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EFFECTIVENESS OF UNANI MEDICATION AND LIFESTYLE MODIFICATIONS IN EARLY TYPE 2 DIABETES MELLITUS (DHAYĀBĪṬUS SHAKRI): A CLINICAL CASE REPORT

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Article History	Abstract
Received on: 11-06-2025 Revised on: 27-06-2025 Accepted on: 03-08-2025	Diabetes Mellitus (DM) is a chronic metabolic disorder characterized by persistent hyperglycemia due to impaired insulin secretion or resistance. This case study reports the successful integrative management of a 45-year-old female patient with Type 2 DM using Unani medicine. The patient presented with classical symptoms of diabetes and had a significant family history of the disease. Treatment included QurseZiyabetus Khas and Dawa-e-Musaffi, both traditional Unani formulations with hypoglycemic, detoxifying, and anti-inflammatory properties. Alongside herbal pharmacotherapy, lifestyle and dietary modifications were recommended. Within 1 week, the patient's blood glucose significantly improved and within 3 months HbA1c levels significantly improved, indicating the potential efficacy of Unani medicine as a complementary approach in early-stage diabetes management. Continued monitoring and adherence to lifestyle changes are essential for long-term benefits and complication prevention.
	Keywords: Dhayābīṭusshakri, Qurseziyabetus, Dawa-e-Musaffi.

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Introduction

Diabetes mellitus (DM) is the most prevalent endocrine disorder, impacting over 100 million individuals globally (6% of the population). This condition arises from either a deficiency or ineffective production of insulin by the pancreas, leading to elevated glucose levels in the bloodstream. It is known to cause damage to various body systems, particularly affecting blood vessels, eyes, kidneys, heart, and nerves. Diabetes mellitus is mainly categorized into two types: insulin dependent diabetes mellitus (IDDM, Type I) and non-insulin dependent diabetes mellitus (NIDDM, Type 2). Type I diabetes is an autoimmune illness defined by a local inflammatory reaction in and around the islets, followed by selective death of insulin secreting cells, whereas Type II diabetes is distinguished by peripheral insulin resistance and decreased insulin production [1]. Diabetes is a major cause of death. By 2030, India's diabetes population is expected to reach 79.4 million. It is a complex condition that leads to numerous complications [2]. Diabetes Mellitus, also known as "diabetes," is a chronic condition characterized by elevated

blood glucose levels. Diabetes can be caused by one of two mechanisms: 1. Inadequate insulin synthesis (which decreases blood glucose) or 2. Inadequate insulin sensitivity. Diabetes is a chronic and complex metabolic illness caused by insulin resistance or decreased insulin secretion; as a result, diabetic patients have persistent hyperglycemia. It causes irreversible harm to the liver, kidneys, eyes, neurological system, cardiovascular, and other sections [3]. Diabetes raises the risk of a number of complications, including cardiovascular and peripheral vascular disease, stroke, neuropathy, renal failure, retinopathy, blindness, and amputations. The basic purpose of diabetic drugs is to prolong life and alleviate symptoms. Secondary goals include preventing long-term diabetic problems and increasing longevity through the elimination of numerous risk factors. Insulin replacement therapy is the mainstay for individuals with type 1 diabetes, but diet and lifestyle changes are considered the cornerstone for the treatment and management of type 2 diabetes [1].

The *Unani* System of Medicine refers to diabetes mellitus as *Dhayābīṭusshakri*. Other words used in *unaniliterature* to describe *Ziabetus* include *Moattasha*, *Atsha*, *Zalaqulkulliya*, *Dolab*, *Dawwarah*, *Barkar*, *Barkarya*, and *Qaramees* [4]. Unani physicians believed kidney dysfunction was the cause of *Dhayābīṭus*. According to the *Unani* System of Medicine, *Dhayābīṭusshakri* is a disease where the patient's drank water is quickly flushed out through the kidneys. This is similar to the *zalq al-mi'dawaam'ā*, where food moves quickly through the

stomach and intestines without appropriate digestion. Causes of the disease include *Du'f al-kulya*, *Sū'-i-mizājbārīdaamwajigarwakulya*, *Sū'-i-mizājĤārrkulya*, and dilatation of *majārī e gurda*. *QawīQuwwatĤādhība* and *Du'f al-QuwwatMāsika*. According to Unani System of medicine, *Ziabetus* is of two types –one is *Ziabetusshakari* [Haar or DM] and second is *Ziabetussaada* [Baarid or D. Insipidus] [5-8].

Case Presentation

In March 2025, a 45-year-old female patient arrived at the OPD of H.S.Z.H.Govt. Unani Medical College in Bhopal (M.P.), India, complaining of severe thirst and polyuria. And then she was diagnosed with type 2 diabetes mellitus. At the moment, the patient's random blood glucose level was 245 mg/dL, whereas her fasting blood sugar level was 196 mg/dL. She took a HbA1c test on march 22, 2025, and it was 8.02%. She has positive family history of type 2 diabetes. Her father is also suffering from this condition. The patient was questioned regarding cardiovascular and renal illnesses, retinopathy, neuropathy, and other conditions. However, she was not suffering from such diseases. She was also questioned regarding fever and other infectious disorders, which were not discovered.

Past Medical History

Patient was also suffering from Hypertension from last 2 years.

Past Medication History

She was using Tab. Telmisartan 40 mg OD from last 5 year

Family History

Positive family history of type 2 DM and Hypertention

General Examination

B.P – 130/90 mmhg

Weight: 70kg

Height: 5 foot 2 inches

BMI: 32.01kg/m2

Physical activity: daily work routine home

Special Investigation

According to the reported symptoms, patient's blood glucose level was monitored. At that time patient's random blood glucose level was 245mg/dl which was beyond the normal range of the random blood glucose level (>140mg/dl). And also monitor her fasting glucose level that was 196mg/dl which was also beyond the normal range (70-100mg/dl). He had gone for HbA1c on 22.03.2025 and it was 8.02 %.

Treatment

- **Qurseziyabetuskhas** - 2BD it is a tablet-based Unani medication. The patient was instructed to take two tablets twice a day, soon before meals.
- **Dawae Musaffi**- 20 gm. BD it's a Unani polyherbal compound noted for its detoxifying, blood purifying, and anti-inflammatory effects. The mixture was made in Joshanda (herbal decoction) form, ensuring maximum bioavailability and medicinal efficacy.

Table 01: Ingredient of Qurse Ziyabetus Khas [9]

S.N O.	INGREDIENT	RATIO	Therapeutic Actions (Afaal)
1.	Tabasheer (Bambusaarundi)	25g	Antiinflammatory,Hypoglycaemic

	nacea (Retz.) Roxb.)		,Antacid,Detoxification,Healing property
2.	Satt-i-Gilo (Tinosporacordifolia (Willd.)Miers.)	25g	antiperiodic, antispasmodic, anti-inflammatory, and antipyretic properties, Hypoglycaemic effect
3.	Maghz-i-Khastajamun (Eugenia jambolana Lam.)	50g	anti-inflammatory, anti-ulcerogenic, cardioprotective, anticancer, antiallergic, hepatoprotective, antidiarrhoeal, hypoglycemic and antidiabetic
4.	Gurmar Buti (Gymnemasylvestre R. Br)	50g	it shows positive effects on blood sugar homeostasis, controls sugar cravings, and promotes regeneration of pancreas.
5.	Kushta Baiza-e-Murgh (Calx of egg shell)	10g	aphrodisiac, anti-diabetic antispasmodic
6.	KushtaZamarrud (Calx of Emerald)	10 g	Strengthens the liver and heart. Also strengthens the bladder and stops excessive urination. Useful in diabetes and albuminuria (discharge of albumin in the urine) and in cough.
7.	Loab-i-Aspaghool (Plantago ovata Forsk.)	For binding	For binding

Table 02: Ingredient of Dawa-E-Musaffi [10]

S.N O.	Unani Name	Botanical Name	Temperament	Therapeutic Actions (Afaal)
1.	Barg-e Shahatra	Fumaria indica	Cold & Dry (2nd)	Blood purifier, diuretic, antipyretic
2.	Chirayta	Swertiachirayta	Cold & Dry (2nd)	Detoxifier, antipyretic, liver tonic, Hypoglycaemic
3.	Gule Mundi	Sphaeranthus indicus	Hot & Dry (2nd)	Blood purifier, diaphoretic, antiinflammatory,Hypoglycaemic
4.	Unnab	Ziziphusjujuba	Cold & Wet (1st)	Demulcent, expectorant, blood purifier
5.	Sarfoaka	Tephrosiapurpurea	Hot & Dry	Hepatoprotective, blood purifier, tonic

			(2nd)	
6.	Sandal Surk	Pterocarpus santalinus	Cold & Dry (2nd)	Cooling agent, blood purifier, diuretic

Interventions

Qurss should be taken about 5 -10 minutes before the meal Dawa e Musaffi taken after the meal. Instead of eating a lot at 3 meals, divide total intake in 5 meals.

Dietary and Life style modification

The patient was recommended to avoid sugary and high-carbohydrate meals such as potatoes, rice, wheat products, sugary beverages, fatty foods etc. He was encouraged to consume green leafy vegetables, and a fiber-rich diet. The patient was also encouraged to go for a 15-minute morning walk every day.

Outcome

Patient used the suggested medicine after 1 week of using medicine the blood glucose level of the patient was monitored. Fasting = 112mg/dl and after meal = 150mg/dl. Patient was advised to continue medication and visit hospital every week to monitor blood sugar. After 3 month The HbA1c and mean plasma glucose level were also significantly decreased that is 6.7%

Name	[REDACTED]	Patient ID	: 2500003564
Age	: 45 Years	Sample Received On	: 22-Mar-2025
Gender	: Female	Report Printed	: 22-Mar-2025
Referred by	[REDACTED]	LAB ID.	: 250707001
Collected at	: MAA PITAMBARA PATHOLOGY LAB	Report Status	: Final

DEPARTMENT OF HAEMATOLOGY			
Test Name	Observed Value	Unit	Bio. Ref. Interval
HAEMOGLOBIN GLYCOSYLATED BLOOD(HBA1C)	8.02	%	4.0-6.0
ESTIMATED AVERAGE GLUCOSE (eAG)	183.47		90-120
HbA1c (%) Interpretation:-			
➤ 8% Action Suggested			
7 - 8 % Good Control			
< 7% Goal			
5.7-6.0 % Near Normal Glycemia			
4-5.7% Normal level			
Clinical Information:-			
Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Post-splenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss			

Figure 01: Patient HbA1c Report before Treatment

UHID	: AM10.25000036825	Bill No.	: 123614
Patient Name	[REDACTED]	Registered On	: 23/06/2025, 12:02 PM
Age/Gender	: 45 / FEMALE	Collected On	: 23/06/2025, 01:07 PM
Ref. Doctor	[REDACTED]	Reported On	: 23/06/2025, 01:42 PM
Client Name	: Maa Pitambra Pathology Lab	SampleID	[REDACTED]
Mobile No.	: [REDACTED]		
Client Address	:		

Biochemistry.			
Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin)	6.74	%	Normal 4.5 - 6.5 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 %
<small>HPLC (High Performance Liquid Chromatography)</small>			
Mean Blood Glucose	146.7	mg/dL	
<small>Method: Calculated</small>			

Figure 02: Patient HbA1c Report after Treatment

Discussion

Diabetes mellitus (DM) is a chronic, multifactorial metabolic disorder characterized primarily by persistent hyperglycemia, resulting from defects in insulin secretion, insulin action, or

both. This case study demonstrates the complex interplay of genetic, physiological, and lifestyle factors in the pathogenesis and management of Type 2 diabetes mellitus (T2DM), with an integrative approach using the *Unani* system of medicine. The patient, a 45-year-old female, presented with classical diabetic symptoms-excessive thirst and polyuria-and her diagnosis was confirmed through elevated fasting glucose (196 mg/dl), random glucose (245 mg/dl), and HbA1c (8.02%) values, all well above the diagnostic thresholds for diabetes. Importantly, the patient had a positive family history of T2DM and hypertension, highlighting the hereditary component and increased risk of comorbid conditions. In this case, treatment was initiated using Unani pharmacotherapy, primarily *Qurse Ziyabetus Khas* and *Dawa-e-Musaffi*, formulations with both hypoglycemic and systemic benefits, including detoxification, blood purification, and anti-inflammatory actions. The active ingredients like *Gymnemasylvestre*, *Eugenia jambolana*, and *Tinosporacordifolia* are well-known in traditional medicine for their glycemic control properties. These agents likely contributed to the observed reduction in fasting and postprandial glucose levels within just one week, as well as a drop in HbA1c level from 8.02% to 6.7% after 3 month-a clinically meaningful improvement. Another significant aspect is the inclusion of lifestyle and dietary counseling, which aligns with global diabetes management guidelines. The emphasis on avoiding high glycemic index foods, promoting fiber-rich diets, and engaging in regular physical activity is the cornerstone interventions for Type 2 DM. This case underscores the potential effectiveness of integrative treatment in managing early-stage T2DM, especially when pharmacologic therapy is paired with behavior modification. However, long-term outcomes and larger controlled studies would be essential to validate the consistent efficacy and safety of *Unani* formulations.

Conclusion

This case highlights the effective management of Type 2 Diabetes Mellitus through an integrative Unani treatment approach, combining traditional herbal formulations with lifestyle and dietary modifications. Significant improvement in blood glucose and HbA1c levels was observed within months, suggesting that Unani medicine can play a supportive role in early diabetes care. Regular monitoring and continued adherence to treatment and lifestyle changes are essential for sustained control and prevention of complications.

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None

Conflict of Interest

The authors declare no conflict of interest.

Informed Consent

Taken From the Patient.

Ethical Statement

Prior permission was taken from the department in charge

Author Contribution

Dr.Mehzabi - data collection, original data drafting, reviewing, result framing

Dr. Iftekhar Ahmad - Reviewing.

Dr. syed Isra ali - Reviewing.

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