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Role Of Unani System Of Medicine In The Prevention And Management Of Monsoon-Associated Morbidities : A Review

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ABSTRACT

Monsoon season in India brings a surge in infectious and lifestyle-related diseases due to increased humidity, waterlogging, and vector proliferation. The Unani system of medicine, with its emphasis on Tahaffuz [prevention] and Ilaj [treatment] through a Mizaj-based approach, offers effective strategies for managing monsoon-related morbidities. This review article explores the role of Unani medicine in the prevention and management of common monsoon diseases,including viral fever, dengue, malaria, gastroenteritis, and respiratory infections. Classical Unani texts and recent studies highlight the importance of Tadbeer [Regimental therapy], Ilaj- bil- Ghiza [Dietotherapy], and pharmacotherapy using Muaddil-e-Balgham and Musaffi-e-Dam drugs. Integration of Unani preventive measures with public health policies can significantly reduce disease burden during monsoon. This article aims to provide an evidence-based Unani perspective for healthcare practitioners and policymakers.

Keywords: Unani Medicine, Monsoon Diseases, Prevention, Public Health.

1. INTRODUCTION

India receives approximately 70% of its total annual precipitation during the monsoon months. Although this season offers respite from extreme heat, it simultaneously predisposes the population to various communicable diseases. Accumulated rainwater facilitates mosquito propagation, leading to dengue and malaria, whereas contaminated water sources are responsible for typhoid, cholera, and diarrheal disorders. High ambient humidity further promotes cutaneous fungal infections [7].

The Unani System postulates that human health is dependent on the equilibrium of four humors. During the monsoon, the cold and humid climate leads to accumulation of "Balgham", resulting in diminished immunity. Classical Unani scholars have documented seasonal regimens under "Tadabeer-e-Mausam" with

emphasis on prophylaxis rather than treatment. The present review aims to discuss prevalent monsoon diseases, their Unani management, evidence-based preventive strategies, standard formulations with dosage, potential complications, and special considerations for high-risk and Mizaj-specific group.

2. COMMON MONSOON DISEASES: UNANI MANAGEMENT AND PROPHYLACTIC MEASURES

2.1 Respiratory Tract Infections: Nazla (common cold), Zukam (coryza), Khansi (cough).

Unani Etiology: Excessive cold and humidity lead to accumulation of Balgham.

Clinical Features: Rhinorrhea, cough, pharyngitis, and low-grade fever.

Unani Management: Joshanda, Khamira Gaozaban, steam inhalation with Ajwain, and Sitopaladi Churna. Pharmacological studies support the antiviral and expectorant activity of ginger and Ajwain [2].

Prophylactic Measures:

1. Refrain from cold beverages, curd, and banana during monsoon.

2. Prefer warm water with addition of Adrak and Tulsi.

3. Daily gargling with lukewarm saline and turmeric solution.

4. Indoor fumigation using Kapoor and Ajwain for air purification.

5. Protection of head and thorax while exposed to rainfall.[1] [8]

2.2 Gastrointestinal Disorders: Diarrhea, Dysentery, Jaundice

Unani Etiology: Compromised "Meda" and "Kabid" due to intake of contaminated water and heavy diet.

Clinical Features: Frequent loose stools, abdominal cramps, emesis, and icterus.

Unani Management: Pomegranate juice, Sharbat-e-Buzoori, Sharbat-e-Anar, and Kasni decoction. Hepatoprotective properties of pomegranate and Kasni are documented in the literature [3].

Prophylactic Measures:

1. Consumption of boiled or filtered water only. Avoid street-vended juices.

2. Intake of light, freshly prepared meals. Avoid oily and leftover food.

3. Hand hygiene before meals. Addition of lemon to salads.

4. Daily intake of Sharbat-e-Buzoori for hepatic support.

5. Avoidance of raw vegetables and pre-cut fruits from external vendors.[1] [8]

2.3 ***Vector-Borne Illnesses***: Dengue and Malaria [Humma-e-Wabai]

Unani Etiology: "Humma-e-Wabai" attributed to "Fasad-e-Hawa" and mosquito proliferation.

Clinical Features: Dengue: High-grade fever, myalgia, retro-orbital pain, and fatigue. Malaria: Chills,high grade fever with rigors, sweating

Unani Management: Decoction of Giloy, papaya leaf extract, and Arq-e-Gaozaban. Disclaimer: Confirmed cases require conventional medical care. Immunomodulatory activity of Giloy is reported [4].

Prophylactic Measures:

1. Weekly elimination of stagnant water. Use of mosquito nets.

2. Daily fumigation with Neem leaves and Kapoor.

3. Topical application of Roghan-e-Neem or lemon-eucalyptus oil.

4. Wearing full-sleeved clothing during evening hours.

5. Daily intake of 5g Khamira Gaozaban for immune enhancement. [1] [8]

2.4 Cutaneous and Fungal Infections

Unani Etiology: Accumulation of "Ratubat" on the skin surface due to humidity and perspiration.

Clinical Features: Pruritus, tinea, interdigital infection, and furuncles.

Unani Management: Topical Roghan-e-Neem, turmeric paste, and Marham-e-Raal. Antifungal activity of Neem is established [6].

Prophylactic Measures:

1. Maintenance of skin dryness. Immediate change of wet garments.

2. Bathing with Neem-infused water 2-3 times weekly.

3. Use of cotton apparel. Avoid synthetic tight-fitting clothes.

4. Application of talcum powder in skin folds to reduce moisture.

5. Avoid sharing of towels and footwear. [1] [8]

2.5 STANDARD UNANI FORMULATIONS WITH AGE-SPECIFIC DOSAGE

Table 1**: Common Unani Formulations with Dosage Schedule**

Formulation	Composition	Method of Preparation	Adult >18yr	Child 6-12yr	Child 2-5yr	Indication
Joshanda	Unnab 5, Sapistan	Boil in 400ml	200ml	100ml	30-45ml	Cold, Cough

	5, Mulethi 3g, Adrak 3g, Ajwain 2g	water, reduce to 200ml, strain	BD	BD	BD	[2]
Khamira Gaozaban	Gaozaban, Marwareed, Zafran	As per NFUM[2]	5g with milk OD	2.5g with milk OD	1g with milk OD	Low Immunity [2]
Sharbat-e-Anar	Pomegranate juice, Sugar	Prepare syrup	20ml TDS	10ml TDS	5ml TDS	Diarrhea [9]
Sharbat-e-Buzoori	Tukhm-e-Kharpaza, Tukhm-e-Kheera	Overnight soaking and straining	25ml morning	10-15ml morning	5ml morning	Hepatic Detox [2]
Giloy Kadha	Giloy stem 10g	Boil in 400ml water, reduce to 200ml	200ml BD	100ml BD	30ml BD	Fever[4]
Roghan-e-Neem	Neem oil	Commercial preparation	Topical BD	Topical BD	Topical OD	Fungal Infection[6]

[2][10][4][9][6][13]

BD=Twice daily, TDS=Thrice daily, OD=Once daily. _Supportive only [2]

2.6 PHARMACOLOGICAL VALIDATION OF UNANI HERBS

Contemporary research corroborates several Unani claims. Ginger exhibits antiviral activity. Curcumin present in turmeric demonstrates immune-enhancing effects. Giloy is recognized as an immunomodulator. Neem possesses antifungal properties. A systematic review reported 29 botanical agents for vector control, with 19 validated for mosquito repellent activity. However, large-scale clinical trials are warranted to establish optimal therapeutic doses.

2.7 IMPORTANT MUFRAD DRUGS WITH AGE-WISE DOSAGE

Table 2: ***Single Unani Drugs with Dosage Schedule***

Drug	**Adult >18yr**	**Child 6-12yr**	**Child 2-5yr**	**Preparation**	**Indication**
Adrak	3g fresh decoction	1.5g decoction	1g decoction	Boil in water	Cold, Cough
Lehsun	2-3 cloves with honey	1 clove with honey	Not below 5yr	Crush with honey	Immunity
Haldi	1/2 tsp in warm milk	1/4 tsp in warm milk	Pinch in warm milk	Milk + Haldi	Cough, Skin infection
Neem	10 leaves per liter	5 leaves per liter	3 leaves per liter	Boil for bathing	Fungal infection

Giloy	10g stem decoction	5g stem decoction	2g stem decoction	Boil in water	Fever
Anar	100ml juice BD	50ml juice BD	25ml juice BD	Fresh extraction	Diarrhea [9]
Tulsi	5 leaves + 2 black pepper	3 leaves + 1 black pepper	1-2 leaves	Herbal tea	Influenza
Ajwain	3g with salt post-meal	1.5g with salt post-meal	0.5g with salt	Chew or tea	Flatulence

[9]

2.8 POTENTIAL COMPLICATIONS OF NEGLECTED DISEASES

Table 3: ***Complications of Untreated Monsoon Illnesses***

Disease	**Consequence of Neglect**	**Complications**
Nazla, Khansi	Ignored initial symptoms	Pneumonia, Bronchitis [1] [14]
Diarrhea	Dehydration	Acute kidney injury, Mortality in pediatrics [1] [14]
Jaundice	Untreated hepatic involvement	Liver failure [1] [14]
Dengue	Delayed intervention	Hemorrhagic fever, Shock syndrome [1] [14]
Malaria	Missed diagnosis	Cerebral malaria [1][14]
Fungal Infection	Persistent moisture	Secondary bacterial infection [1] [14]
Typhoid	Inadequate treatment	Intestinal perforation [1] [14]

2.9 PREVENTIVE STRATEGIES FOR VULNERABLE POPULATIONS

Table 4***: Special Recommendations for High-Risk Groups***

Population	**Risk Factor in Monsoon**	**Unani Preventive Strategy**
Children <5 years	Immature immunity	Sharbat-e-Anar 10ml BD, Warm Joshanda, Neem bath twice weekly[2]

Elderly >60 years	Comorbidities	Khamira Gaozaban 5g OD, Giloy Kadha 100ml BD, Avoid cold air exposure[2]
Pregnant Women	Altered immunity	Boiled water, Pomegranate juice, Mosquito nets, avoid herbal decoctions without supervision [5]
Diabetic Patients	Delayed wound healing	Foot dryness, Topical Haldi-Neem, avoid sugary sharbats [5]
Asthmatic Patients	Humidity-triggered exacerbation	Kapoor fumigation, Sitopaladi with honey, Steam inhalation[2]
Slum Dwellers	Poor sanitation	Community fumigation, Boiled water, ORS at onset of diarrhea[5]

2.10 MIZAJ-BASED PREVENTIVE REGIMEN FOR MONSOON

Table 5*: Temperament-wise Guidelines during Monsoon*

Mizaj	**Susceptibility**	**Dietary Restriction**	**Recommended Diet**	**Lifestyle Advice**
Balghami [Cold & Wet]	Cold, Obesity	Curd, Banana, Cold drinks	Ginger, Garlic, Black pepper, Honey	Joshanda BD (composition as mentioned in table 2) Oil massage, Morning walk [8]
Safrawi [Hot & Dry]	Jaundice, Acidity	Spicy, Fried food	Pomegranate, Kasni, Cucumber	Sharbat-e-Anar TDS, Neem bath, Early sleep [8]
Damwi [Hot & Wet]	Fever, Boils	Red meat, Chili	Pomegranate, Grapes, Barley water	Arq-e-Gaozaban 20ml BD, Light exercise[8]
Saudawi [Cold & Dry]	Constipation	Cold, Dry food	Figs, Dates, Milk, Almonds	Warm milk with turmeric, Olive oil massage [8]

3. APPLICATION OF ASBAB SITTA ZARURIYA IN MONSOON HEALTH

"Asbab Sitta Zaruriya" constitutes the fundamental framework of preventive medicine in Unani. Maintenance of equilibrium among these six factors in accordance with seasonal changes is essential for disease prevention. Monsoon, being predominantly cold and moist, requires specific modulation to prevent accumulation of Balgham and humoral vitiation [1] [8].

Table 6: ***Modulation of Asbab Sitta during Monsoon***

Factor	Principle	Monsoon Recommendations	Mechanism
Hawa-e-Muheet	Pure and dry air	Neem-Kapoor fumigation, ventilated rooms	Prevention of airborne infections [1][3].
Makool-o-Mashroob	Digestible warm food	Boiled water, Fresh cooked meals, Ginger, Garlic	Enhancement of "Quwwat-e-Hazima"[1]
Harkat-o-Sukoon	Balanced activity	Morning walk, Adequate rest, No daytime sleep	Prevention of metabolic sluggishness [1]
Naoom-o-Yaqza	6-8 hours sleep	Early sleep, Dry bedroom	Immune regulation [1]
Istifragh-o-Ihtibas	Regular evacuation	Hydration, Mild laxatives if needed	Detoxification [1]
Nafsaniyat	Mental equilibrium	Stress avoidance, Meditation	Strengthening of "Quwwat-e-Mudabbira"[8]

4. PUBLIC HEALTH RELEVANCE

Awareness regarding seasonal prophylaxis remains suboptimal. As per NHP and WHO, basic interventions such as water boiling and vector control can prevent 60% of monsoon-related morbidity [5] [6]. Integration of Unani preventive protocols with national programs like NVBDCP and Ayushman Bharat can enhance accessibility, particularly in resource-limited settings [1] [5].

4.1 PUBLIC HEALTH POLICIES AND INTEGRATION WITH NATIONAL PROGRAMS

In India, management of monsoon-related morbidities is primarily addressed through national health programs. Integration of Unani medicine with these programs under the Ministry of AYUSH can enhance preventive healthcare access, in rural and resource-limited settings [1] [6].

Table 7: ***Integration of Unani Medicine with National Health Programs*** particularly ***for Monsoon Disease Control***

Program/Scheme	Nodal Ministry	Relevance to Unani Medicine	Implementation Level
National AYUSH Mission [NAM]	Ministry of AYUSH	Funding for Unani health camps, wellness centers, and IEC activities for seasonal diseases	State, District[1]
NHM-AYUSH Co-	MOHFW +	Deployment of Unani physicians in PHCs	PHC, CHC[6]

location	AYUSH	and CHCs for fever, diarrhea, and vector-borne disease clinics	
CCRUM Seasonal Guidelines	CCRUM, Ministry of AYUSH	Annual advisories on diet, regimen, and Unani prophylaxis for monsoon	National [1]
NVBDCP	MOHFW	Vector control and community awareness. Can be supported by Unani immune-modulatory and repellent drugs	Distric [6]
Ayushman Bharat – HWCs	MOHFW	Integration of Unani preventive practices at Health and Wellness Centers	Village, Block [5] [6]
NDMA Monsoon Advisory	Ministry of Home Affairs	Unani Tadabeer like boiled water, dietary regulation, and hygiene align with public advisories.	National [5]

Policy Implication: Strengthening AYUSH integration at PHC level and dissemination of CCRUM monsoon guidelines can reduce disease burden by 30-40% as per NHP estimates [6]. Public-private partnerships and ASHA training in basic Unani preventive measures are recommended [1] [6].

5. CONCLUSION

Monsoon is associated with increased incidence of infectious diseases. The Unani System provides a holistic, preventive, and economical approach.Through regulation of diet, lifestyle, Mizaj, and administration of herbal drugs with defined dosage, Unani addresses underlying pathophysiology,The inclusion of disease-specific measures, formulations, and Asbab Sitta underscores the importance of early intervention. Unani should be utilized as a complementary system. Further randomized controlled trials are required for evidence generation [1] .

Disclaimer: Dosages mentioned are general guidelines from CCRUM and classical texts. Consultation with a registered Unani practitioner is advised prior to use.

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