



International Journal of Herbal Medicine

Available online at www.florajournal.com



E-ISSN: 2321-2187
P-ISSN: 2394-0514
IJHM 2015; 3(3): 21-23
Received: 20-06-2015
Accepted: 18-07-2015

Mohd Nasiruddin
PG Scholar, D/o Kulliyat,
National Institute of Unani
Medicine, Kottigepalya, Magadi
Main Road, Bangaluru,
Karnataka, India- 560091

Mohd Zulkifl
Professor, D/o Kulliyat, National
Institute of Unani Medicine,
Kottigepalya, Magadi Main
Road, Bangalore,
Karnataka, India. 560091

Yashmin Khan
LMO (Ladies Medical Officer),
PHC, Barnahal, Mainpuri, Uttar
Pradesh, India.

Correspondence:
Mohd Nasiruddin
PG Scholar, D/o Kulliyat, National
Institute of Unani Medicine,
Kottigepalya, Magadi Main Road,
Bangaluru, Karnataka, India-
560091.
Email: jdnasir81@gmail.com

The Role of *Ṭabī'at* in the Treatment of Disease

Mohd Nasiruddin, Mohd Zulkifl, Yashmin Khan

Abstract

Unani Medicine is a comprehensive system and it possesses its own chronological background. It deals with the status of health and disease. Hippocrates says that health and disease states depend on akhlāt (humoral) balance. In Unani Medicine the concept of *ṭabī'at* is a pivotal concept and it plays the core role in the preservation of existing health and restoration, if health is lost. *Ṭabī'at* with the help of their different *Aala* (tools) and *tadbir* maintain the physiological functions of the body and physician acts as supporter of *ṭabī'at*. The objective of this paper is to focus and elucidate the role of *ṭabī'at* and physicians in the treatment of disease.

Keywords: Akhlāt, *Ṭabī'at*, *Aala*, *Tadbir*.

1. Introduction

The human beings are encircled by numerous factors which are opportunistically disturbing the healthy condition. Even though all the population are not equally affected i.e. some of them remain healthy and some are affected. What is the reason behind this? The Unani Medicine believes that there is a faculty called as *ṭabī'at* in every individual which varies from person to person. *Ṭabī'at* is also called as *quwwat-e- mudabbira badan*^[1] (supreme planner of the body) means it is liable for the entire planning and works for the welfare of the body and also combat with disease^[2]. When *ṭabī'at* is strong enough to resist the abnormal circumstances, it does not need any help of physician^[3]. Therefore, it is clear that the individual in the population with strong *ṭabī'at* are not affected at all and whose *ṭabī'at* is debilitated become affected. When *ṭabī'at* becomes debilitated, physician assists *ṭabī'at* so that, it can again become powerful enough to combat the situation. Above discussion clearly indicates that the physicians role starts when *ṭabī'at* become feeble or defeated with the causative matter.

Explanation

As the change is the worldwide phenomenon. The same cycle can be seen in the process of disease causation. Whatever the changes taking place, can be tolerated up to the potency of *ṭabī'at* which fights to eradicate the causative materials out of the body. When it fails to conquer and to dissolve the morbid materials the disease appears^[4]. In relation with disease appearance and its eradication Hkm. Syed Ishtiyāq Ahmad says that *ṭabī'at* protect the body by variety of measures and eliminate the disease when it arises^[5] through different normal channels. Now, the relation between *ṭabī'at*, disease occurrence and its eradication is clear from above explanation.

In Unani Medicine the disease consists of four stages which are as follow:

- *Zamane Ibtida* (Onset Phase): In this stage *ṭabī'at*, not started the process of *nuzj* (concoction) in the causative matter^[6].
- *Zamane Tazaiud* (Increasing Phase): In this stage *ṭabī'at*, starts the process of *nuzj* (concoction) in the causative matter. The slight change in colour of urine and appearance of 'gumam' in or over the surface of urine is the diagnostic change of this stage which indicates that *ṭabī'at* giving *nuzj* in causative matter^[6].
- *Zamane Intiha* (Climax Phase): In this stage the appearance of more *rasūb* (sediments) in urine is the evidence that *ṭabī'at*, has completed the process of *nuzj*^[6].
- *Zamane Inhitat* (Convalescence Phase): In this stage all the symptoms reduce and dominancy of *ṭabī'at*, over disease occurs^[6]. As soon as the process of *nuzj* is completed by *ṭabī'at*, patients becomes safe and the eradication of causative matter is started and ultimately expelled out of the body through normal channels. As *ṭabī'at* performs its own role in different stages of disease. The role of physician is to adopts such regimens which favour the action of *ṭabī'at*. If any adopted regimen is against the urge of *ṭabī'at* that may

prove fatal for patients.

If *ṭabī'at* is overwhelmed then the disease process is evolved [7]. Therefore, in such state it needs assistance from physician. The physician assists *ṭabī'at* by adopting appropriate treatment modalities which are of three types:

- Regimen and diet
- Use of drugs
- Manual operation [8].

Management with regimen and diet

The word regimens stand for the supervision of the asbab-e-sittah Zarooriyah (six essential factors) [8]. Therefore, the regimen management includes the modification in six essential factors because when these six factors are in favour of *ṭabī'at*, health is maintained otherwise abnormalities can arise. The six essential factors are as follows:

- Hawa-e-Muhit (Atmospheric Air)
- Makool-wa-Mashroob (Food and Drinks)
- Harkat-wa-Sakoon-e-Jismani (Rest and Physical activity)
- Harkat-wa-Sakoon-e-Nafsani (Psychological activity and Repose)
- Naum-wa-Yaqzah (Sleep and Wakefulness)
- Istifragh-wa-Ihtibas (Elimination and Retention) [9].

These six essential factors either directly or indirectly influences the *ṭabī'at*. In relation with these factors *Galen* delineates that *sue tadbir* i.e. any malpractice in any essential factor may be the causative of "*Fasaade ṭabī'at*" [10]. Therefore, the role of physician is to supervise and modify these factors according to the requirement of the body, so that *ṭabī'at* can easily maintain the normalcy.

In the treatment of any disease food management play very important role. Because, in the healthy condition food is taken for the preservation of health and for aid of *ṭabī'at*, but in diseased state the purpose is not the same [11]. Therefore, the physicians recommended the dietary regimen in healthy or in disease state which are favourable for *ṭabī'at*. In dietary recommendation sometimes physician desires to stop food or increased or reduced or allow in moderate quantity. All these recommendation are based on strength of patients with the aims to prevent the divergence of *ṭabī'at* from the disease and to prevent the indulgence of *ṭabī'at* in the process of digestion of food [8]. The stoppage or reduction of food is recommended in acute disease but it may be reduced in chronic disease if patients strength allow because in chronic disease the chief plan of physician is to preserve the strength (*quwa*) of the body [12] because for each functions there is a quwat (faculty) and where there is quwat (faculty) there are functions [3]. Therefore, *quwa* (faculties) and *af'al* (functions) are complementary with each other's. The above discussion indicates that the physicians with their experience and skills can manipulate the dietary regimens as per condition of the body.

Management by use of drugs

Hkm. Mohd Azam Khan says that the *ṭabī'at* conveys the potency of drugs to distant organs and fine vessels, then the beloved organ absorb them and thereafter, the total effects of drugs spread all over the body [13]. The drug's effects arise following the action of *ṭabī'at* in them [14]. While treating any disease, physician must keep in mind that *ṭabī'at* takes the support of drugs in the preliminary phase of disease, but it becomes feeble in the end phase and hardly admit the effects

of drugs [15]. So, the physicians have to prescribe such drugs from the beginning of the management that could be supportive to the *ṭabī'at* which can easily conquer the disease.

The principle on which drugs therapy depends are as follows:

- Principles governing the kaifiyat (quality) of drugs.
- Principles governing the kumiat (quantity) of drugs.
- Principles associated with the timing of drugs administration [8].

As the disease management is based on "Ilaz bil Zid" therapy while conservation of health is accomplished through "Ilaz bil Misl" therapy [8]. Therefore, the physician by understanding these three principles is in position to choose such drugs which either favours the "Ilaz bil Zid" or "Ilaz bil Misl" therapy. Whatever, the drugs he chooses that must be in accordance with the nature of *ṭabī'at* [8]. While prescribing any drugs, its dose management is very essential because higher the potentiality of drugs, higher the toxicity to *ṭabī'at*. Therefore, higher potential drugs should be used in rare condition or can be used with precaution [8].

In a clinical trial, placebo response is an important fraction. A placebo is an inactive substance given to satisfy a patient's demand for medicine [16]. So we can say that whatever the response appear in placebo trial is the consequence of action of *ṭabī'at* because actually patients is taking inactive substance. This placebo response is an evidence that there is a hidden power (*ṭabī'at*) inside every individual which works for the welfare of human beings.

From the above discussion of drugs therapy, it is concluded that firstly, drug boosts *ṭabī'at*, so that it can maintain normalcy. Secondly, drug prevents the defeat of *ṭabī'at* from the initial stage of disease. In treatment of any disease, the Unani physician has a vast confidence on this hidden power (*ṭabī'at*).

Conclusion

It is concluded that *ṭabī'at* plays an important role in preservation and restoration of health. The disease is the consequence of defeat of *ṭabī'at* because when *ṭabī'at* is strong, it can easily combat the causative matter and maintain normalcy. In healthy condition *ṭabī'at* does not need any assistance from physicians and preserve the existing health but when it is defeated, it needs to be assisted from the preliminary stage. Therefore, in Unani Medicine physician acts a servant or assistant of *ṭabī'at* and he must not let the circumstances to *ṭabī'at* to overcome because in case of defeat the patient's condition becomes worst.

References

1. Arzani MA, Ikseer-ul-Qulub. CCRUM, New Delhi, 2010, 02.
2. Kabiruddin HM, Ifada-e-Kabir. CCRUM, New Delhi, YNM, 17.
3. Ahmad HIS. Introduction to Al-Umur Al-Tabiyah. Edn 1, CCRUM, New Delhi, 1980, 33,162.
4. Rahman HSZ. Daur-e-Jadeed aur Tibb. Tibbi Committee Bhopal, Bhopal, YNM, 154,173.
5. Ahmad HSI. Kulliyat-e- Asri. Vol.1, New Public Press; New Delhi, 1983, 06.
6. Ibn Rushd AWM. Kitabul Kulliyat. Edn 1, CCRUM, New Delhi, 1987, 186-87.
7. Razi MBZ. Kitabul Murshid. Edn1, Turki Urdu Bewaru, New Delhi, 2000, 82.
8. Ibn Sina AAHIA. Kulliyat-e-Qanoon (Urdu Trans. by

- Kabiruddin HM).Part2, Aijaz Publication House, New Delhi, 2006, 238-39, 243-46.
9. Shah MH. The General Principles of Avicenna's Canon of Medicine. Idara Kitabul Shifa, New Delhi, 2007, 359.
 10. Ilahi A, Ansari AH, Zulkifle M, Muti MA. Association of Exercise, Sleep Habits, Bathing and House Status in the Genesis of Central Nervous System Disorder. Hamdard Medicus 2012; 55(3):33.
 11. Razi AMIZ. Kitabul Hawi. CCRUM, New Delhi, 2007, 23(12).
 12. Ibn Sina AAHIA. Al-Qanun Fil Tibb (English Trans. of the Critical Arabic Text). Jamia Hamdard, New Delhi, 1993; 1:318-19.
 13. Khan HMA. Muhit-e-Azam. CCRUM, New Delhi, 2012; 1:28.
 14. Baghdadi IH, Kitab-al-Mukhtarat, Fit Tibb., CCRUM, New Delhi 2005; 1:283.
 15. Tabri R. Firdaus-ul-Hikmat Fil Tibb (Urdu Trans. by Nadvi HRA). CCRUM, New Delhi, 2010, 295.
 16. Venes D, Biderman A, Alder E, Fenton BG, Enright AD, Patwell J *et al.* Taber's Cyclopedic Medical Dictionary. Edn 20, Noida: Gopson Paper's Ltd, YNM, 1676, 2.