretion which help to perform various physiological functions. For the maintenance of health, body requires macronutrients viz., carbohydrates, protein and fat and micronutrients viz., vitamins, minerals, trace elements etc. This requirement of the body is accomplished with proper and balanced diet. Ideal diet recommendation is beneficial for preventive as well as curative purpose. It is only in 19<sup>th</sup> century A.D that dietotherapy has become a core specialty where as Unani physicians were way ahead in incorporating dietotherapy as a separate principle of treatment as evident by Unani literature since Hippocratic era. The present appraisal is an earnest effort to highlight the salient features of dietotherapy both prophylactically and therapeutically as enunciated in classical texts of Unani medicine.

**Keywords:** Ilaj bil ghiza, Dietotherapy, Dietics in UNANI, Asbabe sitta zarooriya

#### INTRODUCTION

Ilaj bil Ghiza is literally considered as dietotherapy in western medical literature. It is also known synonymously as alimentotherapy and defined as a strategy for eating sparingly in accordance with prescribed rules or treatment of disease by dietary regulation<sup>1</sup>. The term diet is derived from Greek word 'diaita' means a way of living. It is defined as liquid and solid food substances regularly consumed in the course of normal living or a prescribed allowance of food adapted for a particular state of health or disease<sup>1</sup>. In Unani system of medicine treatment is based on three modes or principles, viz Ilaj bit tadbir wa ghiza (regimenal and dietotherapy) ilaj bil dawa (pharmacotherapy) and ilaj bil yad (manual therapy or surgery). Unani physicians had advocated precise diet for specific disease<sup>2-5</sup>. Preventive medicine in Unani is centered on Asbabe sitta zaruria (six essential prerequisites) adherence to which is essential for healthy life. Makool wa mashroob (food and drinks) is one among them<sup>3,5</sup>. Avicenna described this in his famous treatise "Al Qanoon fit tib"<sup>2</sup> Dietetics and Nutrition is one of the important medical subjects. As remedies may not be administered in every state but proper diet may be used both during health and illness, that's the motive, most of the Unani physicians recommended diet according to temperament, body power, health and diseased state of a person<sup>6</sup>. The importance can further be gauged from Gruner the commentator of Alqanoon who stated that "the stomach is the house of disease and the diet is the head of healing"<sup>7</sup>. In the perspective of Unani Usoole Ilaj (line of management), the term Ilaj bil Ghiza (Dietotherapy) works on the principle of 'Ilaj bil zid (heteropathic treatment) adopted to restore health or combat ailment. On this principle, physicians recommend diet of contrary qualities to the prevailing disease e.g. administration of diet possessing cold

temperament in case of diseases caused by the morbidity of hot temperament/ humours and vice versa<sup>2-5</sup>.

#### Classification of Nutrients

##### Macro-nutrients

##### Carbohydrates

1. Energy yielding
  - Monosaccharides (glucose, fructose, ribose)
  - Disaccharides (lactose, maltose, sucrose)
  - Polysaccharides (starch)
2. Non-energy yielding
  - Dietary fibres

##### Fats

Saturated fats: Ghee, palmitic acid, myristic acids - They increase plasma LDL and total cholesterol and predispose to CAD.

Monounsaturated fatty acids: Oleic acid,

Polyunsaturated fatty acids: Linoleic acid, gamma linolenic acid, arachidonic acids - These are the essential fatty acids. They are precursors of prostaglandins, eicosanoids and they form part of the lipid membrane in all cells.

##### Proteins

##### Micro-nutrients

Organic micro-nutrients - Vitamins (not synthesised in the body)

Inorganic micro-nutrients - Electrolytes (sodium, potassium, chlorine), Minerals (calcium, phosphorus, iron, magnesium), Trace elements (Zinc, copper, iodine, selenium, chromium and manganese).

### Classification of Nutritional Disorders

#### Under-nutrition

Quantitative deficiency  
 In children— Marasmus  
 In adults — Various forms of starvation, anorexia nervosa, bulimia, etc.

#### Malnutrition

Qualitative deficiency  
 Protein deficiency—Protein energy malnutrition (PEM)  
 Vitamin D — Rickets  
 Vitamin- C — Scurvy

#### Excess nutrition

Quantitative — Obesity

#### Excess nutrition

Qualitative  
 Excess cholesterol — Hyperlipidaemia  
 Excess vitamins — Hypervitaminosis A, D, etc.

#### Effect of toxins in food

Migraine, urticaria, coeliac disease, lathyrism<sup>8,9</sup>

### According to Unani physicians there are four edible things

**Dawa (Drug):** The substance used to modify pathological states for the benefit of the recipient it act through its kafiya (Quality).

**Ghiza (Diet):** The substance, which after administration and Istihala (metabolism), becomes the part of the body or organ and provides Badal Ma Yatahallal.

**Ghiza' Dawa'i (Diet cum drug):** The substances, which are primarily, used as diet but have some pharmacological activities. These substances have more dietary constituents as compared to drug constituents. e.g., cucumber, bottle gourd, greens etc

**Dawa' Ghiza'i (Drug cum diet):** The substances, which are used mainly as drug but contain some dietary constituents e.g., Almonds.<sup>2,3,5</sup>

### Unani Principles of Diet

There are certain abnormal conditions to completely stop or reduce diet<sup>2-5,7,10</sup>

**Tarke Ghiza (cessation of diet):** It may be necessary to stop the diet in few abnormal / diseased conditions. So Tabi'at (Medicatrix Naturae) can dominate on the prevailing condition. It is only advised when patient has adequate stamina and can tolerate. This measure is adopted in Darja inteha (peak stage) of disease, crisis, and during the paroxysm of disease.

**Taqlele Ghiza (reduction of diet):** Sometimes diet is reduced to preserve physical powers and Tabi'at. Diet is allowed to strengthen the body and reduced to lessen the production of morbid humors in the body.<sup>2,3,10</sup>

Furthermore Taqlele ghiza may be modified according to quality and quantity of diet through three ways

- Reduced in Kamiyat (quantitative reduction)
- Reduced in Kefiyat (qualitative reduction)
- Reduced in Kamiyat and Kefiyat both (Quantitative and qualitative reduction in diet)

### Quantitative reduction in diet

Reduced in quantity means diet which is low in nutritional value and high in the bulk is called as quantitatively reduced diet such as vegetable and fruits. This type of diet is recommended for false appetite, obesity and accumulated crude humors in the vessel. Hence, the desire of a physician to prescribe this type of diet is to satisfy the appetite by filling the stomach and to prevent the formation of crude humors and further accumulation in vessel.

### Qualitative reduction in diet

Reduced in quality means diet which is high in nutritional value and low in the bulk is called as qualitatively reduced diet such as half boil egg, barley water. This type of diet is recommended in debilitating condition. Hence, the desire of a physician is to prescribe this type of diet to strengthen the body power where the stomach cannot tolerate qualitative load of diet. It is mainly advised in acute diseases where there is no danger of patient collapsing. Diet is forbidden because the crisis of acute diseases is near at hand and vitality will not be weaker before the end of the disease. Only in early stage of an acute disease when the manifestation are not apparent or marked, diet may be given in small amount but when the disease is progressing and manifestation are becoming apparent or prominent in that condition quantity of diet should be lessened for strengthening the natural power to combat the ailment. Likewise in chronic diseases the diet is reduced in order to maintain strength, because the crisis of chronic diseases as well as their resolution is far. Hence, preservation of strength is crucial till the time of crisis so that proper concoction of disease producing morbid matter may occur in this prolonged duration.

### Types of Diet

Basically there are three types of diet:

- Ghiza-i-Lateef (Light diet)
- Ghiza-i-Kaseef (Heavy diet)
- Ghiza-i-Moatadil (Moderate diet)<sup>2-5,7,10-15</sup>

### Classification according to Nutritional Value

1. **Ghiza-i-Lateef (Attenuated diet /Light diet):** It decreases viscosity of blood such as fig and wine, it is recommended for those in whom body pores laden with thick matter or they have susceptibility to develop calculi or obstruction. It is classified in to two types according to nutritional value.
  - a. Ghiza-i-Lateef Kaseer-ut-Taghzia (Attenuated Highly nutritious) such as meat soup, yolk of half boil egg, extract of grapes.
  - b. Ghiza-i-Lateef Qaleel-ut-Taghzia (Attenuated slightly nutritious) such as fruits

### These two are further subdivided into four types according to chyme

- a) Ghiza-i-Lateef Kaseer-ut-Taghzia wa Jayyad-ul-Qaimus (Attenuated highly nutritious and good chyme forming) such as Meat soup, Yolk of half boiled egg
- b) Ghiza-i-Lateef Kaseer-ut-Taghzia wa Radi-ul-Qaimus (highly nutritious and bad chyme forming) such as Liver and lungs
- c) Ghiza-i-Lateef Qalilu-ut-Taghzia wa Jayyad-ul-Qaimus (slightly nutritious and good chyme forming) fruits such as pomegranate, apple
- d) Ghiza-i-Lateef Qalilu-ut-Taghzia wa Radi-ul-Qaimus (slightly nutritious and bad chyme forming) such as vegetables (Table 1)

**Table 1: Categorization of different types of Ghiza-i-Lateef**

<b>Ghiza-i-Lateef (Light diet/ low calorie diet)</b>	
Highly nutritious	meat soup, wine, yolk of half boil egg, extract of grapes, pottage
Highly nutritious and good chyme forming	Meat soup, Yolk of Half boiled egg, wine,
Highly nutritious and bad chyme forming	Newly killed meat of suckling, pheasant, partridge and lungs
Slightly nutritious	Juleb, potherb, Fruits ( pomegranates, matian )
Slightly nutritious and good chyme forming	Pomegranate, apple
Slightly nutritious and bad chyme forming	Radish, mustard, and other kitchen herbs Lettuce, matian, baadi sabzi

2. **Ghiza-i-Kaseef (Heavy diet/ viscous diet):** It increases viscosity of blood such as cow meat. It is avoided in those who are prone to develop calculi or obstruction in their body and preferred in those who want to strengthen their body or accustomed to vigorous exercise. It is classified in to two types according to nutritional value.
  - a. Ghiza-i-Kaseef Kaseer-ut-Taghzia (viscous highly nutritious) such as Beef meat
  - b. Ghiza-i-Kaseef Qaleel-ut-Taghzia (viscous slightly nutritious) such as Dry beef meat

**These two types are further subdivided into four types according to chime**

- a) Ghiza-i-Kaseef Kaseer-ut-Taghzia wa Jayyad-ul-Qaimus (viscous highly nutritious and good chyme forming) such as Boiled egg, sheep kid meat
- b) Ghiza-i-Kaseef Kaseer-ut-Taghzia wa Radi-ul-Qaimus (viscous highly nutritious and bad chyme forming) such as Duck meat, horse meat
- c) Ghiza-i-Kaseef Qalilu-ut-Taghzia wa Jayyad-ul-Qaimus (viscous slightly nutritious and good chyme forming) such as Meat of thin beef.
- d) Ghiza-i-Kaseef Qalilu-ut-Taghzia wa Radi-ul-Qaimus (viscous slightly nutritious and bad chyme forming) such as dry meat (Table 2)

**Table 2: Categorization of different types of Ghiza-i-Kaseef**

<b>Ghiza-i-Kaseef (Heavy diet/ viscous diet/ high calorie diet)</b>	
Highly nutritious	Boiled egg, Beef
Highly nutritious and early good chyme forming	Boiled egg, year old lamb
More nutritious and bad chyme forming	Veal, Duck, horse flash
Slightly nutritious	Cheese, Dry beef, salted meat
Slightly nutritious and good chyme forming	Meat of thin beef
Slightly nutritious and bad chyme forming	Salted meat, Dry meat

3. **Ghiza-i-Moatadil (Moderate diet):** It neither increases nor decreases the viscosity of blood and responsible for the moderate viscosity.

**Classification of Diet according to Metabolic Properties**

1. Ghizae saree-un-nafooz (fast absorbing/ penetrative diet)
2. Ghizae bati-un-nafooz (slow absorbing/ penetrative diet)

**Ghizae saree-un-nafooz (fast penetrative diet):** This diet is used to revitalise the power when there is not enough time to

assimilate and advised in debilitating condition. This type of diet is avoided when slow digestible diet has been taken.

**Ghizae Bati-un-nafooz (slow penetrative diet):** This diet is used when the body needed nutrition slowly like reduced absorption of sugar in diabetes is very imperative in order to manage metabolic syndrome.<sup>2-5,7</sup>

The effect of food on the body depends upon three factors<sup>7</sup>

1. Kefiyat (Quality) of food
2. Madda (Substance/Composition) of food
3. Surate Nauiy'a (Chemical structure) of food

**Kefiyat (Quality) of food:** Some time either hot or cold quality of food tempered the body accordingly and do not become the integral part of the body.

**Madda/ Kamiyat (Substance) of food:** The food become the integral part of body after digestion and to the end of assimilation and form the tissue without losing its primary quality such as temperamentally lettuce is colder than human body but it becomes the blood and is the capable of converting in tissue.

**Surate Nauiy'a (Chemical structure) of food:** it is a specific form of food, which neither act through its four primary qualities nor its composition as mentioned above, but its effect is due to inherent possession of the Surate Nauiy'a.

**Rules**

**Activities indicated after food**

Rest after lunch and slight movement such as routine walk after evening meal is indicated<sup>7</sup>

**Activities contraindicated after food**

Most of the Unani physicians suggested that there are certain factors to be avoided just after taking food such as riyazat (exercise), Hammam (medicated bath), excessive water intake, horse riding, Jima' (intercourse), jumping, wrestling etc.<sup>16,17</sup>

**Table 3: Some specific diet and its indication in Unani medicine**

<b>Diets</b>	<b>Indication</b>
Maul Jubn (Whey)	Predominance of Sauda Dryness of body Typhoid Constipation
Mau sha'eer (Barley water)	Fever Predominance of safra
Mau'llahm (Meat soup/ distillate)	Malnutrition Tuberculosis General debility
Maurraib (Butter milk)	Predominance of Dam Quenching thirst
Maul asl (Hydromel)	Predominance of balgham Specially paralysis Gastric ulcer
Paneer maya	Weak Heart and Brain Diarrhoea
Sikanjabeen (Oxymel)	Predominance of safra Fever Vomiting
Mazuraat (Vegetable broth)	Predominance of dam
Aabkama (Mari / sirka hindi/ Kaanji)	Obesity
Hareera (Dry fruit potage)	As a brain tonic For increasing body's innate heat <sup>18-20</sup>

**Table 4: Condition versus Recommendations**

Pathological condition	Recommendations
Celiac sprue	Avoid glutens
Cholelithiasis	Avoid fatty foods
Congestive heart failure	Limit sodium
Diabetes mellitus	American Diabetic Association Diet, calorie limited; exercise
Diverticulosis	Low-residue diet
Dysphagia	Special consistency diets as indicated by testing/ tolerance
Esophagitis	Avoid alcohol, nonsteroidal drugs, tobacco; consume thick liquids
Gastroesophageal reflux	Avoid caffeine, chocolates, mints, or late meals
Gout	Limit alcohol and purine intake
Hyperhomocysteinemia	Increase consumption of folates, vitamin B12
Hyperlipidemias	National Cholesterol Education Program Diet with limited fat and cholesterol and increased fiber
Iron deficiency anaemia	Iron supplements with vitamin C
Irritable bowel syndrome	Increase fiber content of meals, limit dairy Products
Kidney stone formers	Liberal fluid intake
Nephrotic syndrome	Limit sodium intake
Obesity	Caloric restriction, accompanied by increased Exercise
Osteoporosis	Supplement calcium and vitamin D; limit alcohol and tobacco
Pernicious anemia	Supplement cyanocobalamin (vitamin B <sub>12</sub> )
Renal failure	Limit sodium, potassium, protein, and fluids
Women and men over 25 years of age	Supplement calcium <sup>1</sup>

#### Dietary Recommendations for Quality Health

- Suitable diet should be selected.
- To be taken as per necessity.
- Proper measures to be adopted for digestion after taking food
- Regularity and punctuality of diet is essential.
- Avoidance of over eating.
- To reduce or avoid diet during indigestion
- Blessed messenger of Islam stated that “stomach should be filled 1/3<sup>rd</sup> by food, 1/3<sup>rd</sup> by water and leave 1/3<sup>rd</sup> empty for breathing”.
- To be taken on genuine hunger, unless previous meal digested, but should not delay the meal until the appetite has passed off.
- It is really harmful for the body to superimpose food over previous diet.
- Hygienic food should be taken.
- Dawae Ghizayee (medicinal food) should not be used as nutriment for preservation of health.
- One must be wise in selecting the order of food.
- Efficaciously hot diet is recommended in cold temperament people and vice versa
- Mother’s milk is best diet for infant.
- Qualitatively and quantitatively balanced diet is key to maintain the taghzia (Nutrition)
- Season: During winter, hot food and during summer, cold food.
- Diet should not be too hot or cold that it becomes unbearable.

- To balance the temperament of diet, cold food (snake cucumber or pumpkin) should be tempered with the contrary (hot) food such as garlic and leek and vice versa.
- The food having obstructive property should be taken with resolving and depleting food.
- Mental excitement, emotion, strenuous exercise just after meal hinders digestion.
- In winter more nutritious and solid food like cereals should be taken and poor nutritious food like vegetable should be avoided.
- The quantity of food should not be more to completely satisfy the appetite.
- In case of excess intake on one day, fasting to be practiced next day.
- The quantity of the meal depends on robustness of person.
- Shallow breathing and full pulse after food is the sign that meal was not moderate.
- Persons who feel heat and flushing after meal are advised to take meals in small quantity several times.
- Fish and like items should not be taken after heavy work.
- “The best food for everyone is that which grows where they live”
- Combination of food of diverse character in single meal is not good practice.
- Excess of sweets things can produce obstruction in the channel of body.
- Fruits should be taken before meal.<sup>2,4,7,11,16-18</sup>

#### CONCLUSION

The literary survey carried out amply proves the fact that ancient Unani physicians were not only aware about the importance of diet but also utilized to the utmost for prophylactic and therapeutic purpose. The wisdom of the physician may play a vital role in selecting the ideal food which is easily available, cheap and at the same time suitable to the patient in terms of temperament, season and disease. Despite its importance there is lack of uniform standards for its application in clinical use. Therefore it is high time that this age old therapy is further subjected to clinical trials for scientific validation for wider acceptability so that the mankind may reap its wonderful benefits.

#### REFERENCES

1. Venes D, editor. Taber’s Encyclopedic Medical Dictionary. 21<sup>st</sup> ed. USA, America: FA Davis Company Philadelphia; 2009. p. 644-649.
2. Sina I. Al Qanoon Fit Tib. Vol 1<sup>st</sup>. (Urdu translation By Ghulam Hussain Kantoori). New Delhi: Idarae Kitabus Shifa; YNM. p. 203-204.
3. Nafees B. Tarjuma wa Sharae Kulliyate Nafeesi (Urdu Translation By Mohammad Kabeeruddin). New Delhi: Idarae Kitabus Shifa; 1954. p. 242-252, 259, 294, 524-527, 535-563.
4. Sina I. Alqanoon Fit Tib. Vol 1<sup>st</sup>. (English translation By Jamia Hamdard). New Delhi: Jamia Hamdard; 1993. p. 157, 318, 273, 299.
5. Qarshi AA. Ifadae Kabeer (Majmal) (Urdu translation by Mohammad Kabeeruddin). New Delhi: Idarae Kitabus Shifa; 2010. p. 83, 88, 135, 136, 157-161.
6. Rushd I. Kitabul kulliyat. 2<sup>nd</sup> ed. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt of India; 1987. p. 212.
7. OC Gruner. The Canon of Medicine of Avicenna. London: First Book, Luzac and Co; 1930. p. 347-214, 365, 394-432.
8. Alagappan R. Manual of Practical Medicine. 4<sup>th</sup> ed. New delhi. Jaypee Brothers Medical Publishers (P) Ltd; 2011. p. 54-55.

9. Williams SR. Basic Nutrition and Diet therapy, 10<sup>th</sup> ed. Mosby-Year book, Inc. USA; 1995. p. 5.
10. Sina I. Kulliyate Qanoon (Urdu translation by Mohammad Kabeeruddin). New Delhi: Ejaz Publishing House; 2006. p. 160-183.
11. Maseehi AS. Kitabul Mia'h. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt of India; 2008. p. 178-199.
12. Tabri AHABSR. Firdausul Hikmat (Urdu translation by Hakeem MA Shah). New Delhi: Idara Kiatabus Shifa; 2010. p. 342-356.
13. Anonymous. Standard Unani Medical Terminology. CCRUM, New Delhi; 2012. p. 139, 147, 157.
14. Zaman R, Basar SN, Farah SA. Dietotherapy In Unani System Of Medicine. International Journal Of Pharmaceutical, Chemical And Biological Sciences 2013; 3(4): 1035-1039.
15. Hamdani SKH. Usoole Tib. New Delhi. NCPUL Publication; 1998. p. 173-175, 405-409.
16. Baghdadi IH. Al mukhtarat Fit Tib. Part-1<sup>th</sup>. New Delhi: CCRUM, Ministry of Health and Family Welfare. Govt of India; 2005. p. 203-207.
17. Tabri AHAIM. Al Moalajate Buqratiya. Vol-1<sup>st</sup> New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 1995. p. 144-146.
18. Siddiqui MH, Khan MS. Dietotherapy And Its Significance With Special Refrence The To Management of Dique (Tuberculosis). Indian Journal of Traditional Knowledge 2007; 7(3): 397-400.
19. Grant M. Galen on Food and Diet. New York: Library of Congress Cataloguing In Publication Data; 2000. p. 62.
20. Khan MA. Akseere Azam (Al Akseer) (Urdu Translation by Mohammad Kabeeruddin). Idara Kitabus Shifa; New Delhi; 2011. p. 18-23.

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