

Review Article

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UNANI PERSPECTIVES ON SIMAN MUFKIT (OBESITY): REMEDIES AND THERAPEUTIC TECHNIQUES

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Abstract

Siman mufkit (Obesity) is a complex and multifactorial condition with significant health implications. The *Unani* Medical System, rooted in ancient Greek Medicine offers a unique perspective on understanding and treating obesity. It classifies obesity under the concept of an imbalance in the body's humors (*Akhlāt*) and temperament (*Mizāj*). This article includes the principles and methodologies of the *Unani* approach to obesity, emphasizing its holistic nature that considers physical, psychological, and environmental factors and details the historical background, etiology, complication, traditional remedies, and therapeutic techniques used in Unani medicine, such as dietary modifications (*'Ilaj bi'l Ghidhā*), treatments by Unani Medicine (*'Ilaj bi'l Dawā*), regimental therapies (*'Ilāj bi'l Tadbīr*), and lifestyle interventions. By integrating classical *Unani* texts with contemporary research, this article aims to provide a comprehensive understanding of how *Unani* Medicine addresses obesity, highlighting its potential benefits and challenges in modern healthcare settings.

Keywords: *Siman Mufkit, Akhlāt, Mizāj, 'Ilāj bi'l Tadbīr, Unani System of Medicine*

INTRODUCTION

Obesity is a English word derived from Latin word "Obedere," which means "to devour" and is translated as "very fat,". It is described as an aberrant state of adipose tissue growth brought on by either hypertrophic obesity (larger fat cells) or hyperplastic obesity (more fat cells), may be alone or in combination. Since it is impossible to measure body fat directly, it is measured by body mass index (BMI), which is calculated as weight/height in square (in kg/m²). BMI is used to distinguish between those who are overweight and obese. A person is considered overweight by the WHO if their BMI is 25 kg/m² or higher, and obese if their BMI is 30 kg/m² or higher (1). In 1980, worldwide obesity has more than doubled.(2) It is estimated that there are 135 million obese people in India.(2) Obesity is a major public health issue it is directly linked to higher health and social expenses. The disease's frequency is steadily rising worldwide, particularly in low- and middle-income nations. It is projected that millions of people around the world would be affected over the next two decades. (3) The worldwide prevalence of obesity is reaching pandemic proportions. In 2016, the WHO reported that more than 1.9 billion persons globally (39%) were overweight, with over 650 million (13%) obese. obesity is associated with huge personal, social, and economical costs. It is estimated that obesity is responsible for 5% of all global deaths. Prevalence of obesity across India was 40.3% among the age group of 18–80 years. (4) In 2022, 2.5 billion adults aged 18 and over were overweight, with over 890 million adults suffering with obesity. This equates to 43% of persons aged 18 and over (43% of men and 44% of women) being overweight, whereas approximately 16% of adults aged 18 and older globally being obese in 2022. The global prevalence of obesity more than doubled between 1990 and 2022.(5)

In the *Unani* System of Medicine, obesity is classified under the title of *Siman Mufrit*, which is a mixture of two words *Siman* means fat, and *Mufrit* means excessive. The term "*siman mufrit*" refers to an excessive amount of *shaḥm* (fat). Excess of *shaḥm* is caused by *burūdat* (coldness) and *ruṭūbat* (wetness). *Siman Mufrit* is considered a *balghamī* (phlegmatic) illness. *Balgham's mizāj*, (temperament) is *bārid-ratab* (cold-moist), and the presence of *kḥilt-i-balgham* boosts *burūdat* and *rutūbat* levels in the body. Thus, the dominance of *balgham* in the body is regarded as a risk factor for obesity. Excessive deposition of *shaḥm* (fat) with a cold temperament causes dominance of *burūdat* (coldness) in the body. A vicious cycle is likely to begin in the body as *bārid mizāj* (cold temperaments) lead to the deposition of *shaḥm*, which in turn leads to further *burūdat* (coldness).(6)

WHO reported globally in 2016

in 2022 (5)

1 billion people are obese

2.5 billion adult are overweight

650 million adults

over 890 million adult are

340 million adolescents

obese

39 million children

HISTORICAL BACKGROUND

PERIOD	AUTHOR	SOURCES	STATEMENTS
460 B.C	<i>Buqrāt</i>	<i>Fusool-e-Buqrāt ma Talkhees-e-Jālīnūs</i>	first <i>Unani</i> physician to provide a detailed description of <i>Siman Mufrit</i> , including its consequences and interactions with other diseases. He stated that “obese individuals are more susceptible to abrupt mortality than lean and skinny individuals” (7)
98-171 AD	<i>Rufas</i>	<i>Ghina Muna Ma Tarjuma Minhajul Ilaj’</i>	He stated that obesity had a roughly double risk of developing severe diseases like as syncope, epilepsy, and hemiplegia. He also stated that the prevalence of abortion is increased among obese women (8)
129-200AD	<i>Jālīnūs</i>	<i>Kitab-fi-al-Mizaj</i>	a renowned Roman physician, was the first to characterized obesity from a scientific perspective. He also highlighted the various mechanisms and procedures for combating obesity. (9)
810-895 AD	<i>Raban Ṭabarī,</i>	<i>Firdaus-al-Hikmat’</i>	He describes the causes and pathophysiology of <i>Siman Mufrit</i> in detail. He also argues that the most important cause of <i>Siman Mufrit</i> is sedentary life style, such as excessive pleasure, happiness, and joy. (10)
885-925 A.D	<i>Rāzī, Abū Bakr Muḥammad ibn Zakariyyā</i>	<i>Kitab-ul-Mansoori</i>	He defined the specific treatment of obesity in his famous book ' <i>Kitabul Mansoori</i> ', which contains <i>Ilaj bi'l Ghidhā</i> (Dietotherapy), <i>Ilāj bi'l Tadbīr</i> (Regemenal Therapy), and <i>Ilaj bi'l Dawā</i> (Pharmacotherapy). (11)
930-944 A.D	<i>Alī ibn ‘Abbās Majūsī</i>	<i>Kamil-us-Sanaá</i>	He largely stressed on its pathophysiology, and say that <i>Ḥarārat Gharīziyya</i> of obese individuals declined progressively, and as a result, they die earlier than normal ones. (12)

980-1037 A.D.	<i>Ibn Sīnā</i>	<i>Al Qanoon-fit-Tibb'</i>	He states that excessive body fat causes narrowing of blood vessels, which impedes blood flow, and that an obese person is more likely to develop palpitation, dyspnoea, paralysis, and other conditions. He also emphasizes <i>Taqleel-e-Ghiza</i> , <i>Hammām</i> , and Exercise as effective techniques for managing <i>Siman Mufrit</i> [13].
1121-1288 A.D.	<i>Ibn-Hubal Bagdadi</i>	<i>Kitabul Mukhtarat Fit Tibb'</i>	He claims that obese people are more likely to suffer diseases. He encouraged obese people to consume dried food items[14].
1126-1198 A.D	<i>Ibn-e-Rushd</i>	<i>Kitab-ul-Kulliyat'</i>	He claims much fat in the body is a bad indication and can bring death owing to coldness of the body's organs. (15)
1140-1236 A.D	<i>Ismail Jurjani</i>	<i>'Zakhira Khawarza m Shahi'</i>	He discussed the complications of <i>Siman Mufrit</i> , such as abortion, uterine insufficiency, and decreased sexual desire. He also emphasized that treating obesity is difficult; venesection and the use of purgatives are not recommended for obese people [16].
1207-1288 A.D.	<i>Ibn-Nafis</i>	<i>Moalijate Nafisi</i>	He attempted to explain the relationship between <i>Siman Mufrit</i> and cardiovascular, cerebrovascular, pulmonary, and reproductive illnesses [17].
1722 A.D	<i>Akbar Arzani</i>	<i>'Tibb-e-Akbar'</i>	He stated in his book <i>'Tibb-e-Akbar'</i> that extreme obesity is bad and can lead to a variety of life-threatening consequences such as syncope and coma. [18]

PATHOPHYSIOLOGY

Obesity results from an imbalance between caloric intake and energy expenditure. When energy intake exceeds requirements, it is stored as fat in the form of glycogen in subcutaneous adipose tissue (SAT) and organs (fig.1). Adipose tissue (AT) is composed of functionally different depots. White adipose tissue (WAT) is an active endocrine and a large and safe lipid storage organ, whereas brown adipose tissue (BAT) produces heat following β -adrenergic activation or cold exposure, resulting in adaptive thermogenesis. WAT in humans is categorized into two major depots: visceral WAT (VAT) and SAT, both of which have been extensively investigated in relation to obesity development. Energy homeostasis is divided into two components: energy intake and expenditure. A positive energy balance encourages weight gain. There are genetic and environmental factors that are also linked to

a healthy energy balance and the development of obesity. Numerous reciprocal and redundant circuits control food intake and energy expenditure. Communication between the brain and peripheral tissues, such as adipose tissue and the gut, is crucial to these processes. Enteric sensory pathways govern energy intake, resulting in vagal afferent signals and endocrine cascades that, among other things, stimulate brain areas controlling appetite and feeding behavior. (19,20)

In *Unani System of Medicine* The term *siman mufrit* translates to "excess *shaḥm* (fat)." Excess *shaḥm* is caused by coldness (*burūdat*) and dampness (*ruṭūbat*). Factors that enhance *burūdat* and *ruṭūbat* in the body include cold foods and drinks, cold remedies, rest, sleep, excess food, mild pleasure, and *ḥammām* after meals. (21) According to *Jālīnūs*, in his book *Kitāb-Fi-al-Mizāj farbahi* is produced by either an underlying cold temperament or excessive acceptance of *bārid tadābīr* (cold regimens). According to him, excessive bodily fat is caused by *dusūmat* (viscous substances) in the blood, whereas *burūdat* (active) causes the *dusūmat* to solidify and form *shaḥm* deposits. Fat deposition occurs only in *bārid a'ḍā'* or when an organ's *mizāj* is converted to *burūdat*. (22) Obesity promotes vessel narrowing, which causes vessels to transfer less *Nasīm* (oxygen) to the tissues, resulting in a drop in *Ḥarārat Gharīziyya*, which can lead to *Fasade mizāj* and infection. According to *Ibn-e Nafīs*, diseased substances limit *Akhlāṭ* absorption, resulting in narrow and hard blood vessels caused by *Laḥm* or *Shaham*, and induce disturbances in flow and penetration of *Rūḥ* (vital force) into the organs, and hence *Ḥarārat Gharīziyya* may cause death. (23)

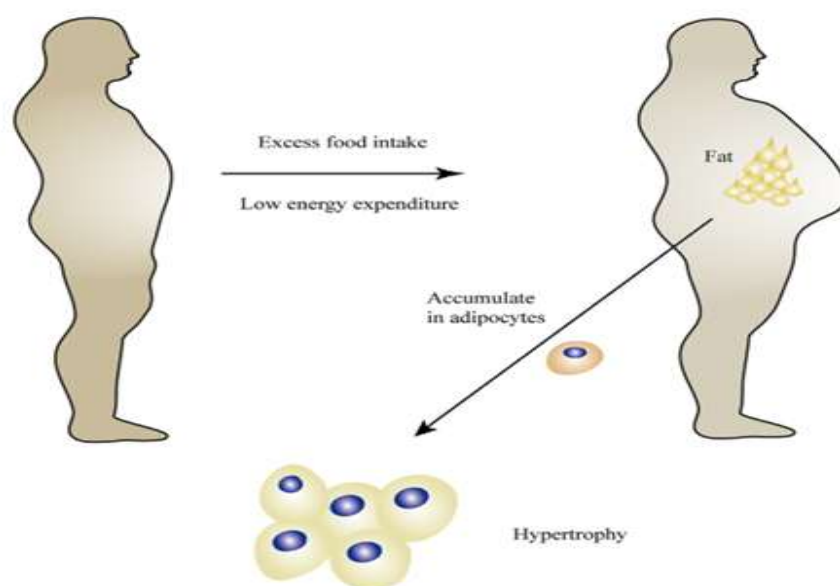


Figure no.1 (24)

Classification

According to WHO obesity classification as per BMI

	BMI (Kg / m ²)
Underweight	< 18.5
Normal weight	18.5 – 24.9
Overweight	25- 29.9
Obese	> 30
Obese 1	30 – 34.9
Obese 2	35 – 39.9
Obese 3	>40 (25)

According to *Abū Bakr Bin Zakariyyā Rāzī*, *Siman Mufrit* (obesity) has two types.

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- Local (*Muqamī*) or *Uzvi*: When *Shahm* (fat) accumulates in a specific organ (*Uḍw*), it is referred to as *Muqamī Siman Mufrit*.
- General (*Umūmī*): *Umūmī Siman Mufrit* is the term used to describe excessive widespread deposition of *Shahm* (fat) throughout the body.(25)

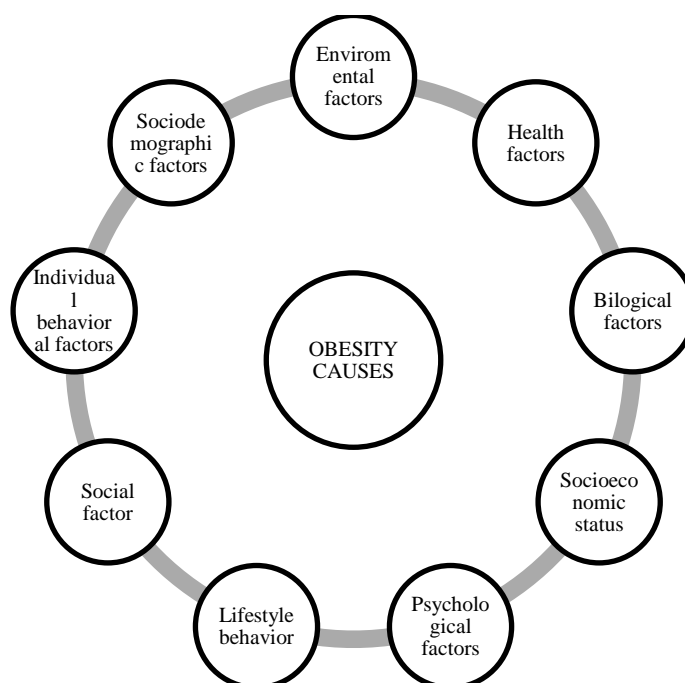
ETIOLOGY

According to WHO (1997), the fundamental causes of the obesity epidemic are sedentary lifestyles and high-fat, energy dense diets. Obesity is a chronic condition that develops as a result of a complex interaction between person's genes and the environment characterized by long-term energy imbalance due to excessive caloric consumption, insufficient energy output or both. It develops in a socio cultural environment characterized by mechanization, unhealthy lifestyle and ready to access abundant food.(26) Hereditary factors also have a significant impact on the size and shape of the human body. Being obese is the result of a combination of hereditary features and the body's natural response to its surroundings. Studies show that children are more likely to be overweight if their biological parents are obese, even if they are raised by different parents.If both parents are obese, there's an 80% chance their child will also be obese.If only one parent is obese, the chance drops to 40%.If both parents are slim, only 9% of their children become overweight.This suggests that genetics play a big role in obesity.Diet has a key effect in the development and control of obesity. For decades, excessive dietary fat intake has been linked to obesity. Lifestyle is also an important issue to consider in obesity development and management. Physical inactivity

is strongly linked to weight gain. Most industrialized and developing countries have a plethora of delicious and caloric-dense foods. Furthermore, the abundance of food in supermarkets, the availability of food offered in fast food restaurants and vending machines, and the big portions of food served outside the home all contribute to high calorie consumption. Many of our socio-cultural practices, particularly during holidays or special events, encourage overeating and preference ingestion of high-calorie foods. Even when caloric intake is not above the recommended amount, many people's physical activity does not provide enough calories to offset consumption. All this lead a person to be obese (27)

Obesity is due to excess eating especially *Shahm* and *Sameen* (fat and oil), sweet carbohydrates and butter, and living restful life. *Mizāj's burūdat* contributes to this as well. Various causes which produce *burūdat* and *ruṭūbat* of *Mizāj* are summarised as *Martoob Ghidhā* (fatty diet like meat, sweet dishes etc, *Martoob Roghaniyat* (fatty oils), Genetic predisposition, oily & fatty diets, excessive eating habit, sedentary lifestyle, lack of exercise, excess sleep, excess rest, decreased body movements etc.(1)

Figure no. 2 (28)



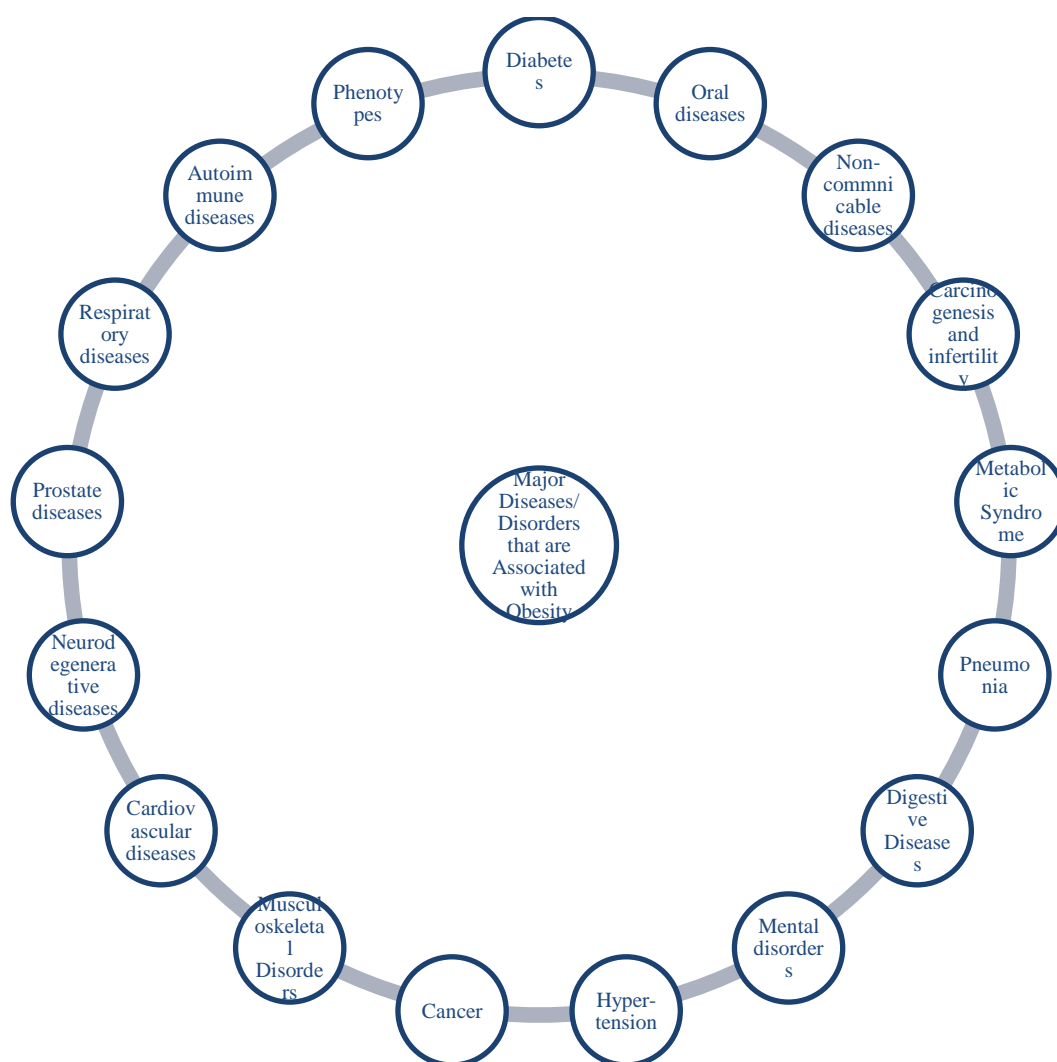
COMPLICATION

Obesity, according to the World Health Organization, is a key risk factor for noncommunicable diseases such as heart disease, stroke, type 2 diabetes mellitus, certain malignancies (endometrial, breast, ovarian, prostate, liver, gallbladder, kidney, and colon),

and osteoarthritis. Obesity is also linked to unemployment, social disadvantages, and low socioeconomic production. (4)

In Unani system of medicine *Siman Mufrit* is described as disease causing morbid complications such as *Fālij*, *Sakta*, *Inshiqāq-e-Urooq* and sudden death. *Zakariyyā Rāzī* has rightly stated that “obese persons are more prone to develop diseases. Constipation (*Qabḍ*), *Fālij* (Hemiplegia), *Khafaqān* (Palpitation), *Ghashī* (syncope) and *sakta* (coma). (22)

Figure no. 3 (28)



MANAGEMENT

As the incidence of *Siman Mufrit* (obesity) is steadily increasing day by day, but till date there is no satisfactory treatment available. Although much research is being done that is accompanied by near successful outcomes. The beneficial effect of the drug, is often associated with side effects and there is rebound weight gain after cessation of the pharmacotherapy. Therefore, the focus is now on complimentary or safe and effective

alternative medicine, which includes *Unani* system of Medicine. *Unani* Medicines and *Tadbīr* plays an important role in the management of Obesity

In *Unani* system there are following methods are available for Management of Obesity

- *Ilaj bi'l Ghidhā*
- *Ilaj bi'l Dawā*
- *Ilāj bi'l Tadbīr*

Ilajbi'lGhidhā'.

To treat obesity,

- *Ghidhā'* should be administered sparingly and with a higher nutritional value.
- Avoid oily and fatty diets.
- Foods which are *Kaseef qalilul taghziya raddi-al-kemoos* such as dry beef meat should be used
- *Ghidhā'* should be increased in *kayfiyāt* (quality) not in *Kammiyat* (quantity) i.e., low calorie foods should be used.
- Hot spices should be added in *ghidhā'* because they have *mulaṭṭif* property.eg. piper longum, carum carvi, allium sativum etc.
- Meat, milk and liquor restricted

Ilaj bi'l Dawa' (Pharmacotherapy)

Murakkab and *Mufrad dawā* are used for treatment of obesity

DRUG NAME	SCIENTIFIC NAME	DOSE
<i>Anisoon</i>	Pimpinella anisum	Dose: 2-5 gm
<i>Afsanteen</i>	Artemisia absinthium	Dose:3-5 gm
<i>Asarun</i>	Asarum europium	Dose: 3-5 gm
<i>Filfil Siyah</i>	Piper nigrum	Dose: 4-6 gM
<i>Lehsun</i>	Allium sativum	Dose: 3 gm
<i>Zanjabeel</i>	Zingiber officinale	Dose: 1 gm
<i>Ajwain</i>	Ptychotis ajowan	Dose: 1.5-1 gm etc

MUFRAD DAWA (SINGLE DRUG)**MURAKKAB DAWA (COMPOUND DRUG)**

DRUG NAME	DOSE
Jawarishe Kamooni Kabir	4 – 6 gm BD
Majoon-e -Muhazzil	10 gm HS
Safoof-e-Muhazzil	5 gm with Arq zeera 20 ml BD
Majoon-e-Muqil	10 gm HS
Jawarish Bisbasa	5gm BD
Jawarish Falafili	5gm BD
Qurs-e-Muqil	2 BD

***Ilāj bi'l Tadbīr* (Regimenal Therapy)**

According to the Unani System of Medicine, the most successful treatment is, *Ilāj bi'l Tadbīr* which means moderation in *Asbab Sitta Daruriyya*

. Obesity treatment options include

- *Riyāḍat* (exercise)
 - *Tareeq* (diaphoresis).
 - *Hammām* (Bathing)
1. *Riyāḍat* (Exercise): *Riyāḍat* burns excess calories and removes *Mādda'-i Balghamia*. Both functions of *Riyāḍat* are useful in the treatment of *Sū'-i-Mizāj balghamī*.
 2. *Ta'rīq* (Diaphoresis): It is useful in obesity therapy. It expels the majority of waste from the body.
 3. *Hammām* : In his book *Al-Hawi Fit Tib*, *Zakariyyā Rāzī* suggests *Hammām* as a cure for obesity. Sweating helps remove unhealthy stuff from the body, particularly *Balghamī Mādda*. It opens the pores of the skin. It does *Nuzj* in *Mawad* and expels . In *Tibb-e-Unani* uses three types of *Hammām* to treat obesity:
 - *Hammām Bukhari* (vapor or steam bath)
 - *Hammām Turki* (turkish bath)
 - *Hammām Har* (hot bath) (29)

CONCLUSION

Obesity is a growing global health concern, affecting all age groups and causing major increase in Mortality and morbidity associated with coronary heart disease , type 2 Diabetes mellitus with metabolic syndrome, stroke, and malignancy. Obesity is a big problem in India, posing an economic burden, but there is no satisfactory cure accessible in conventional medicine. Thus, the Unani System of Medicine may be a better option for slowing the progression of obesity. Obesity (Siman Mufrit) is viewed by the Unani System of Medicine as a humoral imbalance, specifically an excess of Balgham (phlegm), which causes greater coldness and dampness in the body. To restore balance, it uses a holistic approach that includes dietary adjustments, herbal treatments, behavioral therapy, and lifestyle improvements and offers a natural and sustainable way to manage obesity, further research and integration into modern healthcare are needed for wider acceptance and efficacy.

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