

## An Integrative Medical Perspective on Warm-e-Meda (Gastritis): Bridging Classical Unani Concepts with Contemporary Therapeutics

Dr. Mohd Saad Yusuf<sup>1\*</sup>, Dr. Md. Najibur Rahman<sup>2</sup>, Prof. Dr. Shahnawaz Akhtar<sup>3</sup>, Dr. Shagufta Parveen Hussain<sup>4</sup>, Dr. Razia Sultana<sup>5</sup>

<sup>1</sup>PG Scholar, Dept of Moalajat, Govt. Tibbi College and Hospital (GTCH), Patna

<sup>2</sup>Associate Professor cum HoD-Moalajat, Govt. Tibbi College and Hospital (GTCH), Patna

<sup>3</sup>Professor cum Medical Superintendent, Govt. Tibbi College and Hospital (GTCH), Patna

<sup>4</sup>PG Scholar, Dept of Mahiyatul Amraz, Govt. Tibbi College and Hospital (GTCH), Patna

<sup>5</sup>PG Scholar, Dept of Moalajat, Govt. Tibbi College and Hospital (GTCH), Patna

DOI: <https://doi.org/10.36347/sajb.2025.v13i08.008>

| Received: 07.06.2025 | Accepted: 11.08.2025 | Published: 13.08.2025

\*Corresponding author: Dr. Mohd Saad Yusuf

PG Scholar, Dept of Moalajat, Govt. Tibbi College and Hospital (GTCH), Patna

### Abstract

### Review Article

**Background:** Warm-e-Meda, a well-recognized disease in the Unani system of medicine, corresponds closely to gastritis in modern medicine. It is primarily attributed to an imbalance in humoral temperaments, especially the predominance of Safrā (yellow bile) and excessive Harārat (heat) in the stomach. The Unani scholars, including Ibn Sina, Razi, and Jurjani, provided detailed descriptions of its causes, types, and treatment centuries before the modern understanding of gastric inflammation emerged. **Objective:** This paper aims to critically review the concept of Warm-e-Meda through the lens of classical Unani texts and juxtapose it with modern medical understanding of gastritis. It emphasizes the etiology, pathophysiology, clinical features, diagnostic approaches, and treatment strategies in both systems. **Methods:** A qualitative review was conducted using primary Unani sources such as *Al-Qanoon fit Tib*, *Zakhira Khwarizm Shahi*, *Kitab al-Hawi*, and contemporary Unani pharmacopeias. Modern references include textbooks like *Robbins Basic Pathology*, *Yamada's Gastroenterology*, and peer-reviewed clinical guidelines. A comparative evaluation was performed to highlight similarities and differences in diagnosis and treatment. **Results:** Unani medicine classifies Warm-e-Meda into several subtypes based on the dominant morbid humor (Safrā, Sauda, Balgham) and emphasizes personalized treatment involving *Ilāj bil Ghizā* (diet therapy), *Ilāj bid Dawa* (herbal drugs), and *Ilāj bit Tadbeer* (regimenal therapies). In contrast, modern medicine focuses on pharmacologic management using proton pump inhibitors, H. pylori eradication regimens, and mucosal protectants. Both systems acknowledge dietary and psychological triggers. However, the Unani approach incorporates temperament-based diagnosis and holistic healing, often avoiding the adverse effects associated with modern pharmacotherapy. **Conclusion:** Warm-e-Meda reflects a deep-rooted understanding of gastric pathology within the Unani framework. Its emphasis on humoral correction, natural remedies, and lifestyle regulation offers a complementary perspective to modern medical management. Integrating both systems may enhance therapeutic outcomes, particularly in chronic, recurrent, or drug-resistant gastritis.

**Keywords:** Warm-e-Meda, Unani medicine, Gastritis, Humoral theory, Safrā, Ilāj bit Tadbeer, H. pylori, Comparative medicine.

**Copyright © 2025 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## 1. INTRODUCTION

Warm-e-Meda (gastritis) is a well-described inflammatory condition in Unani medicine characterized by dysfunction in the stomach's temperament due to an imbalance in humors (Akhlāt). The word Warm refers to heat/inflammation, while Meda denotes the stomach. Unani scholars such as Buqrat (Hippocrates), Galen (Jalinus), Razi, Ibn Sina, and Jurjani provided comprehensive descriptions of this condition, linking it

to the dominance of abnormal or morbid Safrā (yellow bile) or Saudā (black bile) in the gastric system [1-3].

According to Unani medicine, Warm-e-Meda occurs when the stomach's natural hot-moist temperament becomes excessively heated or altered due to diet, lifestyle, or emotional factors. This leads to weakness in the digestive faculty (Quwwat-e-Hazima), excessive thirst (Haus), heartburn (Hiddat-e-Meda), nausea and vomiting (Qay), flatulence (Nafkh),

and loss of appetite (Naqshe Shahiyah) [4,5]. The disease can manifest as Warm-e-Meda Haar (hot inflammation), Barid(cold), or Muzmin (chronic), depending on the causative factors and humor involved [6].

Modern medicine defines gastritis as inflammation of the gastric mucosa, caused by various factors including *Helicobacter pylori* infection, prolonged NSAID use, alcohol consumption, stress, and autoimmune disorders [7,8]. The condition may be acute or chronic and presents with epigastric pain, nausea, bloating, and indigestion [9].

Bridging Unani and modern concepts is essential to form a holistic understanding of gastrointestinal health. There is growing global interest in traditional medicine systems like Unani, which emphasize individualized temperament-based therapy (Mizaj), diet regulation (Ilaj bil Ghiza), and detoxification (Ilaj bit-Tadbeer) [10,11]. Understanding Warm-e-Meda through both lenses provides a more integrative approach to diagnosis and treatment.

This review aims to comprehensively discuss the classical Unani perspective, along with modern medical correlations, covering etiology, classification, pathogenesis, clinical features, diagnosis, and treatment strategies, thereby laying the foundation for integrative clinical practices in gastritis management.

## 2. Historical Background of Warm-e-Meda in Unani Medicine

The understanding of *Warm-e-Meda* (gastritis) in Unani medicine has deep roots in the classical teachings of ancient Unani physicians. The foundations were laid by Buqrat (Hippocrates) and Jalinus (Galen), who emphasized the role of humoral imbalance—particularly the excess of hot and dry qualities—in gastric disturbances [1,12].

Later, Zakariya Razi (Rhazes) in his monumental work *Kitab al-Hawi* provided detailed descriptions of gastric diseases, associating inflammation of the stomach with abnormal humors, dietary errors, and environmental factors [2]. He classified stomach disorders based on symptoms such as vomiting, heartburn, and pain, noting that excessive bile (*Safrā*) or black bile (*Saudā*) could irritate the stomach lining, leading to heat and inflammation.

Ibn Sina (Avicenna), in his encyclopedic *Al-Qanun fi al-Tibb*, elaborated on the disease under *Amraz-e-Meda*. He emphasized that excessive heat or cold in the stomach disturbs the temperament (*Mizaj*) and digestive faculty (*Quwwat-e-Hazima*), leading to loss of appetite (*Naqshe Shahiyah*), nausea, and sometimes blood-tinged vomiting in severe cases [1]. He also highlighted the link between emotional factors like anger or anxiety and gastric inflammation, anticipating the modern understanding of psychosomatic influences.

Jurjani, in *Zakhira Khwarzam Shahi*, provided a practical classification of Warm-e-Meda into acute (*Haar*), chronic (*Muzmin*), and cold inflammation (*Barid*), attributing specific clinical features and treatment principles to each type [3].

These descriptions in Unani literature demonstrate a nuanced understanding of gastritis centuries before the advent of modern endoscopy or microbiology. The Unani scholars offered a systemized approach to diagnosis based on temperament (*Mizaj*), humoral dominance (*Ghalba-e-Khilt*), and external triggers, which remain clinically relevant today.

## 3. ETIOLOGY AND PATHOGENESIS

In the Unani system, the etiology (*Asbab*) of Warm-e-Meda is primarily attributed to the imbalance of humors (*Ikhtilal-e-Akhlat*) and derangement of temperament (*Tafarruq-e-Ittisal wa Ikhtilal-e-Mizaj*) [2]. The stomach's natural temperament is hot and moist (*Haar Ratab*), and any deviation toward excessive heat, dryness, or coldness results in inflammation or weakening of the digestive faculty (*Quwwat-e-Hazima*) [1].

### 3.1 Etiological Factors (*Asbab-e-Warm-e-Meda*) in Unani Medicine

**Key causes of Warm-e-Meda include:**

- Overeating or indigestion (*Istimrar-e-Ta'am*)
- Consumption of hot and spicy foods (*Ghidha-e-Har Ratab*)
- Excessive anger, anxiety, or emotional stress (*Ghalba-e-Ghazab*)
- Use of irritant drugs or substances (*Istimal-e-Advia-e-Harrah*)
- Irregular sleeping and waking cycles (*Ikhtilal-e-Nawm-o-Yaqza*)
- Long-term fasting or hunger (*Joo-e-Tawil*) [3,13].

Unani scholars emphasized that when *Safrā* (yellow bile) becomes dominant or abnormally produced in the liver and reaches the stomach, it causes intense irritation, leading to Warm-e-Meda Haar. In contrast, chronic conditions may involve dominance of *Saudā* (black bile) or altered blood (*Dam Fasid*), leading to long-standing mucosal inflammation [11].

### 3.2 Pathogenesis (*Tashkeel-e-Marz*)

The disease progression, according to Unani theory, begins with *Ghalba-e-Khilt* (dominance of humor) which alters the temperament of the stomach:

1. **Initial Stage:** Dominant hot humor (*Safrā*) irritates gastric lining → *Hiddat* (burning), thirst, vomiting
2. **Intermediate Stage:** Weakening of *Quwwat-e-Hazima*, causing indigestion and bloating
3. **Advanced Stage:** Chronic inflammation, leading to structural changes like ulceration or thickening of mucosa [4]

This process is analogous to the modern pathogenesis of gastritis, where exposure to irritants like NSAIDs, alcohol, or *H. pylori* leads to mucosal injury, inflammation, and erosion. Chronic exposure may lead to atrophic gastritis, intestinal metaplasia, or peptic ulcers [8,9].

Furthermore, Unani scholars recognized that emotional factors, such as excessive grief (*Huzn*) or anger (*Ghazab*), disrupt internal balance and indirectly influence gastric function—an idea now supported by modern evidence of gut-brain axis dysfunction in functional dyspepsia and stress-induced gastritis [7].

## 4. Clinical Features and Diagnosis of Warm-e-Meda

### 4.1 Clinical Features in Unani Medicine

Unani physicians provided detailed clinical descriptions (*Alamat*) of *Warm-e-Meda*, closely resembling the modern symptomatology of acute and chronic gastritis. The clinical presentation varies depending on the dominant humor (*Madda Ghaliba*) and temperament (*Mizaj*) of the patient [3].

Key symptoms include:

- Hiddat-e-Meda (Burning sensation in stomach)
- Gha'siyan (Nausea)
- Taqayya (Vomiting), sometimes bilious
- Haus (Thirst) with dry mouth
- Nafkh-e-Shikam (Bloating/Flatulence)
- Raf-e-Shahwat-e-Ta'am (Loss of appetite)
- Huzn wa Gham (Irritability, depression)
- Pain in upper abdomen, aggravated after meals [1,2]

In *Warm-e-Meda Haar*, these symptoms are acute and severe, while in *Warm-e-Meda Muzmin*, symptoms are mild, chronic, and often associated with weight loss and fatigue [13]. Ibn Sina described the color, consistency, and odor of vomitus as diagnostic tools, noting that yellow, bitter vomitus indicates predominance of bile [1].

### 4.2 Modern Clinical Features of Gastritis

From a biomedical perspective, gastritis presents with:

- Epigastric pain or discomfort
- Nausea, vomiting
- Loss of appetite
- Bloating and belching
- Sometimes hematemesis (in erosive gastritis)

Chronic gastritis is often asymptomatic, or presents with iron-deficiency anemia due to mucosal atrophy [8].

### 4.3 Diagnostic Approach

In Unani medicine, diagnosis (*Tashkhis*) is primarily clinical, based on:

- *Mizaj assessment*
- Observation of symptoms and pulse
- Examination of vomitus and stool
- Dietary history and lifestyle evaluation [4]

In contrast, modern diagnostics include:

- **Endoscopy** (gold standard): reveals erythema, erosions, or ulcers
- **Histological biopsy**: confirms mucosal inflammation
- **Urease breath test, stool antigen test, or biopsy**: for *H. pylori* detection
- **Blood tests**: to assess anemia, vitamin B12 deficiency, etc. [9]

Both systems emphasize individualized diagnosis. Unani relies on temperament and humoral analysis, whereas modern medicine uses biochemical and imaging tools.

## 5. Unani Management of Warm-e-Meda (Ilaj)

Unani medicine follows a holistic approach for the treatment (*Ilaj*) of *Warm-e-Meda*, aiming to:

- Correct the altered temperament (*Islah-e-Mizaj*)
- Evacuate morbid matter (*Tanqiya-e-Madda*)
- Strengthen gastric faculties (*Taqwiyat-e-Meda*)
- Promote digestion (*Ta'deel-e-Hazm*)
- Remove causative factors (*Izala-e-Sabab*) [1]

### 5.1 Regimental Therapy (Ilaj-bit-Tadbeer)

This form of therapy includes non-pharmacological methods to restore balance and improve digestive function:

- **Hammam (Turkish bath)**: Helps relax gastric tension and eliminate waste via perspiration
- **Dalk (Massage) over the abdomen**: Improves local circulation and digestion
- **Usool-e-Hijamat (cupping without scarification)**: Reduces excess heat
- **Nutritious but temperate diet**: Soft, warm, and light food is advised
- **Lifestyle correction**: Regular sleep, stress control, and avoidance of irritants [3,13].

### 5.2 Pharmacotherapy (Ilaj bil Dawa)

Unani drugs are selected based on their temperature, digestive (*Hazim*), carminative (*Mufatteh*), and demulcent (*Mulattif*) properties

**Commonly Used Formulations:**

Drug/Formulation	Unani Action	Modern Correlate
Sharbat Anar Shirin	Muqawwi Meda, Muallid Dam	Antioxidant, reduces acidity
Sharbat Pudina	Daafi' Hiddat, Mu'allil Hararat	Carminative, cooling
Joshanda-e-Saunf	Mufatteh, Munzij-e-Safra	Anti-bloating, anti-inflammatory
Qurs Tabasheer	Dafe' Hiddat, Mujaffif	Astringent, reduces mucosal heat
Arq-e-Gulab, Arq-e-Badiyan	Daafi' Hararat, Muqawwi Meda	Mild gastric cooling and carminative effect [15,16]

**5.3 Dietary Management (Ilaj bil Ghiza)**

- Unani recommends Mufattihat (digestive foods) and Mulaṭṭif Ghiza (demulcent diet):
- Avoid: Spices, fried food, coffee, stale items, very hot/cold Inclyde: Rice water Barley water(Ma-ul-Shaeer), Yakhni, pomegranate, milk, ghee in moderation
- Meals should be small and frequent [4]

**5.4 Duration and Prognosis**

The acute type (Warm-e-Meda Haar) responds well within 7–14 days. Chronic gastritis (Warm-e-Meda

Muzmin) requires a long-term temperament correction along with rejuvenating tonics (Muqawwiat) and digestive restoratives (Munzij wa Mushil) [17].

**6. Comparative Discussion: Unani vs Modern Approach to Gastritis**

Gastritis (Warm-e-Meda) is viewed and managed differently in Unani and modern biomedical systems, though overlapping in some clinical aspects. This comparative analysis highlights the strengths and philosophies of both systems.

**6.1 Etiopathogenesis**

Aspect	Unani Medicine	Modern Medicine
<b>Causative Factors</b>	Ghalba-e-Safra, diet, emotional factors, Mizaji imbalance	H. pylori, NSAIDs, alcohol, autoimmune, stress
<b>Pathophysiology</b>	Su-e-Mizaj Haar of Meda, production of abnormal Hararat	Inflammation of gastric mucosa, mucosal damage, cytokine release
<b>Role of Temperament</b>	Central to disease onset and prognosis	Not considered

Unani philosophy emphasizes humoral imbalance and lifestyle, whereas modern medicine focuses on biochemical and microbiological etiologies [8,18].

**6.2 Clinical Management**

Parameter	Unani System	Modern System
<b>Diagnostic Tools</b>	Pulse, symptomatology, stool/vomit observation	Endoscopy, biopsy, urea breath test, serology
<b>Treatment Philosophy</b>	Holistic: Tanqiya + Taqwiyat + Islah-e-Mizaj	Targeted pharmacological suppression (e.g., acid blockers)
<b>Common Medicines</b>	Sharbat Anar, Joshanda, Safoof, Arq	PPIs, H2 blockers, antibiotics for H. pylori
<b>Side Effects</b>	Minimal if temperament matched	Common: nausea, headache, diarrhea, B12 deficiency

Unani medicine targets root causes and body constitution, focusing on restoring balance, while modern therapy often relies on symptomatic relief and pathogen eradication [6,19].

**6.3 INTEGRATION POSSIBILITIES**

Modern diagnostics can enhance the accuracy of Unani diagnosis, while Unani lifestyle and herbal therapies may reduce drug dependence and prevent recurrence.

Several studies support the anti-inflammatory, antioxidant, and gastroprotective effects of Unani drugs like Saunf, Anar, and Gulab [20,21].

Integration of traditional systems like Unani into mainstream healthcare can enhance holistic care, particularly in chronic diseases like gastritis.[22]

**7. CONCLUSION AND FUTURE SCOPE**

Warm-e-Meda is a significant gastrointestinal disorder that continues to impact global health, both as acute and chronic gastritis. Unani medicine provides a time-tested, individualized, and temperament-based approach towards its understanding and treatment. By identifying the causative humors—especially Safra—and addressing the underlying Su-e-Mizaj, Unani scholars developed an integrative protocol involving regimental therapy, herbal medicine, and dietary moderation.

Modern biomedicine, while effective in acute symptom management through antibiotics and proton pump inhibitors, often overlooks lifestyle and constitutional factors. This may lead to recurrence, side effects, or drug resistance. Unani's holistic approach thus fills a critical gap, especially in chronic or recurrent cases.

The future lies in integrative medicine, where Unani therapies may complement modern diagnostic and pharmacological advances. There is ample scope for:

- Clinical trials to validate Unani regimens
- Phytochemical studies on Unani herbs like Anar, Saunf, and Pudina
- Standardization of regimens for chronic gastritis
- Collaborative research involving gastroenterologists and Unani experts

In conclusion, Warm-e-Meda exemplifies how Unani medicine can contribute to managing lifestyle diseases in the 21st century, with a focus on prevention, personalized care, and sustainable healing.

## REFERENCES

1. Ibn Sina. (2007). *Al-Qanun fi al-Tibb* (Vol. 1, pp. 152–172). New Delhi: Central Council for Research in Unani Medicine (CCRUM). (Original work published ~1025)
2. Razi, Z. (1991). *Kitab al-Hawi* (pp. 234–237). Hyderabad: Dairatul Maarif.
3. Jurjani, I. (2010). *Zakhira Khwarzam Shahi* (Vol. 1, pp. 298–305). New Delhi: Idara Kitab-us-Shifa.
4. Ahmed, S. (2015). *Introduction to Unani Medicine* (pp. 89–95). New Delhi: Jamia Hamdard.
5. Khan, A. (2012). *Unani Medicine in Practice* (p. 176). Mumbai: AMU Press.
6. Central Council for Research in Unani Medicine (CCRUM). (2012). *Standard Unani Medical Terminology* (pp. 32–36). New Delhi: CCRUM.
7. Jamal, Q., & Zubair, M. (2006). *Helicobacter pylori* infection and gastritis. *Journal of the College of Physicians and Surgeons Pakistan*, 16(6), 376–380.
8. Kumar, V., Abbas, A. K., & Aster, J. C. (2020). *Robbins and Cotran pathologic basis of disease* (10th ed., pp. 801–805). Philadelphia: Elsevier.
9. Feldman, M., Friedman, L. S., & Brandt, L. J. (2020). *Sleisenger and Fordtran's gastrointestinal and liver disease* (11th ed., pp. 1035–1040). Philadelphia: Elsevier.
10. Nasir, A., & Siddiqui, M. A. (2018). Unani approach to gastrointestinal disorders. *Journal of Research in Unani Medicine*, 1(2), 12–18.
11. Ahmad, S., & Ansari, N. A. (2021). Concept of Warm-e-Meda in Unani and its correlation with modern gastritis. *International Journal of Unani Medicine*, 9(1), 45–50.
12. Galen. (1992). *Kitab al-Aghziya wa al-Adwiya*. Hyderabad: Dairatul Maarif.
13. Kabiruddin, M. (2000). *Sharh Asbab* (pp. 112–117). New Delhi: Idara Kitab-us-Shifa.
14. Kabiruddin, M. (2000). *Kulliyat-e-Nafisi* (pp. 217–220). New Delhi: Idara Kitab-us-Shifa.
15. Central Council for Research in Unani Medicine (CCRUM). (2006). *Standard Unani Medical Formulations* (pp. 85–91). New Delhi: CCRUM.
16. Kabeeruddin, M. (2004). *Bayaz-e-Kabeer* (Vol. 1, pp. 73–76). New Delhi: Idara Kitab-us-Shifa.
17. Ansari, A. Q., & Saeed, A. (2020). Gastritis: Unani perspective. *Hamdard Medicus*, 63(1), 52–58.
18. Siddiqui, M. Y. (2005). *Unani Concepts of Health and Disease* (pp. 57–60). New Delhi: CCRUM.
19. Alazmi, W., & Graham, D. Y. (2015). H. pylori-associated gastritis. *Gastroenterology Clinics of North America*, 44(3), 577–587. <https://doi.org/10.1016/j.gtc.2015.05.006>
20. Qureshi, H., & Ahmad, S. (2021). Effect of Unani herbs on gastric ulcer: A review. *Journal of Research in Traditional Medicine*, 7(1), 12–18.
21. Hamid, S., & Malik, A. (2022). Scientific appraisal of Anar (*Punica granatum*) in gastrointestinal diseases. *Journal of Ethnopharmacology*, 281, 114539. <https://doi.org/10.1016/j.jep.2021.114539>
22. World Health Organization. (2019). *WHO Global Report on Traditional and Complementary Medicine 2019* (pp. 14–18). Geneva: WHO.