

A Comprehensive Review of the Etiopathogenesis of *Dau'f-al-Mi'dā* (Gastric Debility) in Unani Medicine

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ABSTRACT

Dau'f al Mi'dā or Gastric Debility, refers to the functional weakness of the stomach, resulting in impaired digestion, loss of appetite, bloating, and general discomfort. While often attributed to dietary indiscretions or lifestyle factors, the unani system of medicine views this condition through a more comprehensive and philosophical lens. It considers the disturbance in the inherent temperament (*Mizāj*) of the stomach as a primary etiological factor. This deviation, termed *Sū' i Mizāj*, leads to dysfunction of the stomach's faculties (*Quwwā*), particularly the digestive power (*Quwwat-e-Hādima*). This paper delves into the etiopathogenesis of *Dau'f al Mi'dā* from the perspective of unani medicine, highlighting the role of *Sū' i Mizāj*, its types, clinical manifestations, and diagnostic principles. Understanding these underlying temperamental changes is essential for effective treatment and restoration of gastric health within the unani framework.

Keywords: *Dau'f al Mi'dā*, Gastric Debility, *Mizāj*, *Sū' i Mizāj*, Unani Medicine.

1. INTRODUCTION

The stomach (*Mi'dā*) is regarded in unani medicine as the pivotal organ of digestion, responsible not only for the mechanical and chemical processing of food but also for ensuring the proper preparation of nutrients for subsequent absorption and transformation. Any derangement in its structure, temperament (*Mizāj*), or faculties (*Quwwā*) leads to significant disruption in overall health. Among such disturbances gastric debility (*Dau'f al-Mi'dā*) holds a prominent place due to its high prevalence

and its potential to give rise to multiple systemic disorders. Classical Unani physicians, including *Ibn Hubal Baghdadi*, *Jurjani*, *Razi*, *Ibn Sina*, and *Hakim Azam Khan*, have described *Dau'f al-Mi'dā* in detail, outlining its causes, clinical features and pathogenesis. The condition is primarily attributed to an imbalance in the stomach's *Mizāj*, known as *Sū'-i-Mizāj*, which weakens the gastric faculties particularly the digestive power (*Quwwat-e-Hādima*) resulting in impaired digestion, loss of appetite, nausea, vomiting, and emaciation.

While modern medicine largely interprets gastric weakness in terms of functional dyspepsia or gastritis, Unani medicine provides a more holistic framework that integrates the concepts of temperament, humoral imbalance (*Ikhtilāt-e-Akhlāṭ*), and chronic illness in understanding the pathogenesis. The distinction between weakness of the stomach (*Dau'f al-Mi'dā*) and weak digestion (*Dau'f al-Hadam*) is also emphasized, the latter being considered an early stage or precursor of the former. This paper aims to analyze the condition of *Dau'f al-Mi'dā* from the perspective of Unani medicine, with special reference to the role of *Sū'-i-Mizāj* in its etiopathogenesis. It further highlights the classification, etiology, clinical manifestations, and diagnostic principles as described by eminent Unani scholars, thereby establishing a comprehensive understanding of the disease and its significance in clinical practice.

2. MATERIALS & METHODS

This study adopts a qualitative review approach, combining classical Unani sources with modern biomedical literature. Primary Unani texts analyzed include *Kitab al-Mansuri* and *Al-Hawi* (Razi, 865–925 CE), *Al-Qanoon fi al-Tibb* (Avicenna, 980–1037 CE), *Kamil-us-Sana'a* (Ali ibn Abbas Majoosi, 10th century), *Zakhira Khawarazm Shahi* (Jurjani, 1042–1137 CE), *Kitab al-Mukhtarāt fi al-Tibb* (Ibn Hubal Baghdadi, 12th century), *Tibb-e-Akbar* (Mohammad Akbar Arzani, 17th century), *Akseer-e-Azam* (Mohammad Azam Khan, 19th century), and Kabiruddin's *Al-Akseer*. Each was examined for descriptions of the stomach (*Mi'da*), digestive faculties (*Quwwā*), and the role of *Sū'-i-Mizāj* in gastric debility. Findings were synthesized into a comparative framework covering classification, etiology, pathogenesis, clinical features, and diagnosis of *Dau'f al-Mi'dā*.

3. DEFINITION AND CLASSIFICATION

According to *Ibn Hubal Baghdadi*, when the stomach is unable to digest food within its prescribed time, the condition is referred to as *Du'f al-Mi'da* (weak digestion).⁽⁴⁾ *Hakim Azam Khan* however, uses the term *Du'f al-Mi'da* to describe a state in which the stomach is unable to properly digest food or when, in the absence of any apparent defect in the food itself, it causes severe discomfort. In some cases of *Du'f al-Mi'da*, there may be a disturbance or reduction in appetite; however, an increase in appetite may also be observed. It must be noted that such an increase in appetite is not necessarily a sign of strong digestive power, but rather an indication that the stomach contains acidic waste (sour products) which due to the age of the individual have begun to cause weakness in the stomach.^(1, 2, 3) It is a morbid state characterized by intrascapsular pain, vomiting after intake of food weak pulse, emaciation, pallor and odema etc.⁽¹¹⁾ In children, Gastric debility (*dau'f-al-Mi'da*) is often caused by the spoilage or improper quality of milk.^(1, 2)

Dau'f al-Mi'da, or weakness of the stomach, has been classified in Unani medicine on the basis of two parameters: (A) location of the stomach and (B) weakness of Gastric faculties (*Quwwā*).

A. Classification Based on the Location of the Stomach

According to *Ibn Habal Baghdadi*, *Dau'f al-Mi'da* may occur in one of the following regions of the stomach:

1. *Fām-i-Mi'da* (Cardiac Orifice): When weakness is localized at the cardiac orifice (*Fām-i-Mi'da*), the patient experiences a marked reduction in appetite.⁽⁴⁾
2. *Qār-i-Mi'da* (Pyloric Orifice): Weakness at the pyloric orifice (*Qār-i-*

Mi'da) primarily results in defective digestion, as the stomach fails to process and empty food efficiently. ⁽⁴⁾

3. *Fām-i-Mi'da* and *Qār-i-Mi'da* (Both Orifices):

If weakness involves both orifices, both appetite and digestion become impaired, leading to compounded gastric dysfunction. ⁽⁴⁾

4. *Alyāf-i-Midah* (Fibrous Structure of the Stomach):

Jurjani, *Azam Khan* and *Kabeeruddin* considered this form is the most severe type of *Dau'f al-Mi'da*. It results from laxity and weakening of the fibrous tissues (*naseeji sakht*) of the stomach, causing debility of all four gastric faculties. A key clinical feature is that, unlike cases of *Sū'-i-Mizāj* (dystemperament) or *Waram* (inflammation), no signs of these conditions are observed. Despite this, the stomach remains weak, and dietary correction alone fails to produce significant improvement. ^(1, 2, 3)

B. Classification Based on the Weakness of Gastric Faculties (Quwwa)

In addition to location *Razi*, *Jurjani* and *Baghdadi* describe that *Dau'f al-Mi'da* is also classified according to impairment in one or more of the four principal gastric faculties:

1. *Dau'f al-Quwwat al-Jādibah* (Weakness of the Attractive Power):

In this condition, the stomach exhibits difficulty in attracting food, or fails to do so completely. The resulting disorder is termed *Istirkhā' al-Mi'da* (flaccidity of the stomach). ^(4,5)

2. *Za'f al-Quwwat al-Māsika* (Weakness of the Retentive Power):

Here, the stomach is unable to retain food properly. At times, tremors or spasms (*larza wa Tashannuj*) may occur. Patients often experience vomiting after physical movement following meals, owing to weakness of

this faculty. Unlike other forms, belching (*dakār*) and rumbling (*qarqar*) are absent, but the patient typically complains of pain between the shoulders. ^(4,5)

3. *Dau'f al-Quwwat al-Hādima* (Weakness of the Digestive Power):

This is the most commonly recognized type of *Dau'f al-Midah*. The patient derives no pleasure from food, which either passes rapidly through the stomach or stagnates for prolonged periods, becoming watery and thin (*raqiq*). Secondary effects include weakness of the pulse and heart, emaciation, empty veins, pallor, flatulence, and abdominal distension. In advanced cases, the condition may progress to ascites (*Istisqā*) or intestinal obstruction or rectal prolapse (*Zalāqul-'Ama*) depending on context. ^(4,5)

4. *Dau'f al-Quwwat al-Dāfiyah* (Weakness of the Expulsive Power):

When affected, the stomach fails to expel residual food and waste material efficiently, leading to retention, putrefaction, and associated gastrointestinal complaints. ^(4,5)

4. Etiology (Asbāb) of debility of stomach (Dau'f al-Mi'da)

All types of *Sū'-i-Mizāj* (dystemperament), whether simple (*Mufrad*) or material (*Maddi*) are included among the causes of *Dau'f al-Mi'da*.

1. *Sū'-i-Mizāj Sāda* (Simple Dystemperament):

In this type, weakness is most often caused by an excess of moisture (*kasrat-e-ratubat*). This is why regimental therapies (*tadābīr*) suggested by physicians are usually effective. In general, *Dau'f al-Mi'da* arises from a cold temperament (*Sū'-i-mizāj bārid*), though at times dryness (*yubūsat*) may also be a cause. ^(1, 2, 5)

2. *Sū'-i-Mizāj Maddi* (Material Dystemperament):

In this condition, acidic waste materials (*khilte safra*) accumulate in the stomach. This leads to increased appetite, but simultaneously results in weakness of the stomach. ^(1, 3)

3. Diseases of the Stomach: Various gastric diseases may cause *Dau'f al-Mi'da*, as they alter either the temperament (*mizāj*) or the structural integrity (*hay'at*) of the stomach, resulting in discontinuity (*tafarruq*) or abnormal adhesions (*ittisāl*) within its parts. ^(4, 5)
4. Prolonged Illness
5. Chronic disease makes the body emaciated, leading to gastric weakness. With long-standing gastric disorders, the fibers of the stomach become weak, its tissues lose tone, and its volume slackens, rendering it inefficient in digestion. Consequently, due to deficiency of nutritive material, the stomach itself becomes debilitated. ^(4, 5)
6. Indigestion and Repeated Vomiting: Frequent indigestion (*badhazmi*) and excessive vomiting (*qai*) also serve as important causes of *Dau'f al-Mi'da*. ^(4, 5)

5. Etiopathogenesis (*Hudūth al-Maraḍ*) of *Dau'f al Mi'da*

According to Tibb-e-Unani (Unani medicine), five natural faculties operate in relation to the stomach: *Quwwat Jādibah* (attractive power), *Quwwat Māsika* (retentive power), *Quwwat Hāzima* (digestive power), *Quwwat Dāfiyah* (expulsive power), and *Quwwat Mumayyza* (transformative power). When there is any deficiency or alteration in these faculties whether quantitative or qualitative disease may arise. Due to weakness of these faculties, abnormal matter tends to accumulate in the stomach, which in turn leads to *Dau'f al-Mi'da* (weakness of the stomach).

The symptoms of *Dau'f al-Hadam* (weak digestion) closely resemble those of *Dau'f al-Mi'da*, which is why many people

mistakenly use the two terms interchangeably. In Unani medicine, *Dau'f al-Mi'da* is defined as a condition in which food remains in the stomach longer than its normal duration. As a result, the faculty of transformation (*Quwwat Mumaiyyaza*) fails to act properly and the temperament and consistency of food are not modified as required. *Dau'f al-Hadam* is considered a precursor to *Dau'f al-Mi'da*, since in this state the transformative faculty becomes weak. ⁽¹²⁾ Some physicians describe it not as an organic defect of the stomach or intestines, but rather as a functional derangement of their activities. Clinically, this condition can be understood as weakness of the stomach in which digestion is delayed and the patient experiences discomfort after eating. It is often accompanied by nausea (*Matli*) and belching (*Dakar*). Some patients report loss of appetite due to accumulation of morbid matter in the stomach, whereas in others when gastric secretions are excessive, appetite may paradoxically increase. In a few cases, reduced inclination toward food is observed, which is generally of psychogenic origin. ⁽⁶⁾

In Unani medicine, *Sū'-i-Mizāj* (dys temperament) whether simple (*Sāda*), material (*Maddī*) or secondary to chronic illnesses is considered the fundamental cause of *Dau'f al-Mi'da* and *Dau'f al-Hadam*. In *Sū'-i-Mizāj Sāda*, when excess moisture accumulates in the stomach, its innate heat becomes suppressed, and food fails to digest at the appropriate time, leading to *Dau'f al-Hadam*. On the other hand, excessive dryness (*yabūsat*) in the stomach also weakens digestion. ^(7, 8) In *Sū'-i-Mizāj Maddī*, when large quantities of acidic morbid matter (*safrā*) or cold morbid matter (*sauda*) accumulate, the stomach becomes incapable of properly digesting food, resulting in *Dau'f al-Hadam*. ^(7, 8) In cases of prolonged illness, the body becomes emaciated, and the gastric fibers weaken, the tissues lose tone, and the stomach becomes flaccid and inefficient in

digestion. Consequently, after weakness of the stomach, the whole body fails to receive adequate nourishment, leading to generalized debility.^(7, 8)

If the patient neglects these symptoms, and a cold dystemperament (*Sū'-i-Mizāj Bārid*) of the stomach continues to progress without material cause, a new condition develops, known as *Sū'-i-Mizāj Mustahkkim* (fixed or entrenched dystemperament).^(7, 8)

From this arise two states: *Sū'-i-Hadam* (indigestion) and *Dau'f al-Mi'da* (weak stomach). When dystemperament persists for a long time, it leads to entrenched imbalance and weakness of the organ. Continuous disturbance of temperament weakens the stomach, impairs digestion, and produces abnormal humors (*akhlāt*), the effects of which become evident throughout the body.^(7, 8)

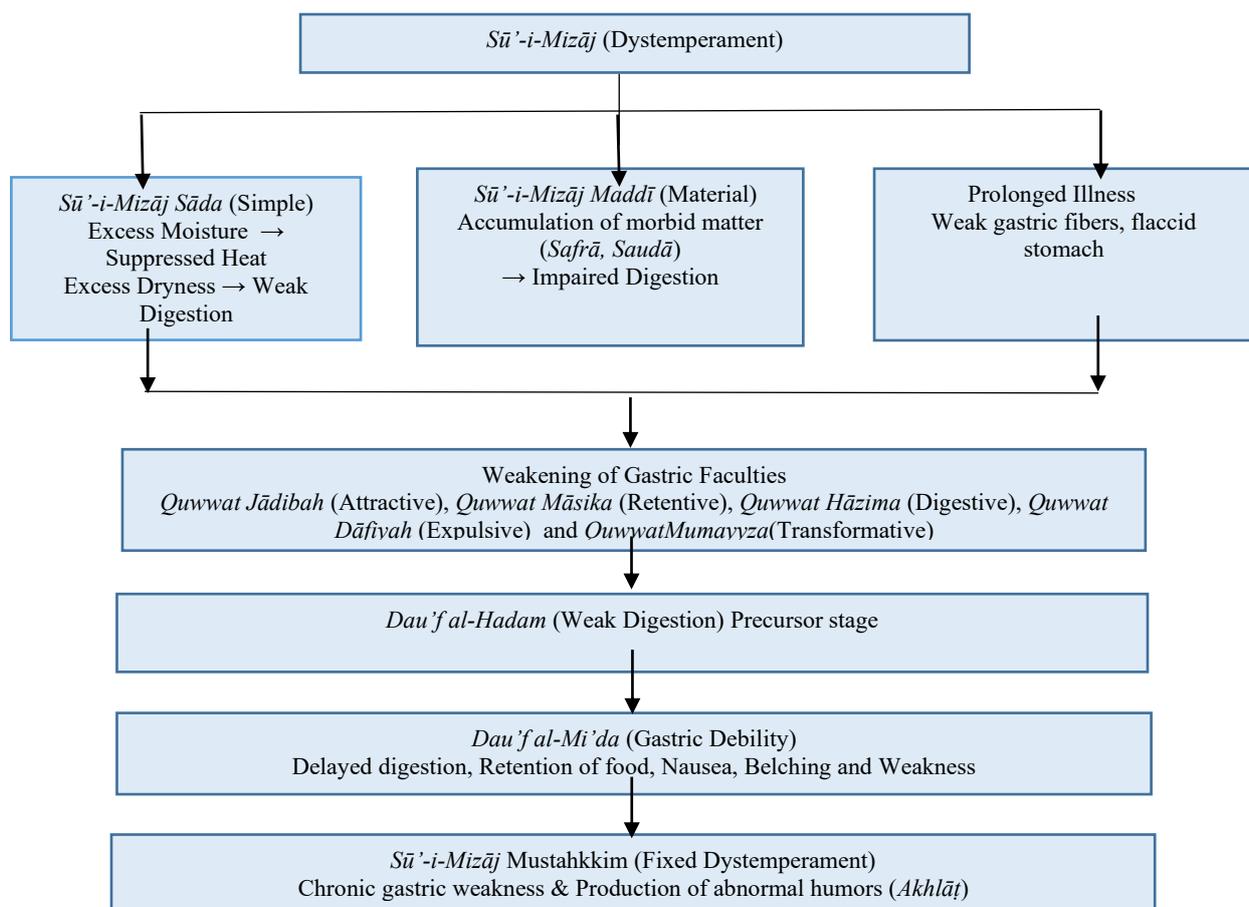


Figure -1 Pathogenesis of *Dau'f al-Mi'da* (Debility of Stomach)

6. Symptoms (Alamat) of *Dau'f al Mi'da*

Appetite decreases and digestion becomes weak (*Hadam Nakis*). After eating food, nausea (*Matli*) and vomiting (*Qai*) are felt. Pain occurs between both shoulders. There is general physical weakness, and the face becomes pale. Pain is experienced after eating food. Relief is felt after vomiting (*Qai*) and diarrhea (*Ishaal*). The pulse and

heart rate become weak. The body becomes emaciated (*laghir*), the veins (*Ragen*) become empty, the complexion becomes lighter, and sometimes palpitations and bloating occur. This condition may progress to weakness of the stomach (*Dau'f al-Mi'da*), ascites (*Istisqā*), and intestinal obstruction/prolapse (*Zalaqul Ama*).^(2, 6, 7, 9) If the cause of *Dau'f al-Mi'da* (weakness of the stomach) is strong but has not yet

reached the stage of excess, then symptoms such as rumbling (*Qarqar*), belching with varied taste and odor, and nausea are present. Especially after eating, the patient feels that if he engages in movement, the food will be expelled through vomiting. In addition, pain may be felt in both shoulders or in the head, or sometimes both symptoms occur together. ⁽¹⁾

If the cause is very strong, belching does not occur. The expulsion of food either becomes too easy or difficult. In such patients, the pulse is generally weak, and the desire for food increases; however, at times the patient falls into a fainting state. Yet, when food is placed before him, he develops an aversion to it. ⁽²⁾ In some patients with debility of the stomach (*Dau'f al-Mi'da*), appetite is completely absent, and this condition usually occurs in those whose stomachs contain accumulated waste materials (*Fuzlāt*) ^(1, 2) and in some patients, appetite is greatly increased, and this condition occurs when the waste materials (*Fuzlāt*) are acidic (*Tursh*). In other patients, appetite is present, but when food is brought near, they develop an aversion to it. Such patients often suffer from fever due to very trivial causes, and signs of melancholia (*Malankholiya Mirāqi*) are also observed in them. ^(1, 2) Weakness of the stomach (*Dau'f al-Mi'da*) can become the cause of various diseases. This weakness may occur either in the upper part (*balai hissa*) of the stomach, the lower part (*asfal hissa*), or in both. If the weakness is in the upper part, then difficulty

and discomfort are experienced while consuming food, particularly when the food is still in the upper portion of the stomach. If the weakness is in the lower part, then discomfort appears after the settlement of food, and its effects are reflected in the stool.

All diseases of the stomach such as frequent indigestion or recurrent vomiting at any stage of life can lead to weakness of the stomach (*Dau'f al-Mi'da*). After excessive vomiting or in the later stages of chronic diseases, gastric weakness often develops. In this condition, even a small amount of food may get digested, but if its excess causes heaviness and discomfort, then it is a sign that the structure of the stomach has become weak. Similarly, persistent weakness of digestion and appetite, progressive emaciation of the body, and the continual emergence of other illnesses are also indications of the stomach becoming debilitated. ^(1, 2)

7. Diagnosis (Tashkhees)

Majoosi, in relation to the identification of weakness of the stomach (*Dau'f al-Mi'da*), states that in this condition, excessive food becomes a burden on the stomach, and it does not have the strength to lift (*Hadam*) it. However, when such a person consumes food in small portions and his temperament remains balanced, he digests it properly. ⁽¹⁰⁾

Table 2 – Etiology (*Asbāb*), Pathogenesis (*Hudoos-e-mard*) and Diagnosis (*Tashkhees*) of *Dau'f al Mi'da* (Debility of Stomach) based on *Sū'-i- Mizāj*

S.No	Etiology (<i>Asbāb</i>)	Pathogenesis (<i>Huduth-al- Mard</i>)	Daignosis (<i>Tashkhees</i>)
1.	<i>Sū'-i- Mizāj Sadā</i>	Weakness of the stomach (<i>Dau'f al-Mi'da</i>) arises due to excessive moisture (<i>Kasrat-e-Ratubat</i>) and dryness (<i>Yabusat</i>). ^(1, 2, 5)	After eating food, nausea (<i>Matli</i>) and vomiting (<i>Qai</i>) are felt. Pain occurs between both shoulders. There is general physical weakness, and the face becomes pale. Pain is

			experienced after eating food. Relief is felt after vomiting (<i>Qai</i>) and diarrhea (<i>Ishaal</i>). ^(2, 6, 7, 9)
	<i>Har Sadā</i>	-	-
	<i>Barid Sadā</i>	-	-
	<i>Ratab Sadā</i>	The most common cause of <i>Dau'fal-Mi'da</i> (weakness of the stomach) is excessive moisture (<i>Kasrat-e-Rutoobat</i>) and its dominance over the stomach, which consequently leads to <i>Dau'fal-Mi'da</i> . ^(1, 2, 5)	-
	<i>Yabis Sadā</i>	At times, debility of the stomach (<i>Dau'fal-Mi'da</i>) also arises due to dryness (<i>Yabusat</i>) of the stomach. ^(1, 2, 5)	-
2.	<i>Sū'-i- Mizāj Maddi</i>	When waste materials (<i>Fuzlāt</i>) accumulate in the stomach, it leads to debility of the stomach (<i>Dau'fal-Mi'da</i>). ^(4, 5)	In some individuals, appetite increases, while in others, aversion (<i>Nafrat</i>) to food develops. As a result, the patient suffers from fever, and symptoms of melancholia (<i>Malankholiya</i>) appear. ^(1, 2)
	<i>Akhlāte-Harra</i>	When acidic waste materials (<i>Tursh Fuzlāt</i> , i.e., <i>Safrā'</i>) accumulate in the stomach, they cause Debility of the stomach (<i>Dau'fal-Mi'da</i>). ^(4, 5)	Excessive hunger occurs, while weakness of the stomach (<i>Dau'fal-Mi'da</i>) persists.
	<i>Akhlāte-Barida</i>	When cold waste materials (<i>Barid Fuzlāt</i> , i.e., <i>Saudā'</i>) accumulate in the stomach, they cause debility of the stomach (<i>Dau'fal-Mi'da</i>). ^(4, 5)	There develops an aversion to food, the patient becomes prone to frequent fevers, and signs of melancholia (<i>Malankholiya</i>) appear.
3.	<i>Taweel Amraz</i>	A prolonged illness makes the body emaciated, which results in weakness of the	The whole body becomes weak and debilitated.

		<p>stomach (<i>Dau'f al-Mi'da</i>). Chronic diseases of the stomach weaken its fibers (<i>reshay</i>), loosen its tissues (<i>naseej dheelay</i>), and reduce its volume (<i>hajam patla</i>), due to which it becomes incapable of performing digestion properly. Following gastric weakness, the body receives insufficient nourishment, leading to debility and emaciation.</p> <p>(4, 5)</p>	
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8. DISCUSSION

The present review elucidates *Dau'f al-Mi'da* (debility of the stomach) as a distinct and well-defined disease entity in Unani medicine, rooted primarily in disturbances of *Mizāj* and gastric faculties rather than in gross structural pathology alone. The discussion of classical texts demonstrates that Unani physicians possessed a nuanced understanding of gastric physiology and pathophysiology, wherein the stomach was regarded not merely as a digestive organ but as a central regulator of nutrition, humoral balance, and systemic health.

A key observation emerging from this study is the central role of *Sū'-i-Mizāj* in the etiopathogenesis of *Dau'f al-Mi'da*. Whether simple (*Sāda*) or material (*Maddī*), dystemperament consistently appears as the initiating factor that suppresses the innate heat of the stomach, alters its functional equilibrium, and weakens its faculties. Excessive moisture (*Kasrat-e-Rutūbat*), repeatedly emphasized by *Azam Khan*, *Jurjani*, and *Kabiruddin*, is identified as the most frequent cause, explaining why regimental and dietary measures aimed at restoring balance often yield therapeutic benefit. This conceptualization aligns closely with the Unani principle that

functional imbalance precedes structural damage, thereby allowing early intervention.

The classification of *Dau'f al-Mi'da* based on both anatomical location and impairment of gastric faculties reflects an advanced clinical reasoning. Weakness localized to the *Fām-i-Mi'da*, *Qār-i-Mi'da*, or both explains variations in appetite and digestion, while involvement of *Alyāf-i-Mi'da* signifies a more severe, chronic, and refractory state. Similarly, the faculty-based classification (*Quwwat Jādibah*, *Māsika*, *Hāzima*, *Dāfiyah*, and *Mumayyza*) allows precise correlation between symptoms and underlying dysfunction. For example, vomiting after slight movement, absence of belching, or pain between the shoulders are clinically explained through weakness of specific faculties, demonstrating the diagnostic depth of Unani medicine.

An important conceptual distinction highlighted in this review is between *Dau'f al-Hadam* and *Dau'f al-Mi'da*. While often used interchangeably in common parlance, Unani scholars clearly differentiated them, recognizing *Dau'f al-Hadam* as a functional precursor characterized by delayed digestion and impaired transformation of food. Persistence of this state leads to *Dau'f al-*

Mi'da, in which the stomach itself becomes weakened. This progression mirrors modern concepts of functional gastrointestinal disorders evolving into chronic dyspeptic states, thereby reinforcing the clinical relevance of Unani nosology.

The discussion also underscores the systemic implications of gastric debility. Classical physicians consistently noted that prolonged *Dau'f al-Mi'da* results in emaciation, pallor, weak pulse, empty veins, ascites, melancholia, and even intestinal prolapse. These descriptions reflect an understanding that defective digestion leads to poor quality chyme, abnormal humor production, and ultimately generalized debility. Such observations resonate with contemporary views on malnutrition, chronic inflammation, and gut-systemic interactions, suggesting conceptual parallels despite differing terminologies.

Furthermore, the concept of *Sū'-i-Mizāj Mustahkkin* (entrenched dystemperament) provides an explanation for chronic, treatment-resistant cases. Once the imbalance becomes fixed, mere dietary correction is insufficient, and the stomach loses its capacity to recover fully. This notion emphasizes the importance of early diagnosis and timely correction of *Mizāj*, a principle that remains highly relevant in preventive and holistic medicine.

Overall, the discussion establishes that *Dau'f al-Mi'da* in Unani medicine is not a vague or generalized diagnosis but a well-structured clinical entity with defined causes, stages, and consequences. The Unani framework, by integrating temperament, humoral pathology, functional faculties and chronic disease, offers a comprehensive understanding of gastric debility. When viewed alongside modern gastroenterological concepts, it provides complementary insights that can enrich both academic understanding and clinical practice, reaffirming the enduring relevance of Unani medical principles.

7. CONCLUSION

The concept of *Dau'f al-Mi'da* (debility of the stomach) in Unani medicine provides a comprehensive understanding of gastric weakness that extends beyond modern interpretations such as dyspepsia or functional gastritis. Classical physicians including *Razi*, *Avicenna*, *Jurjani*, *Ibn Hubal Baghdadi*, *Arzani*, *Azam Khan*, *Kabiruddin*, and *Majoosi* described its etiology, pathogenesis, and symptomatology in detail, emphasizing the role of *Sū'-i-Mizāj* (dystemperament) as the central cause. Their classification based on both the anatomical location of the stomach and the impairment of its faculties (*Quwwā*) reflects an advanced clinical approach.

The condition arises primarily from disturbances in the gastric faculties *Quwwat Jādibah*, *Māsika*, *Hāzima*, *Dāfi'ah*, and *Mumayyza* resulting in impaired digestion, altered appetite, and systemic debility. Unani scholars also differentiated *Dau'f al-Mi'da* from *Dau'f al-Hadam*, recognizing the latter as a precursor stage. When left untreated, entrenched *Sū'-i-Mizāj* leads to profound gastric dysfunction, abnormal humor production, and widespread systemic effects.

By integrating temperament, humoral imbalance, chronic illness, and functional derangement, Unani medicine offers a holistic framework that not only explains the pathogenesis of *Dau'f al-Mi'da* but also provides insights that complement contemporary gastroenterological perspectives. This highlights the enduring relevance of Unani principles in understanding and managing gastric debility.

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REFERENCES

1. Khan A. Akseer Azam. (Urdu) New Delhi. Idara Kitabul Shifa; 2011. p. 400-405.
2. Kabeeruddin M. Al-Akseer. New Delhi: Ayjaz Publication House; 2003. p. 664-677.
3. Jurjani I. Zakhira Khawarezam Shahi. (Urdu)New Delhi: Idara Kitabul Shifa; 2010. Vol.6.p.357–360.
4. Baghdadi I. H. Mukhtarat fit-Tibb. (Urdu) New Delhi: CCRUM; 2005. Vol.3, p.204-206.
5. Razi. Kitabul Hawi. (Urdu) New Delhi: CCRUM; 1999.Vol.5. p. 35-37
6. Rushd I. Kitabul Kulliyat. New Delhi: Central Council for Resarch in Unani Medicine Publication; 1980. p. 100-110
7. Arzani K. Tib-e- Akber. (Urdu) New Delhi: Idara Kitabul Shifa; 2008. p. 379-385
8. Arzani A. Ikseerul Al-Quloob (Urdu Translation), New Delhi: Central Council for Resarch in Unani Medicine Publication;2010.p.62
9. Ibn Zohar. Kitabul Taiseer. (Urdu) New Delhi: CCRUM; 1986.p-123
10. Majoosi AIA. Kamil-us-Sana'ah. (Urdu) New Delhi: Idara kitabul Shifa; 2010.Vol. 2. p. 419–420.
11. WHO. International Standard Terminologies on Unani Medicine. Geneva: World Health Organization; 2022. p. 264–292.
12. Standard Unani Medical Terminology. New Delhi, Central Council for Research in Unani Medicine publication, Ministry of AYUSH, Govt. of India, 2012; 213.

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