



***Asbab-e-Sitta Zarooriya* and Lifestyle Medicine: An Integrated Approach Towards Preventive Healthcare**

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Abstract

Non-communicable diseases are strongly influenced by diet, physical inactivity, poor sleep, psychosocial stress, harmful exposures, and environmental conditions. Lifestyle medicine addresses these determinants through structured behavioral and preventive interventions. The Unani framework of *Asbab-e-Sitta Zarooriya*, or six essential factors, offers an older and culturally grounded account of the daily conditions required for health: *Hawa*; *Makool wa Mashroob*; *Harkat wa Sukoon Badani*; *Harkat wa Sukoon Nafsan*; *Naum wa Yaqza*; and *Istifragh wa Ihtibas*. This narrative review examines these six domains alongside contemporary preventive medicine. Classical sources, including *Al-Qanun fi al-Tibb*, *Kamil al-Sana'ah al-Tibbiyah*, *Kitab al-Kulliyat*, and *Kitab al-Mansuri*, were considered with literature from PubMed, Scopus, Web of Science, Google Scholar, and ScienceDirect. Clear areas of convergence include clean air, healthy dietary patterns, regular activity with adequate recovery, psychological regulation, restorative sleep, and orderly elimination. The systems differ in

explanatory language: Unani medicine uses *Mizaj*, *Akhlat*, and *Tabiyat*, whereas contemporary lifestyle medicine relies on epidemiology, physiology, behavioral science, and clinical trials. These concepts should therefore be compared functionally rather than treated as direct biomedical equivalents. *Asbab-e-Sitta Zarooriya* may provide a useful culturally acceptable structure for preventive counseling, but the integrated model itself requires prospective evaluation using measurable behaviors and clinical outcomes.

Keywords

Asbab-e-Sitta Zarooriya; Unani medicine; lifestyle medicine; preventive healthcare; non-communicable diseases; health promotion

1. Introduction

Non-communicable diseases—including cardiovascular disease, diabetes, chronic respiratory disease, cancer, and several mental health conditions—account for most deaths worldwide [1]. Their causes are not exclusively behavioral, but tobacco exposure, unhealthy diet, inactivity, alcohol,

sleep disruption, psychosocial stress, and air pollution are important modifiable contributors.

Lifestyle medicine uses evidence-based nutrition, physical activity, restorative sleep, stress management, avoidance of harmful substances, and supportive relationships to prevent or manage chronic disease [2]. Its value lies in sustained behavior change combined with appropriate screening and medical treatment.

Unani physicians organized daily determinants of health under *Asbab-e-Sitta Zarooriya*. These factors are considered necessary for preservation of *Tabiyat* and balance of *Mizaj* and *Akhlat* [3]. Although the philosophical foundations differ from contemporary medicine, the framework covers environmental, nutritional, physical, emotional, sleep-related, and eliminative domains that remain central to preventive care.

Aim and Objectives

This review aims to describe *Asbab-e-Sitta Zarooriya* and examine its relevance to lifestyle medicine. It compares each essential factor with contemporary evidence, identifies areas where integration may support preventive counseling, and outlines research needed to test the framework as a whole.

2. Methodology of Literature Review

A narrative review used *Al-Qanun fi al-Tibb*, *Kamil al-Sana'ah al-Tibbiyah*, *Kitab al-Kulliyat*, *Kitab al-Mansuri*, and *Makhzan al-Advia* as classical sources. PubMed, Scopus, Web of Science, Google Scholar, and ScienceDirect were searched with combinations of “*Asbab-e-Sitta Zarooriya*,” “lifestyle medicine,” “preventive healthcare,” “Unani medicine,” “health promotion,” and “non-communicable disease.” Classical material, peer-reviewed reviews, epidemiological studies, guidelines, and preventive medicine research were considered. Duplicate, unrelated, and non-evidentiary material was excluded. This was a narrative synthesis rather than a systematic intervention review.

3. Historical and Conceptual Background

The six essential factors emerged from the Greco-Arabic medical tradition and were developed by physicians including Hippocrates, Galen, Al-Razi, Al-Majusi, and Ibn Sina [4]. Health was viewed as a dynamic interaction between constitution and

environment. Air, food, movement, emotion, sleep, and elimination continually influence *Mizaj* and the capacity of *Tabiyat* to maintain order. Unlike a modern risk-factor checklist, the framework is individualized according to age, season, occupation, place, and constitutional state.

4. The Six Essential Factors

The six domains are *Hawa* (air and environment), *Makool wa Mashroob* (food and drink), *Harkat wa Sukoon Badani* (bodily activity and rest), *Harkat wa Sukoon Nafsi* (mental and emotional activity and repose), *Naum wa Yaqza* (sleep and wakefulness), and *Istifragh wa Ihtibas* (appropriate elimination and retention). Together they offer a practical structure for reviewing daily exposures and habits.

5. Hawa and Environmental Health

Classical Unani writing gives air priority because respiration is continuous and unavoidable. Clean, appropriately temperate air is considered supportive, whereas stagnant or contaminated air may disturb health [5]. Contemporary evidence strongly supports this concern. Fine particles, nitrogen dioxide, ozone, household smoke, occupational exposure, and other pollutants contribute to respiratory and cardiovascular disease, stroke, cancer, and premature death [6]. The practical modern extension includes tobacco avoidance, ventilation, clean cooking fuels, occupational protection, and public air-quality policy; individual counseling alone cannot correct environmental injustice.

6. Makool wa Mashroob

Food and drink are selected in Unani practice according to *Mizaj*, age, climate, occupation, activity, and digestive capacity [7]. Quantity, timing, preparation, and suitability matter as much as the name of a food. Modern preventive nutrition similarly favors minimally processed foods, vegetables, fruits, legumes, whole grains, nuts, and appropriate protein and fats while limiting excess salt, refined carbohydrates, and industrially processed foods. The exact pattern must account for culture, affordability, diabetes, kidney disease, allergy, and other clinical needs. The useful point of convergence is personalization within a nutritionally sound pattern, not a direct translation of humoral qualities into nutrient biochemistry.

7. *Harkat wa Sukoon Badani*

Regular bodily movement is described as necessary for circulation, digestion, strength, and removal of waste, while excessive exertion can exhaust and inadequate activity can promote stagnation. This balance closely resembles modern exercise prescription. Adults are commonly advised to accumulate 150–300 minutes of moderate aerobic activity each week, or an equivalent amount of vigorous activity, together with muscle-strengthening on at least two days, adapted for health and ability [8]. Rest and recovery are part of the prescription, particularly for older adults, athletes, pregnancy, and chronic illness.

8. *Harkat wa Sukoon Nafsani*

Unani medicine treats anger, fear, grief, anxiety, joy, and other emotional states as physiologically influential. Persistent emotional disequilibrium is described as affecting sleep, digestion, circulation, and general strength [9]. Contemporary research links chronic stress with autonomic and hypothalamic–pituitary–adrenal activation, inflammatory signaling, adverse health behaviors, depression, and cardiovascular and metabolic risk [10]. Mindfulness, cognitive behavioral approaches, relaxation, social connection, and treatment of mental illness may help. Emotional health should not be reduced to personal discipline; trauma, poverty, work, discrimination, and family circumstances also require attention.

9. *Naum wa Yaqza*

Sleep restores physical and mental function and is individualized in classical descriptions according to age, season, occupation, and health [11]. Contemporary sleep science connects sufficient, regular sleep with cognition, immune regulation, glucose metabolism, cardiovascular health, and mood. Most adults need approximately seven to nine hours, although individual need varies [12]. Consistent timing, daylight exposure, activity, reduced late stimulant use, and a suitable sleep environment can help. Persistent insomnia, loud snoring, apneas, restless legs, or excessive daytime sleepiness requires clinical assessment rather than sleep-hygiene advice alone.

10. *Istifragh wa Ihtibas*

Istifragh refers to appropriate removal through bowel, urine, sweat, respiration, menstruation, and

other routes; *Ihtibas* refers to appropriate retention of substances needed by the body. The principle is balance rather than repeated purging [13]. Modern physiology likewise depends on renal, gastrointestinal, respiratory, hepatic, and skin functions for fluid, electrolyte, acid–base, and metabolic homeostasis. Constipation or urinary retention may require treatment, but popular “detox” practices should not be justified through this concept without evidence. Elimination cannot be equated simply with removal of unspecified toxins.

11. Comparison with Lifestyle Medicine

The functional parallels are clear: environmental health, nutrition, exercise and recovery, psychological wellbeing, sleep, and physiological elimination. Modern lifestyle medicine additionally emphasizes tobacco and substance avoidance, social connection, evidence-based screening, and measurable risk reduction. *Asbab-e-Sitta Zarooriya* adds a constitutional and seasonal lens that may improve cultural relevance and personalization. Integration is strongest when shared behaviors are supported by evidence and philosophical differences are stated openly.

Unani essential factor	Contemporary preventive domain
<i>Hawa</i>	Air quality, respiratory exposure, and environmental health
<i>Makool wa Mashroob</i>	Nutrition, hydration, and diet therapy
<i>Harkat wa Sukoon Badani</i>	Physical activity, sedentary behavior, and recovery
<i>Harkat wa Sukoon Nafsani</i>	Stress, emotional health, and psychological care
<i>Naum wa Yaqza</i>	Sleep duration, regularity, and sleep disorders
<i>Istifragh wa Ihtibas</i>	Bowel, renal, respiratory, and metabolic homeostasis

12. Prevention of Non-Communicable Disease

The six domains address many modifiable contributors to obesity, diabetes, hypertension, cardiovascular disease, chronic respiratory illness, depression, and metabolic syndrome [14]. They cannot guarantee prevention, because genetics, infection, environment, healthcare access, and social determinants also matter. The framework is best used to organize risk assessment and behavior change alongside screening, vaccination, medication, and public-health measures.

13. Scientific Support and Limits

Large bodies of research support healthy dietary patterns, activity, sleep, stress care, and clean air. These studies were not designed to validate Unani humoral theory. They provide evidence for overlapping behaviors, not proof that *Mizaj* or *Akhlat* correspond to particular biomarkers. Likewise, the value of an integrated six-factor intervention cannot be inferred by combining evidence from separate lifestyle components. It must be tested directly.

14. Critical Analysis

Both systems prioritize prevention, individualized counseling, and the interaction between body, behavior, and environment. Their evidentiary foundations differ. Modern recommendations are continually revised through epidemiology and clinical trials; Unani reasoning is grounded in a constitutional and humoral model. Direct equation would weaken both. A more productive approach uses *Asbab-e-Sitta Zarooriya* as a culturally meaningful assessment framework while choosing specific recommendations according to current safety and effectiveness evidence.

15. Research Gaps

There is no widely validated instrument for measuring all six factors, and prospective studies of the integrated framework are scarce. Future work should operationalize each domain without losing its classical meaning, measure adherence reliably, and examine clinical outcomes over time. Studies should compare culturally adapted *Asbab-e-Sitta Zarooriya* counseling with standard lifestyle counseling and report reach, adherence, equity, quality of life, and metabolic outcomes.

16. Future Perspectives

Digital or artificial-intelligence tools could support personalized assessment, but they require transparent algorithms, privacy protection, and clinical validation. Precision lifestyle research may examine whether *Mizaj*-based tailoring improves adherence or outcomes beyond conventional risk stratification. Community implementation studies are especially important because food access, air quality, safe spaces for activity, and work schedules determine whether advice is feasible.

17. Conclusion

Asbab-e-Sitta Zarooriya is a coherent preventive framework linking air, food and drink, activity and rest, emotional life, sleep, and elimination. Each domain has a recognizable counterpart in contemporary lifestyle and preventive medicine, although the explanatory concepts are not identical. Used carefully, the framework may make preventive counseling more holistic and culturally meaningful. Its added clinical value should be tested prospectively with measurable interventions and outcomes rather than assumed from conceptual similarity alone.

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