



***Saher* (Insomnia) In Unani Medicine: A Comparative Review Of Lifestyle, Dietary, And Behavioral Determinants With Contemporary Scientific Evidence**

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Abstract: Insomnia (*Saher*) is a common sleep disorder associated with impaired physical and mental health. Classical Unani physicians extensively described *Saher*, emphasizing the roles of lifestyle, diet, emotional health, and cerebral temperament in sleep regulation. Although many of these concepts parallel contemporary scientific understanding, they have not been comprehensively reviewed.

This narrative review compares classical Unani concepts of *Saher* with contemporary scientific evidence using six authoritative Unani texts (*Al Akseer*, *Al Qanun fi al Tibb*, *Zakhira Khwarzamshahi*, *Kitab al Hawi fi al Tibb*, *Tibb-e-Akbar*, and *Moalejat Sharah-e-Asbab*) and current peer-reviewed sleep medicine literature. The review focuses on lifestyle and dietary determinants, including circadian rhythm, physical activity, mental health, environmental factors, diet, and digestive health.

Classical Unani literature attributes *Saher* to altered cerebral temperament (*Su-e-Mizaj*), humoral imbalance, impaired digestion, psychological distress, and unhealthy lifestyle practices. Regulation of *Asbab-e-Sitta Zarooriyah*, balanced nutrition, appropriate meal timing, healthy digestion, physical activity, emotional well-being, and a favourable sleep environment were recommended for its prevention and management. Contemporary evidence supports the importance of these factors in chronic insomnia, demonstrating substantial conceptual agreement despite differing theoretical frameworks. Many classical Unani recommendations are supported by current evidence and may provide a valuable foundation for integrative approaches to insomnia prevention and management.

Keywords: Insomnia; *Saher*; Unani medicine; Lifestyle medicine; Diet; Circadian rhythm; Sleep hygiene; Integrative medicine.

I. INTRODUCTION

Sleep is essential for physical, cognitive, and emotional health. Disturbed sleep is linked to cardiovascular disease, metabolic disorders, psychiatric conditions, and reduced quality of life. ¹⁻³ Insomnia is the most common sleep disorder, that affects approximately one-third of adult population, while chronic insomnia affects nearly 10–15% of the adult population. ⁴

Modern medicine views insomnia as a multifactorial disorder involving biological, psychological, behavioural, and environmental factors. Current clinical guidelines recommend non-pharmacological interventions, particularly cognitive behavioural therapy for insomnia (CBT-I) and lifestyle modification, as the first-line of management.⁵ Growing evidence also demonstrates that dietary habits, physical activity, stress, and circadian rhythms substantially influence sleep quality and duration.⁶

The Unani system of medicine has long recognized sleep (*Naum*) as an essential determinant of health within the framework of *Asbab-e-Sitta Zarooriyah*. Unani physicians attributed *Saher* (insomnia) to disturbances in temperament (*Mizaj*), cerebral physiology (*Yabusat e Dimagh*), emotional states, dietary practices, and environmental influences, thus recommended comprehensive lifestyle and dietary measures for its prevention and management.⁷⁻⁸ Many of these principles closely resemble contemporary concepts of sleep hygiene and behavioural sleep medicine.

Despite growing research on insomnia, comparative analyses integrating Unani concepts with contemporary medicine evidence remains limited. This review critically examines the lifestyle and dietary determinants of *Saher* described in Unani literature alongside current evidence from sleep medicine, nutrition, and lifestyle medicine to identify areas of convergence, divergence, and future research opportunities.

II. SAHER IN UNANI LITERATURE

In the Unani system of medicine, insomnia is described as ***Saher***, which literally denotes sleeplessness, prolonged wakefulness, or an inability to attain natural sleep. Ibn Sina defined *Saher* as excessive wakefulness (*Kasrat al-Yaqzah*) resulting from disturbances in the normal physiological mechanisms governing sleep, while Ismail Jurjani described it as a deviation from the natural balance between sleep (*Naum*) and wakefulness (*Yaqzah*). Unani physicians considered *Saher* not merely a symptom but a disease condition arising from disturbances in the temperament of the brain (*Mizaj-e-Dimagh*) and its associated physiological functions.^{7,9-11}

Etiology

According to the Unani literature, the principal cause of *Saher* is ***Su-e-Mizaj Haar Yabis*** (abnormal hot and dry temperament) affecting the brain, leading to excessive dryness (*Yaboosat*) and heat (*Hararat*) that prevent normal sleep. Other important etiological factors include predominance of abnormal yellow bile (*Safra Ghair Tabai*), black bile (*Sauda Ghair Tabai*), morbid phlegm (*Balgham Shor*), excessive mental exertion, emotional disturbances such as fear, grief and anxiety, indigestion, pain, environmental disturbances, and excessive evacuation of body fluids. Elderly individuals are considered particularly susceptible because of age-related predominance of cerebral dryness.^{7,8,10,11,12}

Clinical Manifestations

Unani scholars described *Saher* as presenting with persistent wakefulness, difficulty initiating sleep, frequent nocturnal awakenings, and inability to obtain restorative sleep. Patients commonly experience heaviness or lightness of the head, dryness of the eyes, tongue and nostrils, excessive thirst, burning sensation over the head, irritability, fatigue, impaired concentration, and progressive weakness with prolonged sleep deprivation. If left untreated, chronic *Saher* was believed to weaken the vital faculties (*Quwa*), impair digestion, disturb humoral balance, and adversely affect both physical and mental health.⁷⁻¹¹

Principles of Prevention and Management

The management of *Saher* in Unani medicine primarily aims to restore the normal temperament of the brain, correct humoral imbalance, and re-establish physiological sleep. Unani physicians advocated for correction of ***Su-e-Mizaj*** through ***Ilaj bil Ghiza*** (dietotherapy), ***Ilaj bil Tadbeer*** (regimental therapy), and ***Ilaj bil Dawa*** (pharmacotherapy), while emphasizing regulation of the six essential lifestyle factors (*Asbab-e-Sitta Zarooriyah*). Particular importance was given to maintaining appropriate dietary habits,

emotional equilibrium, physical activity, environmental hygiene, correction of digestive disorders, and the use of moistening and cooling regimens to counter excessive cerebral heat and dryness.⁷⁻¹³

III. LIFESTYLE DETERMINANTS OF SAHER: OBSERVATIONS AND CONTEMPORARY SCIENTIFIC EVIDENCE

The Unani system of medicine considers Saher (insomnia) to be a disorder profoundly influenced by lifestyle and behavioural factors rather than merely an isolated disturbance of sleep. Unani physicians consistently emphasized that disturbances in daily habits, dietary practices, emotional equilibrium, environmental conditions, and the natural rhythm of activity and rest alter the temperament (Mizaj) of the brain. This predisposes an individual to excessive wakefulness. These observations closely parallel the contemporary concept of behavioural and lifestyle determinants of chronic insomnia, in which circadian disruption, psychosocial stress, physical inactivity, and adverse environmental exposures are recognized as major contributors to disturbed sleep. Consequently, both Unani medicine and contemporary sleep medicine advocate correction of modifiable lifestyle factors as the cornerstone of prevention and management before considering pharmacological interventions.^{10,11,14,15}

Sleep Schedule and Circadian Rhythm

Unani scholars regarded the physiological alternation between *Naum* (sleep) and *Yaqzah* (wakefulness) as essential for maintaining health and preserving the normal functions of the brain. They observed that prolonged wakefulness, habitual sleep deprivation, excessive nocturnal activity, and behaviours that promote dryness (*Yubusat*) or excessive heat (*Hararat*) predispose susceptible individuals to Saher. Elderly individuals were considered particularly vulnerable because of the age-related predominance of cerebral dryness, highlighting the importance of maintaining regular sleep habits and restorative daily routines.^{10,11,14}

Modern sleep medicine provides strong physiological support for these observations through the concept of circadian rhythm, which is governed by the suprachiasmatic nucleus and synchronized primarily by the environmental light–dark cycle. Irregular sleep schedules, delayed bedtimes, shift work, social jet lag, and excessive evening exposure to artificial light disrupt circadian alignment, suppress endogenous melatonin secretion, and impair both sleep initiation and maintenance. Consequently, maintaining consistent bedtimes and wake times is recommended as a fundamental component of behavioural therapy for chronic insomnia.¹⁶⁻¹⁸

Physical Activity

Physical activity (Riyazat) occupies an important position within the Unani framework of health preservation. Moderate exercise is considered essential for maintaining humoral equilibrium, facilitating digestion, promoting circulation, and preventing stagnation of bodily humours that could adversely affect sleep. Conversely, excessive physical exertion, prolonged fatigue, or depletion of bodily strength were believed to aggravate cerebral dryness and predispose susceptible individuals to persistent wakefulness. Unani physicians therefore advocated moderate, individualized exercise according to age, temperament, and physical capacity.¹⁴⁻¹⁵

These principles are consistent with contemporary evidence. Regular moderate-intensity exercise has been shown to improve sleep efficiency, reduce sleep-onset latency, and alleviate symptoms of chronic insomnia. Exercise also supports circadian regulation and improves overall physical and mental health. However, vigorous activity immediately before bedtime may delay sleep onset in some individuals, emphasizing the importance of appropriate timing.¹⁹⁻²⁰

Mental and Emotional Health

Unani physicians recognized disturbances in emotional and psychological well-being as major determinants of Saher. Persistent grief, excessive worry, fear, anxiety, prolonged intellectual exertion, and emotional excitement were believed to disturb cerebral temperament, resulting in excessive wakefulness. These emotional states were considered capable of producing abnormal humoral alterations, particularly those characterized by increased heat and dryness, thereby perpetuating

insomnia. Restoration of psychological tranquility, reduction of mental strain, and avoidance of excessive emotional stimulation were therefore regarded as integral components of treatment.^{10,14,15}

Contemporary research similarly recognizes psychological hyper arousal as a central mechanism underlying chronic insomnia. Stress, anxiety, depression, and cognitive over activity contribute significantly to difficulties in sleep initiation and maintenance. Behavioural interventions such as cognitive behavioural therapy for insomnia (CBT-I), relaxation techniques, and stress management strategies are therefore considered first-line treatments.^{1, 21}

Environmental Factors

The sleeping environment received considerable attention in Unani medicine. Physicians advised avoiding excessive heat, intense illumination, loud noise, and other sensory stimuli capable of disturbing cerebral function and preventing natural sleep. A calm, quiet, cool, and pleasant environment, together with soothing fragrances and appropriate cooling measures, was considered conducive to restoring physiological sleep, particularly in individuals with hot and dry temperaments.^{11,14}

Current sleep hygiene recommendations strongly support these observations. Environmental light, noise, and temperature significantly influence sleep quality, and minimizing exposure to stimulating devices before bedtime is widely recommended.^{16,18}

Daily Routine (*Asbab-e-Sitta Zarooriyah*)

The concept of *Asbab-e-Sitta Zarooriyah* represents one of the most comprehensive lifestyle-based health promotion models described in Unani medicine. Rather than considering sleep as an isolated physiological process, Unani physicians emphasized the harmonious regulation of six essential determinants of health: environmental air, food and drink, physical activity and repose, sleep and wakefulness, psychological states, and retention and evacuation. Disturbance of any one of these essential factors was believed to influence the others, ultimately impairing cerebral function and predisposing individuals to *Saheer*.^{10,11,14,15}

This holistic framework closely resembles the multidimensional biopsychosocial model adopted in contemporary sleep medicine. Modern evidence demonstrates that lifestyle factors interact through complex physiological and behavioural pathways to determine sleep quality. The conceptual convergence between *Asbab-e-Sitta Zarooriyah* and contemporary lifestyle medicine suggests that many Unani recommendations remain biologically plausible and relevant for modern clinical practice.^{1,16-21}

IV. DIETARY DETERMINANTS OF *SAHEER*: OBSERVATIONS AND CONTEMPORARY SCIENTIFIC EVIDENCE

Diet occupies a central position in the Unani concept of health preservation and disease prevention. Physicians regarded food not merely as a source of nourishment but as a determinant of temperament (*Mizaj*), humoral balance, and cerebral function. They consistently emphasized that inappropriate dietary practices could disturb the physiological mechanisms governing sleep, whereas a balanced diet tailored to an individual's temperament could restore normal sleep. Contemporary research similarly recognizes nutrition as a modifiable determinant of sleep quality, with growing evidence linking meal timing, dietary composition, gastrointestinal health, and circadian regulation to the development and management of insomnia.^{6,10,11,14,15, 22-24}

Meal Timing

Unani physicians advised that food should be consumed at appropriate times and sufficient time should be allowed for digestion before retiring to bed. Sleeping immediately after a heavy meal or with an overloaded stomach was believed to impair digestion, generate pathological vapours (*Bukharat*), and disturb cerebral function, resulting in unpleasant dreams, fragmented sleep, and persistent wakefulness.

Regular meal timing was therefore regarded as essential for maintaining digestive efficiency and preventing humoral disturbances that could predispose to *Saher*.^{14,15}

Modern Chrono nutrition research supports these observations by demonstrating that meal timing influences peripheral circadian clocks, metabolic regulation, and sleep architecture. Late-night eating and irregular meal schedules are associated with delayed sleep onset, reduced sleep efficiency, and circadian misalignment. Consuming the final meal at least two to three hours before bedtime may improve both sleep quality and metabolic health.^{6, 22-24}

Quantity of Food

Moderation in food intake was regarded as a fundamental principle of Unani dietetics. scholars described both excessive food consumption and inadequate nourishment as potential causes of *Saher*. Overeating was believed to produce gastric fullness (*Imtila*), indigestion (*Su-e-Hazm*), and the generation of abnormal vapours ascending toward the brain, whereas prolonged fasting or markedly reduced food intake depleted nutritive moisture, increased cerebral dryness, and weakened the body's restorative capacity. Accordingly, dietary quantity was individualized according to age, temperament, digestive capacity, occupation, and physical activity.^{11,14,15}

Contemporary studies similarly demonstrate that large evening meals may increase gastro-oesophageal reflux, impair sleep continuity, and prolong sleep-onset latency, whereas chronic caloric restriction may alter neuroendocrine pathways involved in sleep regulation. Balanced caloric intake and avoidance of excessive meals close to bedtime are therefore recommended as components of healthy sleep behaviour.^{6, 22-24}

Foods Promoting Sleep

Unani physicians recommended foods possessing cooling, moistening, and mildly sedative properties for individuals suffering from *Saher*. Frequently prescribed dietary measures included **Lettuce (*Kahu*)**, **Coriander (*Kishneez*)**, **white poppy seed (*Khashkhash*)**, **Spinach**, **Pumpkin**, **Barley preparations**, **goat's milk**, and **light meat broths**. These foods were believed to restore cerebral moisture, reduce excessive heat, and facilitate physiological sleep. Aromatic oils such as ***Roghan-e-Banafsha***, ***Roghan-e-Neelofar***, and ***Roghan-e-Kadu*** were also used as adjunctive therapies.^{10,11, 14}

Modern nutritional science provides biological plausibility for several of these recommendations. Foods rich in **tryptophan**, **magnesium**, **melatonin precursors**, and **antioxidant** phytochemicals may facilitate sleep by supporting serotonin and melatonin synthesis, reducing oxidative stress, and modulating neurotransmission. **Milk**, **whole grains**, **leafy vegetables**, **nuts**, **seeds**, and **fruits** have demonstrated favourable associations with improved sleep quality in observational studies and systematic reviews.^{6,23,22}

Foods Impairing Sleep

Unani literature cautions against excessive intake of pungent, highly salted, irritant, and flatulence-producing foods, particularly during the evening. Such foods were believed to increase heat and dryness, impair digestion, generate abnormal humours, and interfere with the tranquility required for natural sleep. Dietary practices that promoted gastric discomfort or excessive physiological stimulation were therefore discouraged in susceptible individuals.^{11,14}

Current evidence similarly indicates that diets rich in highly processed foods, excessive saturated fat, refined sugars, caffeine, and late-evening heavy meals are associated with poorer sleep quality and increased insomnia symptoms.^{6, 22-24}

Digestive Health and Sleep

Maintenance of healthy digestion occupies a pivotal role in Unani medicine. physicians frequently described indigestion (*Su-e-Hazm*), gastric overload (*Imtila*), constipation, and accumulation of abnormal humours as important contributors to *Saher*. Impaired digestion was believed to generate pathological vapours capable of disturbing cerebral function and preventing restorative sleep. Consequently, correction of digestive abnormalities through dietary regulation was regarded as an essential component of insomnia management, often preceding medicinal treatment.^{14, 15}

Modern research has increasingly recognized bidirectional interactions between the gastrointestinal tract and the central nervous system through the gut–brain axis. Balanced dietary patterns that support gastrointestinal health may therefore contribute to improved sleep quality and overall sleep health.^{6, 23, 24}

Modern Nutritional Evidence

Recent advances in nutritional science have strengthened the concept that diet is a modifiable determinant of sleep health. Dietary patterns rich in fruits, vegetables, legumes, whole grains, nuts, fish, and unsaturated fats have consistently been associated with better sleep quality, whereas Western dietary patterns characterized by ultra-processed foods, excessive saturated fat, and added sugars have been linked to insomnia and reduced sleep duration. Emerging evidence also highlights the importance of Chrono nutrition, suggesting that both dietary quality and meal timing influence circadian biology and sleep regulation.^{6, 21-24}

Taken together, the dietary recommendations described in Unani literature demonstrate remarkable conceptual overlap with contemporary nutritional science. Although the theoretical frameworks differ, both systems emphasize moderation in food intake, appropriate meal timing, preservation of digestive health, and selection of foods that support physiological equilibrium.

Future clinical studies evaluating these traditional dietary principles using contemporary research methodologies may provide valuable insights into the development of integrative dietary strategies for the prevention and management of chronic insomnia.

V. COMPARATIVE ANALYSIS: UNANI OBSERVATIONS AND CONTEMPORARY SCIENTIFIC EVIDENCE

Comparison of Unani literature with contemporary sleep science reveals a remarkable degree of conceptual convergence despite important differences in theoretical foundations. Unani physicians interpreted *Saher* as a disorder arising from disturbances in cerebral temperament (*Su-e-Mizaj*), qualitative and quantitative alterations of the humours, and impairment of the physiological functions of the brain (*Dimagh*). Contemporary medicine, in contrast, explains chronic insomnia through interactions among circadian dysregulation, physiological hyper arousal, neuroendocrine activation, behavioural factors, environmental influences, and psychosocial stress. Although the explanatory frameworks differ substantially, both systems recognize that insomnia is rarely an isolated disorder and instead reflects disturbances involving multiple biological, behavioural, and environmental determinants. Collectively, the available evidence suggests that many observations described in Unani literature possess plausible physiological correlates that warrant further scientific exploration.^{10,11,14,15,16,19,21,23,24}

One of the most striking areas of agreement concerns the physiological importance of maintaining a regular alternation between sleep (*Naum*) and wakefulness (*Yaqqah*). Unani physicians regarded this rhythmic alternation as essential for preserving cerebral function, restoration of innate moisture, and maintenance of overall health. Persistent wakefulness was believed to disrupt cerebral homeostasis and ultimately produce *Saher*. Contemporary chronobiology similarly demonstrates that stable sleep–wake schedules maintain circadian synchronization through the suprachiasmatic nucleus, regulating melatonin secretion, cortisol rhythms, thermoregulation, and sleep architecture. Disruption of these rhythms through irregular sleep schedules or prolonged wakefulness is now recognized as a major contributor to

chronic insomnia, providing strong support for the Unani emphasis on maintaining physiological sleep–wake cycles.^{10,11,14,15,16}

Unani descriptions of cerebral heat and dryness (***Su-e-Mizaj Haar Yabis***) also demonstrate noteworthy conceptual parallels with contemporary neurophysiology. Unani scholars proposed that excessive heat and dryness rendered the brain incapable of initiating normal sleep, resulting in persistent wakefulness, irritability, and heightened mental activity. Modern neuroscience describes chronic insomnia as a disorder characterized by physiological hyper arousal involving activation of the hypothalamic–pituitary–adrenal axis, increased sympathetic nervous system activity, elevated cortical metabolism, and persistent neuroendocrine stress responses. Although these concepts arise from different medical paradigms, the Unani notion of excessive cerebral heat may reasonably be interpreted as a traditional description of heightened physiological activation, while cerebral dryness may reflect impaired restorative homeostasis. Consequently, the correspondence between these models may be considered moderate to strong, although direct scientific validation remains necessary.^{10,11,14,15,21}

The role of emotional health represents another area of substantial convergence. physicians repeatedly identified grief, fear, excessive worry, anxiety, prolonged contemplation, and emotional distress as important causes of *Saher*, recognizing that psychological disturbances alone could produce persistent insomnia even in otherwise healthy individuals. Contemporary sleep medicine similarly identifies psychological hyper arousal, anxiety disorders, depression, cognitive rumination, and chronic stress as major risk factors for insomnia. Current evidence demonstrates that activation of neuroendocrine stress pathways delays sleep initiation, fragments sleep continuity, and perpetuates chronic insomnia, thereby providing strong scientific support for observations recorded centuries earlier in Unani literature.^{10,11,14,15,21}

Similar agreement is evident regarding physical activity. Unani physicians advocated moderate exercise (***Riyazat***) to preserve humoral equilibrium, facilitate digestion, and maintain healthy sleep while cautioning against excessive physical exertion that could increase bodily dryness and aggravate insomnia. Contemporary systematic reviews similarly demonstrate that regular moderate exercise improves sleep efficiency, reduces sleep-onset latency, and enhances overall sleep quality. Conversely, vigorous exercise performed immediately before bedtime may delay sleep onset in susceptible individuals because of increased sympathetic activation. Thus, both systems emphasize the importance of appropriate intensity and timing of physical activity rather than indiscriminate exercise.^{14,15,19}

Dietary regulation also demonstrates considerable conceptual overlap between the two systems. Unani literature consistently attributes *Saher* to disturbances of digestion, gastric overload (***Imtila***), indigestion (***Su-e-Hazm***), and production of pathological vapours that ascend toward the brain and interfere with normal sleep. Heavy meals immediately before bedtime, excessive food intake, prolonged fasting, and consumption of highly irritant or flatulence-producing foods were all considered capable of disturbing sleep. In contrast, cooling and moistening foods such as **Lettuce (*Kahu*)**, **Coriander (*Kishneez*)**, barley preparations, goat's milk, and light broths were recommended to restore cerebral balance and facilitate physiological sleep. Contemporary nutritional science increasingly recognizes that meal timing, dietary quality, gastrointestinal health, and gut–brain interactions significantly influence sleep regulation. Healthy dietary patterns, appropriate meal timing, and maintenance of digestive health have consistently been associated with improved sleep quality, supporting many of the behavioural principles described in Unani medicine despite differences in their underlying explanations.^{10,11,14,15,23,24}

Environmental influences likewise reveal striking similarities. physicians advised patients suffering from *Saher* to avoid excessive heat, bright illumination, persistent noise, and other environmental stimuli capable of disturbing cerebral tranquillity. They recommended calm surroundings, pleasant fragrances, comfortable sleeping conditions, and regulation of environmental exposure to facilitate natural sleep. Contemporary sleep medicine incorporates these principles within the concept of sleep hygiene, recognizing environmental light as the principal synchronizer of circadian rhythms while acknowledging the detrimental effects of excessive noise, elevated ambient temperature, and inappropriate evening stimulation. The close correspondence between these recommendations further illustrates the enduring relevance of traditional lifestyle guidance.^{10,11,14,15,16}

A distinctive contribution of Unani medicine lies in the comprehensive concept of *Asbab-e-Sitta Zarooriyah*, which integrates environmental conditions, food and drink, physical activity and repose, sleep and wakefulness, emotional states, and retention and evacuation as interconnected determinants of health. Rather than considering insomnia as an isolated disorder, this framework emphasizes the reciprocal influence of multiple lifestyle factors on cerebral function and overall well-being. Contemporary lifestyle medicine similarly adopts a multidimensional approach in which nutrition, physical activity, circadian regularity, psychological health, environmental optimization, and behavioural interventions are regarded as essential components of insomnia prevention and management. Although developed independently, these models demonstrate substantial conceptual agreement regarding the multifactorial nature of sleep regulation.^{10,11,14,15,16,19,21,23,24}

Despite these areas of convergence, important differences remain between the two systems. Concepts such as *Mizaj*, humoral imbalance, cerebral dryness, and pathological vapours remain theoretical constructs within the Unani paradigm and cannot yet be directly equated with specific physiological mechanisms described by contemporary biomedical science. Conversely, modern sleep medicine explains insomnia through experimentally validated neurophysiological, endocrine, molecular, and behavioural processes without reference to humoral theory. Accordingly, the apparent similarities between these frameworks should be interpreted as conceptual rather than literal equivalence.

Overall, the comparison demonstrates substantial agreement between Unani observations and contemporary scientific evidence regarding the importance of lifestyle in the prevention and management of insomnia. Many behavioural recommendations described by early Unani physicians, including maintenance of regular sleep schedules, dietary moderation, preservation of digestive health, engagement in appropriate physical activity, regulation of emotional health, and optimization of the sleeping environment, are supported by current scientific evidence. These findings suggest that several traditional recommendations possess plausible biological correlates and provide a valuable foundation for future interdisciplinary research. Rigorous clinical studies incorporating chronobiology, neurophysiology, metabolomics, nutritional science, and systems medicine may further clarify the mechanisms underlying these Unani concepts and strengthen the evidence base for integrative approaches to the prevention and management of chronic insomnia.

VI. CONCLUSION

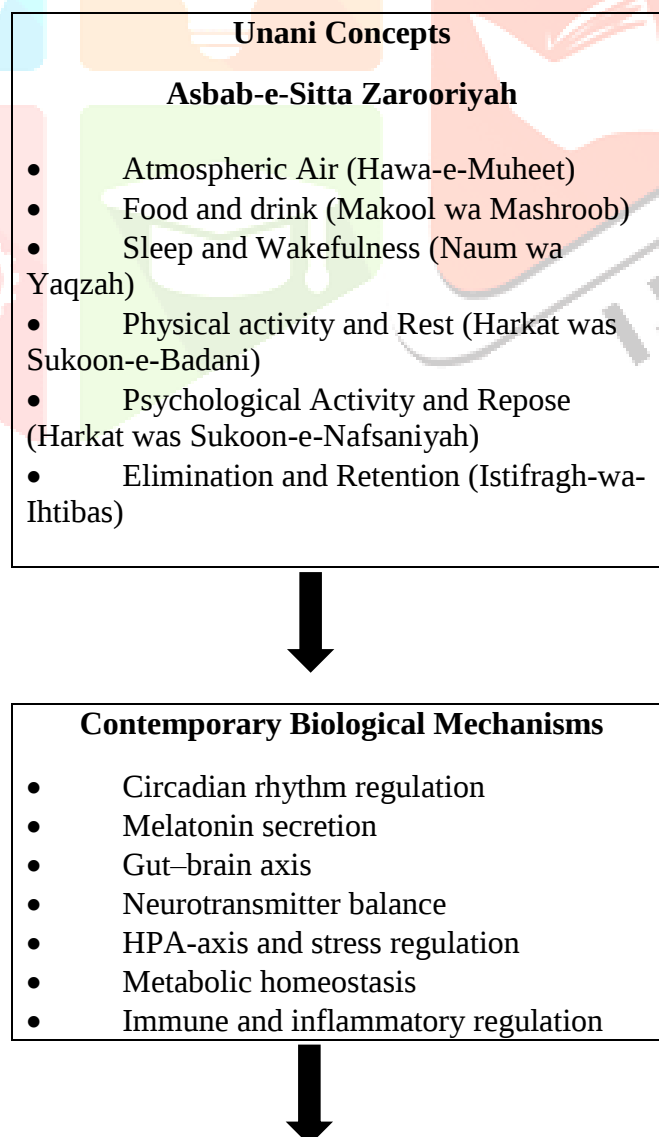
The review corroborates a substantial conceptual convergence between the Unani understanding of *Saher* (insomnia) and contemporary evidence from sleep medicine, lifestyle medicine, chronobiology, and nutritional science. Although the two systems differ fundamentally in their theoretical foundations, both recognize sleep as a physiological process affected by multiple behavioural, dietary, psychological, environmental, and metabolic factors. Unani physicians regarded the regulation of *Asbab-e-Sitta Zarooriyah* as essential for preserving normal sleep and preventing *Saher*, while modern medicine similarly emphasizes sleep hygiene, circadian alignment, healthy nutrition, regular physical activity, stress reduction, and optimization of the sleep environment as first-line strategies for the prevention and management of chronic insomnia.

Among the observations, the strongest agreement with contemporary evidence is observed in recommendations regarding maintenance of regular sleep–wake schedules, moderation in food intake, preservation of digestive health, engagement in appropriate physical activity, emotional regulation, and avoidance of environmental factors that disturb sleep. These recommendations are now supported by extensive evidence demonstrating the roles of circadian rhythm regulation, neuroendocrine homeostasis, gut–brain interactions, inflammatory pathways, and behavioural modification in maintaining healthy sleep. The remarkable consistency between these independently developed systems highlights the enduring relevance of lifestyle-based approaches in insomnia management.

Several Unani concepts receive partial support from current scientific evidence. The Unani emphasis on cooling and moistening foods, individualized dietary prescriptions according to Mizaj, and temperament-specific lifestyle modifications may reflect underlying physiological processes involving autonomic regulation, metabolic variation, chronotype, and inter-individual differences in sleep regulation. However, these relationships have not yet been investigated directly using contemporary biomedical methodologies. Consequently, although these principles remain biologically plausible, their mechanisms require further validation through well-designed experimental and clinical studies.

Conversely, certain traditional concepts including humoral imbalance (*Akhlat*), cerebral dryness (*Yaboosat-e-Dimagh*), and specific temperament-based explanations for insomnia, remain unique to the Unani theoretical framework and currently lack direct biomedical correlates. Their absence of validation should not be interpreted as evidence of invalidity but rather as an indication that appropriate translational research has not yet been undertaken. Advances in systems biology, metabolomics, neuroimaging, microbiome research, and precision medicine may provide opportunities to explore these concepts using objective scientific approaches.

Overall, this review suggests that the preventive philosophy of Unani medicine, particularly its emphasis on lifestyle optimization before pharmacological intervention, aligns closely with current international recommendations for insomnia management. Integrating evidence-informed Unani lifestyle principles with contemporary behavioural sleep medicine may offer a holistic and patient-centered framework for improving sleep health. Future interdisciplinary research, including randomized controlled trials, mechanistic investigations, and translational studies, is warranted to evaluate the clinical effectiveness of traditional lifestyle and dietary interventions and to establish an evidence-based model for integrative management of *Saher*.



Improved Sleep Health

- Better sleep quality
- Reduced sleep latency
- Improved sleep continuity
- Prevention of chronic insomnia
- Enhanced daytime functioning
- Better quality of life

VII. ACKNOWLEDGMENT

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