



Review Article

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THE PRINCIPLES AND CLINICAL MANAGEMENT OF ACUTE DIARRHEA (*ISHAL*) IN THE UNANI SYSTEM OF MEDICINE

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ABSTRACT:

Background: Acute diarrhea remains one of the leading causes of childhood morbidity and mortality worldwide, and while oral rehydration therapy has become the cornerstone of its modern management, traditional systems of medicine such as Unani offer a parallel and largely under-explored body of clinical experience in managing this condition, referred to as *Ishal*. **Objective:** This review aims to examine the conceptual understanding and therapeutic management of acute diarrhea in Unani medicine. **Methods:** A narrative review was conducted of classical Unani texts, including *Al-Qanun fil Tibb*, *Al-Ikseer*, and *Kamil us Sana*, as well as contemporary Unani pharmacopoeial and formulary sources and relevant published literature. Information on the definition, classification, aetiopathogenesis, and dietary and pharmacological management of *Ishal* was extracted and organised thematically, with particular attention to descriptions of dietotherapy (*Ilaj bil Ghiza*) and pharmacotherapy (*Ilaj bil Dawa*) in both adult and paediatric patients. **Findings:** The Unani framework understands *Ishal* as an impairment of the intestinal retentive faculty (*Quwwat-e-Masika*) relative to the expulsive faculty (*Quwwat-e-Dafia*), and classifies the condition according to the dominant humour and the character of the causative matter. Management follows a graded therapeutic hierarchy in which dietotherapy precedes pharmacotherapy: dietary restriction (*Parhez*), gradual reintroduction of easily digestible foods such as *Sawiq-e-Sha'ir* and *Ma'ul Sha'ir*, and early attention to fluid replacement feature prominently, followed by single and compound astringent drugs when diet and regimen alone prove insufficient.

Key words: Acute Diarrhea, dietotherapy, *Ilaj bil Ghiza*, Ishal-e-Haad,

Introduction:

Diarrhea remains a significant global health challenge, particularly in developing countries, where it contributes to high morbidity and substantial mortality. According to the WHO, passing three or more loose or watery stools in 24 hours is considered diarrhea. Each year, diarrhoea kills around 443,832 children under 5 and an additional 50,851 children aged 5 to 9 years. [1]

The Unani system of medicine, rooted in the Hippocratic-Galenic tradition and subsequently elaborated by Arab and Persian scholars, conceptualises health and disease within a structured framework comprising the six essential factors (*Asbab-e-Sitta Zarooriya*) and a hierarchical therapeutic model that emphasises natural, non-invasive interventions. [2] Within this model, *Ilaj bil Ghiza* (dietotherapy) is regarded as the primary and least invasive therapeutic modality, and is therefore instituted before *Ilaj bil Dawa* (pharmacotherapy) and *Ilaj bil Yad* (surgical or manual therapy). [3]

Hippocrates himself stated, "*Let food be thy medicine and medicine be thy food*," a sentiment deeply embedded in Unani clinical practice. [2,4]

Concept of Diarrhea in Unani

In Unani medicine, Ishal is defined as an abnormal increase in stool frequency and liquidity resulting from impairment of the intestinal retentive faculty (*Quwwat-e-Masika*). Ibn Sina in *Al-Qanun fil Tibb* described *Ishal* as: "passage of matter from the intestines in a liquid or semi-liquid state, more frequent than normal, due to weakness of the retentive faculty or excess of material requiring expulsion.

Table 1: Different terms used for diarrhea in Unani

<i>Tukhma/ Ajeeran/ Intalaq-ul-Batan</i>	A gastric disorder in which ingested food remains undigested within the stomach (<i>meda</i>), undergoing decomposition and generating toxic substances that ultimately lead to diarrhea. [5]
<i>Zalaq-ul-Am'a</i>	The condition where food moves rapidly through the intestines without proper digestion, despite remaining there for the usual digestion period, due to (<i>Sahaj</i>) abrasions in the intestines. [6]
<i>Zaheer/ Pechish/ Aenghna</i>	A condition characterised by the patient's repeated and uncontrollable effort to evacuate fecal matter with twisting pain. [6]
<i>Zarb wa Khilfa/ Ishal Asbi/ Sangrahn</i>	A form of chronic diarrhea caused by the weakness of the nerves innervating the stomach and intestine, and thereby causing general weakness of both organs and undermining their normal activity, as well as the power to retain the contents for a period sufficient for the complete digestive process. [7]

Cause: The Unani understanding of acute diarrhea aetiopathogenesis involves dysfunction of the four *Quwa* (faculties): *Quwwat-e-Hazima* (digestive faculty), *Quwwat-e-Jaziba* (attractive faculty), *Quwwat-e-Masika* (retentive faculty), and *Quwwat-e-Dafia* (expulsive faculty). In acute diarrhea, there is predominantly an overactivity of *Quwwat-e-Dafia* with simultaneous weakness of *Quwwat-e-Masika*. [8,9]

Types: Classical Unani physicians classified *Ishal* based on the nature of the causative matter (*Madda*), affected organ, and predominant humour (*Khilt*). The following principal types, based on *Khilt*, are: [6,10]

- *Ishal Damawi*: Sanguineous diarrhea due to dominance of blood (*Dam*)
- *Ishal Safrawi*: Bilious diarrhea from excess *Safra* (yellow bile), characterised by watery yellow stools.
- *Ishal Balghami*: Phlegmatic diarrhea due to *Balgham* (phlegm) excess, with pale, mucoid stools.
- *Ishal Saudawi*: Melancholic diarrhea due to *Sauda* (black bile) predominance.

Management:

In Unani medicine, the management of acute diarrhea uses *Ilaj bil Ghiza* (dietotherapy) as the first, and *Ilaj bil Dawa* (pharmacotherapy) when diet and regimen alone are insufficient.

Concept of ilaj bil ghiza

Ibn Sina explicitly stated: "The physician must first rely on diet (*Ghiza*) as his primary instrument of treatment. If diet alone is sufficient, no medicine should be prescribed; if diet and simple medicines suffice, compound medicines are unnecessary. [8]

Unani scholars classified food according to multiple dimensions relevant to therapeutic use: [4]

Mizaj of Food: Foods are assigned a temperament (hot, cold, moist, dry) and grade (first to fourth degree), which determines their physiological and therapeutic effect. For example, pomegranate juice is classified as cold and dry in the second degree, making it suitable for hot-tempered diarrhea.

Ghiza-e-Latif (Light/Fine Foods): Foods that are easily digestible and produce thin, refined chyle. These are preferred in all acute gastrointestinal conditions to reduce the burden on impaired digestion.

Ghiza-e-Kasif (Heavy/Dense Foods): Foods producing thick chyle, which are contraindicated in acute diarrhea as they aggravate intestinal burden.

Ghiza-e-Mujaffifa (Foods causing desiccation of body fluids)

Foods that reduce excessive moisture in the intestines, counteracting the moist and liquid nature of diarrheal stools. These constitute the cornerstone of dietary management in *Ishal*.

Aghziya-e-Muqawwiya-e-Meda wa Ama'a (Stomach and Intestine Strengthening Foods): Foods that tonify the digestive organs and restore their weakened faculties.

***Ghiza e Lateef* in the initial phase of diarrhea:**

Following the initial phase of dietary restriction, Unani physicians recommended gradual reintroduction of light, easily digestible foods. Ibn Sina prescribed the following as primary foods in the early management of *Ishal*.

1. *Sawiq* (Roasted Barley/Wheat flour):

Barley or wheat flour is roasted and prepared as a thin porridge. *Ibn Sina* considered *Sawiq* of barley as one of the most beneficial foods in acute diarrhea due to its cold and dry temperament, its capacity to bind the bowel, and its ease of digestion. He wrote: "*Sawiq-e-Sha'ir* is among the finest foods for those afflicted with *Ishal*, for it cools the heated intestines and binds excessive moisture. **[8]**

2. *Ma'ul Sha'ir* (Barley Water):

A decoction of barley, strained of its solid components, was considered a premier therapeutic beverage in diarrheal conditions. Its high soluble fibre content (beta-glucan) was recognised empirically for its binding and demulcent properties. **[8,11]**

3. *Makhidh/Dogh* (Buttermilk):

Fermented dairy products—particularly thin yogurt diluted with water- were recommended for diarrhea associated with intestinal weakness, owing to their probiotic content and mild astringency. **[8]**

Ilaj bil Dawa:

Ussol-e-ilaj (Principle of Treatment)

1. *Parhez/Faqa-kashi* (Avoidance/Restriction of diet)

Parhez is the first and most critical component of *Ilaj bil Ghiza* in *Ishal*. *Ibn Sina* dedicated an entire subsection of *Al-Qanun fil Tibb* to *Parhez* in intestinal diseases, stating: "In all intestinal ailments, the physician must first ensure that the patient abstains from foods that generate bad humours (*Akhlat-e-Fasida*) and aggravate looseness of the bowel. **[8]**

Dietary restriction in children is not very beneficial; therefore, it is better to prolong the weaning period. For example, instead of feeding milk every 3 hours, give it every 4–5 hours, and similarly reduce the duration of each feeding to 1 hour for 48 hours. During this period, give only fresh water, glucose solution, very lightly roasted barley water, and skimmed milk. **[12]**

2. Rehydration therapy (*Sayyal-Rasani*)

Although Oral Rehydration Therapy (ORT) as we know it today was only formally developed in the 1970s, classical Unani physicians already had a remarkably clear understanding of how dangerous fluid loss can be in diarrheal illness. In their detailed accounts of *Hayda* (cholera) and severe *Ishal* (diarrhea), Unani scholars described how quickly patients could lose fluids, become weak, and even slip into collapse. They stressed the importance of keeping the patient's strength up by giving small,

frequent sips of water, nourishing meat broths (*Ma'al-Lahm*), and light fruit-based drinks, rather than withholding fluids or overloading the stomach at once. [10]

Roasted cinnamon quenched in water or *Arq Gaozaban* (*Borago officinalis*), is beneficial in reducing thirst and symptoms of dehydration due to diarrhoea. Apart from this, a formulation consisting of

- *Baadyan* (*Foeniculum vulgare*) 2 gm,
- *Habb-ul-Aas* (*Myrtus communis*),
- *Daana Heel* (*Elettaria cardammum*),
- *Tukhm Khurfa Siyah* (Seeds of *Portulaca oleracea*), 1 gm each is also beneficial. [13]

3. Use of astringent (*Qabiz*) drugs.

Table 2: List of single and compound drugs used in acute diarrhea [14,15]

Single drug	Dose	Indications
Aam (Stem Bark) <i>Mangifera Indica</i>	5-10 g	<i>Ishal</i>
Arjun (Stem Bark) <i>Terminalia Arjuna</i>	3- 5 g	<i>Ishal, Sangrahn</i>
Atees Shireen <i>Aconitum Heterophyllum Wall</i>	2- 3 g	<i>Ishal, Zof e Meda</i>
Baelgiri <i>Aegle Marmelos</i>	2-3g	<i>Ishal, Zaheer Damwi</i>
Gilo <i>Tinospora Cordifolia</i>	5-10g	<i>Ishal, Zaheer, Humma</i>
Jamun <i>Syzygium Cumini</i>	2-5g	<i>Ishal, Zof e Meda</i>
Compound Drug	Dose	Indication
<i>Arq Ajeeb</i>	2-5 drops	<i>Ishal, Waja-ul-Meda, Nazla</i>
<i>Hab Anar</i>	200 mg with water	<i>Ishal Atfal</i>
<i>Hab Pechish</i>	125-250 mg	<i>Ishal, Zaheer</i>
<i>Hab Raal</i>	500 mg- 1 g	<i>Ishal, Qurooh e Meda</i>
<i>Sharbat Belgiri</i>	25-50 ml	<i>Ishal, Zaheer</i>
<i>Qurs Malti Basant</i>	100-150 mg	<i>Ishal, Zof e Meda</i>
<i>Sufoof Teen</i>	5-10 g	<i>Ishal Safrawi wa Damwi, Qurooh e Meda</i>

In children:

In Unani medicine, infantile diarrhea is recognised as an important pediatric condition and receives special emphasis in its management. Renowned Unani scholars such as *Hakim Azam Khan*, *Ibn-Sina*, and *Rabban Tabri* have described a range of medicinal preparations and therapeutic strategies for treating infantile diarrhea.

Sheera Belgiri 1 masha, *Sheera habb ul aas* 1 masha mixed in water with *rubb behi sheerein* 6 masha. Dose is adjusted according to the age of the child (at the time of tooth eruption) [16]

In a breast-fed baby with diarrhea, the use of breast milk should be reduced, and only boiled water should be given. [12]

If a child who consumes *roti* (bread) and rice develops diarrhea due to excess (*Ajza-e-nashasta*) starchy components in the diet, this condition increases the risk of infection within the bowels. Therefore, *roti*, rice, *matar* (peas), and *dal* (lentils) should be discontinued, and the child should be given only diluted milk or *dahi* (yogurt). [12]

DISCUSSION:

Acute diarrhea is still one of the biggest health problems worldwide, especially for young children. In modern medicine, the mainstay of treatment is Oral Rehydration Therapy (ORT) along with medicines to control symptoms. Unani medicine, on the other hand, takes a more holistic view. It sees *Ishal* (diarrhea) not just as a symptom, but as a sign that the digestive system is out of balance—specifically, the body's "expulsive faculty" (*Quwwat-e-Dafia*) is overactive, while the "retentive faculty" (*Quwwat-e-Masika*) is too weak to hold contents in the gut. [8,9] Following the Hippocratic idea that "food should be your first medicine," [2,4] Unani physicians always try dietary changes before turning to drugs. The approach is to avoid heavy, hard-to-digest foods (*Ghiza-e-Kasif*) and instead give light, gently binding foods (*Ghiza-e-Latif*). Classic examples include roasted barley powder (*Sawiq-e-Sha'ir*) and buttermilk (*Dogh*), which both rest the gut and provide nutrients and natural soothing agents. If diet alone isn't enough, Unani moves to simple herbal remedies with astringent properties—such as *Baelgiri*, *Arjun*, and *Jamun*—to help tighten the intestinal lining and reduce excess fluid loss. Compound formulations like *Sharbat Belgiri* and *Arq Ajeeb* are also used for the same purpose. In children, where strict food restriction can be risky, the focus shifts to smarter feeding: adjusting meal timing, offering diluted milk or yogurt, and using very mild, child-appropriate herbal preparations. [14,15]

CONCLUSION:

Unani medicine offers a systematic and internally consistent framework for understanding and managing acute diarrhea. The classical Unani dietary framework, as documented, provides a historically validated, low-cost, and accessible dietary strategy for acute diarrhea that is particularly relevant in resource-limited settings. The compound and single-drug astringent formulations described in classical Unani texts remain comparatively under-investigated and represent a reasonable target for future pharmacological and clinical research.

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