



The Pathological Overview of Derangements in *Asbāb Sitta Ḍarūriyya* in Lifestyle Disorders

Abstract

Lifestyle disorders (LSDs) represent a significant challenge worldwide, often arising from unhealthy dietary habits, lack of exercise, alcohol use, and smoking. These behaviours are major contributors to serious health conditions, including cardiovascular diseases, chronic respiratory diseases, metabolic disorders, and cancer, which are collectively classified as non-communicable diseases (NCDs). According to the World Health Organization (WHO), non-communicable diseases accounted for 66% of total deaths in India in 2019 and approximately 74% of all deaths globally. These diseases cause nearly 41 million deaths each year worldwide, and more than 15 million people die from NCDs between the ages of 30 and 69 years. In Unani medicine, lifestyle disorders are believed to arise from a prolonged imbalance in *Asbāb Sitta Ḍarūriyya* (six essential factors). This framework emphasizes the integrated role of *Asbāb Sitta Ḍarūriyya* as fundamental determinants in the prevention and pathogenesis of lifestyle disorders. This study aims to examine the pathogenesis of lifestyle disorders arising from imbalances in the *Asbāb Sitta Ḍarūriyya* (six essential factors).

Keywords: Life Style Disorder, *Asbāb Sitta Ḍarūriyya*, Non-Communicable Diseases, Etiopathogenesis.

1. Introduction

Lifestyle disorders (LSDs) have emerged as a major global health concern owing to their increasing prevalence and strong association with modern sedentary lifestyles. These disorders are more prevalent among middle-aged and older individuals. Lifestyle disorders primarily result from unhealthy dietary habits, physical inactivity, alcohol consumption, and smoking. These risk factors contribute to the development of major non-communicable diseases, including cardiovascular diseases such as myocardial infarction, stroke, hypertension, and coronary artery disease; chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD), chronic bronchitis, and asthma; metabolic disorders such as diabetes mellitus, obesity, dyslipidemia, and non-alcoholic fatty liver disease; as well as cancer. These conditions are not transmitted directly from one person to another and are therefore classified as non-communicable diseases (NCDs). Collectively, these four categories of non-communicable diseases are the leading causes of increased mortality rates worldwide (Park, 2015).

The World Health Organization (WHO, 2020) also emphasizes lifestyle modification, healthy diet, physical activity, and avoidance of tobacco and alcohol as primary strategies for NCD prevention. These recommendations resonate strongly with the Unani preventive principles of *Hifzān-i-Sihhat*, which advocate maintaining

balance in all aspects of life to preserve health (WHO, 2020).

In the Unani System of Medicine, Hippocrates is regarded as the pioneer of lifestyle medicine. He emphasized the prevention of lifestyle-related disorders and advocated modification of daily habits through appropriate diet and physical exercise, as reflected in his renowned writings. He stated that “*food should be our medicine and medicine our food*” (Adams, 1849; Ameen, 2010).

Later, eminent Unani physicians like Rāzī and Avicenna (Ibn Sīnā) elaborated on lifestyle-related disorders and their prevention. Rāzī in *Kitāb al-Ḥāwī* emphasized moderation in diet and physical activity to prevent obesity, diabetes, and digestive disorders. Ibn Sīnā in *Al-Qānūn fi'l-Ṭibb* classified diseases into acquired and natural, identifying those caused by unhealthy habits, overeating, and mental stress as *Amrāḍ-e-Muktasabah*, closely aligning with modern lifestyle diseases. He advised the regulation of *Asbāb Sitta Ḍarūriyya* as the key preventive measure (Sīnā, 2010; Rāzī, 1991).

The Unani System of Medicine, rooted in Greco-Arabic philosophy, provides a holistic framework for understanding the pathogenesis, prevention, and management of such disorders. According to Unani philosophy, lifestyle disorders are considered to be the result of disturbance or improper management of *Asbāb Sitta Ḍarūriyya* (six essential factors) over a prolonged period. Any imbalance occurs between these governing factors, toxins inside the body accumulate, initially at the humoral level, causing *Sū'-i-Mizāj* (derangement of temperament), which leads to functional imbalance in the vital organs (*A'ḍā' Raṭṣah*), particularly the liver (*Kabid*), heart (*Qalb*), brain (*Dimāgh*), and kidneys (*Kulya*), ultimately resulting in illnesses. If this disturbance persists for a prolonged period, it may further progress to *Sū'-i-Tarkīb*, a condition characterized by morphological or structural alterations in the affected organ. This stage involves structural changes such as *Sudda* (obstruction), *Taḍayyuq* (narrowing) of the vessels.

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The equilibrium among the six essential factors ensures harmony between the humours (*Akhlāt*) and temperament (*Mizāj*), thereby maintaining the internal stability of the human body (Rushd, 1987; Sīnā, 2010).

2. Materials and Methods

The present study explores the etiopathogenesis of lifestyle disorders in the light of *Asbāb Sitta Ḍarūriyya* (six essential factors) as described in Unani medicine, and to correlate these classical concepts with modern understanding.

The comprehensive literature survey was carried out from primary Unani sources written in Arabic, Persian, and Urdu. Secondary data were obtained from review articles and dissertations available through online academic databases such as PubMed, Google Scholar, and Scopus to identify relevant literature connecting Unani principles with the modern understanding of lifestyle disorders. The data collected were analysed qualitatively to identify conceptual parallels between Unani pathogenesis and modern biomedical mechanisms.

The gathered material was organized, interpreted, and synthesized to develop an integrated understanding of the pathogenesis of lifestyle disorders from both Unani and contemporary viewpoints.

Etiopathogenesis of lifestyle disorders with reference to disturbances in *Asbāb Sitta Ḍarūriyya* (six essential factors)

In Unani terminology, *Asbāb* refers to the determinants responsible for initiating a particular state of health or disease in the human body. The Unani system upholds the principle of homeostasis, wherein the preservation of health depends on the equilibrium of both *Mizāj* (temperament) and the four humours (*Akhlāt Arba'a*). Any disturbance in these components, particularly due to an imbalance in the six essential factors (*Asbāb Sitta Ḍarūriyya*), disrupts the harmonious interaction between *Mizāj* and *Akhlāt*, ultimately leading to the development of disease. *Asbāb Sitta Ḍarūriyya* (six essential factors), which are as follows (Nafees, 1934; Sīnā, 2015): -

- *Hawā-i-Muḥīṭ* (atmospheric air)
- *Ma'kūlāt wa Mashrūbāt* (food and drinks)
- *Ḥarakat wa Sukūn Badanī* (bodily movement and repose)
- *Ḥarakat wa Sukūn Nafsānī* (psychic movement and repose)
- *Nawm wa Yaqza* (sleep and wakefulness)
- *Ḥitābās wa Istifrāgh* (retention of essential and evacuation)

1. *Hawā-i-Muḥīṭ* (Air) and Its Relation to lifestyle disorders:

In the context of *Asbāb Sitta Ḍarūriyya* (six essential factors), *Hawā-i-Muḥīṭ* represents one of the most influential lifestyle determinants. Human existence is sustained by the continuous and pure supply of air, as it serves as a fundamental *rukṅ* (pillar) essential for maintaining both the *rūḥ* (vital spirit) and the physical body. In the Unani system of medicine, air is not merely a physical element but a vital force that directly influences the equilibrium of the *Mizāj* (temperament) and sustains the vitality of all bodily functions. During the process of inspiration, pure air moderates the innate heat (*Ḥarārat Gharīziyyah*) of the *rūḥ*, while expiration allows the elimination of waste vapours and purification of the lungs. This cyclical exchange maintains the process of *Ta'dīl al-Rūḥ* (temperamental moderation) and *Tanqīya al-Rūḥ* (purification of the vital spirit), thereby preserving internal harmony and health (Nafees, 1934). These physiological functions operate efficiently only when the surrounding air remains pure and balanced in its temperament.

However, when the air becomes polluted either through environmental contamination, overcrowding, or the presence of infectious agents, it alters the *Mizāj* of the *rūḥ*, leading to *Sū-i-Mizāj* (mal-temperament) and subsequent pathological conditions. Unani scholars emphasized that impure or stagnant air (*Hawā Fāsīdah*) acts as a major etiological factor in the development of numerous respiratory and systemic disorders. Prolonged exposure to contaminated air can lead to ailments such as bronchial asthma, chronic bronchitis, pneumonia, tuberculosis, and allergic rhinitis. These disorders correspond to an imbalance in the temperamental quality of air, either excessive heat, coldness, moisture, or dryness, disrupting the delicate equilibrium of the body's internal environment (Baghdādī, 2005; Rushd, 1987).

In recent times, the COVID-19 pandemic has further highlighted the critical role of air in disease transmission and prevention. From the Unani perspective, the inhalation of *Hawā-i-Fāsīdah* leads to *Sū-i-Mizāj* of the lungs, predisposing to inflammatory and febrile conditions. This aligns with modern biomedical understanding, where airborne viral particles cause widespread respiratory inflammation and systemic effects. The pandemic has thus reaffirmed the Unani principle that purification and moderation of air are central to *Hifzān-i-Siḥḥat* (preservation of health). Hence, ensuring the purity of air through proper ventilation, avoidance of pollution, and maintenance of hygienic surroundings remains one of the foremost preventive measures in both Unani and modern medicine. The equilibrium of *Hawā-i-Muḥīṭ* not only preserves the *Mizāj* of the *rūḥ* but also strengthens the *Tabī'at* (vital faculty) to resist diseases (Hafeel & Rizwana, 2021; Morawska & Milton, 2020; WHO, 2020).

2. *Ma'kūlāt wa Mashrūbāt* (food and drink) and their role in the pathogenesis of lifestyle disorders:

The term *Makūl* refers to food, while *Mashrūb* denotes drinks. In Unani medicine, both are regarded as fundamental necessities of life and major determinants of health and disease. Foods and drinks act upon the body through three essential properties, *Kayfiyat* (quality), *Mādda* (material composition), and *Ṣurat-e-Nau'iyya* (specific structural form). These properties influence the body's temperament (*Mizāj*), humoral balance (*I'tidāl-e-Akhlāt*), and functional integrity (Sīnā, 2010).

When consumed in proper quality, quantity, and at appropriate times, they sustain the equilibrium of the body and maintain health. According to 'Alī ibn 'Abbās Majūsī, the imbalance in diet, whether quantitative or qualitative, serves as a key etiological factor in the development of *Imtilā* (plethora), thereby increasing the risk of hypertension and the development of many diseases. Excessive intake of food, especially heavy and cold substances, may impair digestion (*Sū-i-Hazm*), cause gastric obstruction, fermentation, and putrefaction (*Ta'affun*), eventually leading to systemic disorders (Majūsī, 2010; Afreen & Shaikh, 2020).

Unani physicians emphasize that diet should be individualised, taking into account a person's temperament (*Mizāj*), age, season, occupation, and disease condition. Excessive food consumption may lead to abnormal accumulation of phlegmatic (*Balghamī*) humours, producing *Burūdat* (coldness) in temperament and predisposing to conditions such as obesity (*Siman Mufrīṭ*), cardiovascular disorders, and dyslipidemia. Similarly, prolonged intake of oily, spicy, or highly processed foods predisposes individuals to hepatic disorders such as fatty liver, gastritis, peptic ulcers, and metabolic abnormalities. (Nafees, 1934; Glynn, Bhikha-Vallee & Bhikha).

The commentator of *Al-Qānūn fī al-Ṭibb* aptly stated that “the stomach is the house of diseases, and diet is the head of healing,” emphasizing that correction of diet (*Islāh-e-Ghizā*) is the first step in the management of disease. Thus, in the prevention and treatment of lifestyle disorders, the Unani system advocates a balanced and individualised dietary regimen based on one’s *Mizāj*, seasonal variations (*Mausam*), occupational activity, and disease state. The regulation of *Makūl wa Mashrūb* not only preserves health but also interrupts the etiopathogenic sequence leading to metabolic and cardiovascular disorders (Sīnā, 2010; Abul Faiz et al., 2018).

3. Role of *Ḥarakat wa Sukūn Badanī* (bodily movement and repose) in the pathogenesis of lifestyle disorders:

In the Unani system of medicine, *Ḥarakat wa Sukūn Badanī* (bodily movement and repose) is one of the six essential factors (*Asbāb Sitta Ḍarūriyya*) responsible for maintaining the equilibrium of the body’s temperament (*Mizāj*), humours (*Akhlāt*), and ensuring the preservation of health (*Hifzān-i-Sihḥat*). The human body requires a balanced proportion of movement and rest to sustain *Ḥarārat Gharīziyya* (innate heat), facilitate digestion, and enable proper elimination of waste products (*Fuḍlāt Badan*). Any disturbance in this balance leads to *Sū’-i-Mizāj* (derangement of temperament) and ultimately the development of various lifestyle disorders (Rushd, 1987; Ahmad, 1980).

Moderate physical activity stimulates *Ḥarārat Gharīziyya*, enhances metabolism, promotes digestion, and assists in the evacuation of metabolic wastes through perspiration and excretion. It strengthens the natural faculties (*Quwā Tabī’iyya*), maintains the purity of humours (*Akhlāt*), and prevents the accumulation of morbid matter (*Mawād Fāsida*). On the contrary, deficiency of physical movement (*Qillat-i-Ḥarakat*) diminishes *Ḥarārat Gharīziyya*, slows down digestion, and causes the retention of wastes, which leads to the predominance of cold and moist temperament (*Mizāj Bārid Raṭb*). This humoral imbalance results in the accumulation of *Balghamī* (phlegmatic) humour, which plays a significant role in the pathogenesis of obesity (*Siman Mufrīt*), diabetes mellitus (*Dhayābṭūs Shakri*), dyslipidemia, and cardiovascular diseases (Hassan et al., 2019).

In the modern context, sedentary lifestyles characterized by reduced physical activity are recognised as major contributors to non-communicable diseases (NCDs). These disorders closely correspond to the Unani concept of diseases resulting from *Burūdat* (coldness), *Ruṭābat* (moisture), and *Sū’-i-Mizāj Bārid Raṭb* (cold and moist temperament), arising due to disturbances in *Ḥarārat Gharīziyya* (Rizwana, Hafeel & Zarnigar, 2018; Jahan, Akhtar & Khan, 2020).

4. Pathogenesis of lifestyle disorders based on *Ḥarakat wa Sukūn Nafsānī* (mental activity and rest):

In the Unani system of medicine, *Ḥarakat wa Sukūn Nafsānī* (mental activity and rest) is considered one of the *Asbāb Sitta Ḍarūriyya* (six essential factors) vital for maintaining *I’tidāl-e-Mizāj* (temperamental balance) and overall health. It encompasses the regulation of emotional, psychological, and intellectual activities that profoundly influence the body’s physiological and humoral equilibrium. Unani scholars have explained that *Quwwat Mudrika* (sensory faculty) and *Quwwat Muḥarrika* (motor faculty) are closely related to *Ḥarakat wa Sukūn Nafsānī*, as these faculties control both internal and external bodily functions (Baghdādī, 2005).

Ibn Sīnā was the first to describe the interrelation between emotional states and physical health, explaining that *Nafsīyātī ‘Awāmīl* (psychological factors) such as anger, fear, anxiety, and

grief influence *Khilṭ* (*Sawdā*) and *Mizāj* (*temperament*). Excessive emotional agitation leads to disturbance of *Ḥarārat Gharīziyya* (innate heat) and predominance of *Sū’-i-Mizāj Hār Yābis* (hot and dry temperament), resulting in *Ṣalābat* (stiffness) of the blood vessels. This vascular stiffness impairs normal contraction and relaxation, thereby contributing to the development and progression of hypertension, while also manifesting as insomnia. These disturbances weaken *Quwā Tabī’iyya* (vital faculties) and initiate humoral imbalance (*Fasād Akhlāt*), which underlies the pathogenesis of several lifestyle disorders. Thus, maintaining emotional and mental activity is crucial for preserving *Ḥarārat Gharīziyya*, preventing *Sū’-i-Mizāj*, and protecting against lifestyle disorders (*Majūsī*, 2010; *Sīnā*, 2010; Jabin, 2011).

5. Etiopathogenic role of imbalance in *Naum wa Yaqza* (sleep and wakefulness) in lifestyle disorders:

In the Unani system of medicine, *Naum wa Yaqza* (sleep and wakefulness) is essential for maintaining *I’tidāl-e-Mizāj* (temperamental balance). Sleep (*Naum*) is described as a natural state of rest that allows the body to restore energy, retain nourishment, and stabilize humoral equilibrium, whereas wakefulness (*Yaqza*) maintains alertness and facilitates physical and mental activity. A balanced rhythm between these two states is fundamental for sustaining physical health and mental well-being. According to Unani scholars, sleep promotes relaxation of the psychic faculties (*Quwā Nafsāniyya*) and aids in the distribution of nutrients throughout the body, thus supporting anabolic processes. In contrast, excessive wakefulness (*Kathrat Yaqza*) increases *Ḥarārat Gharīziyya* and causes dryness (*Yubāsāt*) of the body and brain, leading to *Sū’-i-Mizāj Hār Yābis* (hot and dry temperament). This imbalance manifests as irritability, anxiety, insomnia, and hypertension (Gruner, 1973; Nafees, 1934).

On the other hand, excessive sleep (*Kathrat Naum*) induces coldness (*Burūdat*) and moisture (*Ruṭābat*), resulting in *Sū’-i-Mizāj Bārid Raṭb* (cold and moist temperament), which predisposes to lethargy, obesity, diabetes mellitus, and cardiovascular disease (Ilahi et al., 2012).

6. Pathogenetic impact of disturbed *Iḥtibās wa Istifrāgh* (retention and evacuation) in lifestyle disorders:

In Unani medicine, *Iḥtibās wa Istifrāgh* refers to the physiological balance between the retention of essential nutrients and the elimination of waste materials from the body. *Iḥtibās* (retention) conserves beneficial substances such as vital fluids and nutrients that maintain *Ḥarārat Gharīziyya* (innate heat) and overall vitality, whereas *Istifrāgh* (evacuation) facilitates the removal of waste products (*Fuḍlāt Badan*), including urine, stools, sweat, and menstrual blood, to prevent their accumulation and toxicity. The equilibrium between these two processes sustains *I’tidāl-e-Mizāj* (temperamental balance) and ensures the preservation of health (Nafees, 1934; Sīnā, 2015; Ahmad, 1980).

Any disruption in this balance, such as excessive retention or improper elimination, leads to the accumulation of morbid humours (*Akhlāt Fāsida*), resulting in metabolic derangements and the development of various lifestyle disorders, including constipation, obesity, renal calculi, and gout (Ahmad et al., 2018).

Classical Unani texts emphasize the maintenance of *Asbāb Sitta Ḍarūriyya* (six essential factors) as the foundation of health preservation (*Hifzān-i-Sihḥat*) and disease prevention (Sīnā, 2015; Ahmad, 1980). *Yūnānī Ṭibb* strongly believes that lifestyle diseases can be avoided by some changes in *Asbāb Sitta Ḍarūriyya* (Rāzī, 1991).

Hence, the Unani concept of lifestyle disorders offers a comprehensive approach that integrates physical, mental, and environmental factors. It not only explains the pathogenesis through humoral imbalance and *Sū'-i-Mizāj*, but also emphasizes preventive and corrective measures through dietetics (*'Ilāj bi'l Ghidhā*), regimenal therapy (*'Ilāj bi'l Tadbīr*), and promotion of mental well-being (*Baghdādī*, 2005). This holistic philosophy aligns remarkably with contemporary lifestyle medicine, making Unani principles relevant for managing modern non-communicable diseases.

3. Discussion

The present study highlights a significant conceptual concordance between the Unani framework of *Asbāb Sitta Ḍarūriyya* (six essential factors) and the major determinants of lifestyle disorders (LSDs) recognized in contemporary medicine, indicating that disturbances in these factors explain their etiopathogenesis in a manner that closely parallels modern biomedical understanding. Each essential factors, *Hawā-i-Muḥīt* (air), *Ma'kūlāt wa Mashrūbāt* (food and drinks), *Ḥarakat wa Sukūn Badanī* (bodily movement and repose), *Ḥarakat wa Sukūn Nafsānī* (psychic movement and repose), *Nawm wa Yaqza* (sleep and wakefulness), and *Iḥtibās wa Istifrāgh* (retention and evacuation), play a central role in the etiopathogenesis of non-communicable diseases.

Findings from the literature review indicate that disturbances in these essential factors lead to *Sū'-i-Mizāj* (derangement of temperament) and *Ikhtilāl-e-Akhlāt* (humoral imbalance). If persistent exposure to unhealthy lifestyle factors occurs, these disturbances may further progress to *Sū'-i-Tarkīb*, reflecting structural derangement of the affected organs. These alterations may manifest as conditions such as obstruction (*Sudda*) and narrowing (*taḍayyūq*) in the cardiac vessels, which are comparable to atherosclerosis and impaired circulation in cardiovascular diseases, as well as airway constriction in respiratory conditions such as bronchial asthma, thereby contributing to the progression and increased complexity of the disease, which constitute the fundamental basis of lifestyle disorders in Unani pathology.

The contribution of individual components of *Asbāb Sitta Ḍarūriyya* further supports this relationship. Imbalance in *Hawā-i-Muḥīt* (air) contributes to respiratory disorders through exposure to polluted environments. Disturbances in *Ma'kūlāt wa Mashrūbāt* (diet) are strongly associated with metabolic disorders such as obesity, diabetes mellitus, and dyslipidemia. Similarly, lack of physical activity (*Ḥarakat wa Sukūn Badanī*) leads to reduced metabolic efficiency and accumulation of morbid matter, predisposing individuals to cardiovascular diseases. Psychological stress and emotional imbalance (*Ḥarakat wa Sukūn Nafsānī*) are closely linked with hypertension, anxiety, and other stress-related disorders. Irregular sleep patterns (*Nawm wa Yaqza*) further aggravate metabolic and neuroendocrine disturbances, while impaired elimination (*Iḥtibās wa Istifrāgh*) contributes to toxin accumulation and systemic dysfunction as shown in Table 1.

Classical Unani physicians such as Ibn Sīnā and Rāzī emphasized the importance of moderation in diet, physical activity, emotional balance, adequate sleep, and proper elimination of wastes as essential components for maintaining health and preventing disease. Their principles are remarkably consistent with modern scientific findings, which establish strong associations between unhealthy diet, sedentary behaviour, psychological stress, and the development of lifestyle disorders, including diabetes mellitus, hypertension, obesity, and cardiovascular diseases.

The Unani paradigm not only elucidates the etiopathogenesis of the

disorders but also emphasizes prevention through *Hifzān-i-Siḥḥat* (preservation of health). This comparative understanding highlights the scientific validity of Unani preventive principles and supports their integration into modern public health and lifestyle medicine strategies aimed at mitigating the global burden of lifestyle disorders.

Table 1: Lifestyle Disorders Associated with Disturbance of Asbāb Sitta Ḍarūriyya

Asbāb Sitta Ḍarūriyya	Nature of Imbalance	Unani Pathogenesis	Structural Changes	Associated Lifestyle Disorders
Hawā-i-Muḥīt (Air)	Polluted/ impure air (Hawā Fāsīdah)	<i>Sū'-i-Mizāj</i> of lungs, <i>Fasād Akhlāt</i>	Airway inflammation, narrowing	Asthma, COPD, allergic rhinitis, infections
Ma'kūlāt wa Mashrūbāt (Food and drinks)	Excess or improper diet	<i>Imtilā</i> (plethora), <i>Sū'-i-Hazm</i> → Imbalance in <i>Akhlāt</i>	Fat deposition, vascular changes (<i>Sudda</i>)	Obesity, hypertension, diabetes, dyslipidemia
Ḥarakat wa Sukūn Badanī (Bodily movement and repose)	Sedentary lifestyle (<i>Qillat-i-Ḥarakat</i>)	↓ <i>Ḥarārat</i> <i>Gharīziyya</i> → <i>Balgham</i> predominance	Accumulation of morbid matter	Obesity, diabetes, and cardiovascular diseases
Ḥarakat wa Sukūn Nafsānī (Psychic movement and repose)	Stress, anxiety, anger	<i>Sū'-i-Mizāj</i> <i>Yābis</i>	<i>Ṣalābat</i> (vascular stiffness)	Hypertension, insomnia, anxiety disorders
Nawm wa Yaqza (Sleep & Wakefulness)	Deficient sleep	Excessive wakefulness → <i>Sū'-i-Mizāj</i> <i>Hār</i> <i>Yābis</i>	Neuro-hormonal dysregulation	Insomnia, hypertension
	Excess sleep	Excessive sleep → <i>Sū'-i-Mizāj</i> <i>Bārid</i> <i>Raṭb</i>	Metabolic dysregulation	Obesity, diabetes
Iḥtibās wa Istifrāgh (Retention & Evacuation)	Impaired elimination / excessive retention	Accumulation of <i>Fuḍlāt</i> → <i>Fasād Akhlāt</i>	Toxin accumulation, organ dysfunction	Constipation, gout, renal calculi, metabolic disorders

4. Conclusion

The present study establishes that the etiopathogenesis of lifestyle disorders in Unani medicine, through the disturbance of *Asbāb Sitta Ḍarūriyya*, aligns closely with the mechanisms recognized in modern medical science. Disturbances in air, diet, physical and mental activity, sleep, and elimination lead to *Sū'-i-Mizāj*, *Fasād-e-Akhlāt*, and *Sū'-i-Tarkīb*, resulting in lifestyle disorders.

Therefore, adopting Unani preventive principles such as maintaining balance in *Asbāb Sitta Ḍarūriyya* can play a crucial role in the prevention and management of lifestyle disorders. Integration of these principles into modern lifestyle medicine may offer an effective, holistic approach to managing lifestyle disorders in contemporary healthcare systems.

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Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper. The study was conducted independently, without any financial, institutional, or commercial influence that could lead to potential bias.

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