

The Role of *Qiwam* (Urine Consistency) in the Diagnosis of Diseases: An Unani Perspective

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ABSTRACT

Urine consistency has long been regarded as a vital diagnostic tool in Unani medicine rooted in the theory of humors (*Akhlāt*), Unani practitioners examine urine to understand the body's internal balance and health. This review explores the role of urine consistency in diagnosing diseases, including its link to humoral imbalances, systemic disorders, and specific organ dysfunctions. The paper integrates classical Unani principles and modern interpretations to understand this diagnostic approach comprehensively.

Keywords: Qiwam, urine consistency, diagnosis of disease, Unani medicine

INTRODUCTION

Unani medicine, an ancient system of healing, considers the human body as a complex interaction of four humours: Dam (blood), Balgham (phlegm), Safra (yellow bile), and Sauda (black bile). Health is achieved when these humors are balanced, and disease arises from their imbalance. The Examining urine (*bawl*) is prominent among the diagnostic tools employed. Hippocrates hypothesized that Urine is filtrate from the blood through the kidney.^[1] After the 6th century, Galen (AD 129-200) gave the hypothesis that "Urine is manifesting. the health of the liver, the organ where blood was supposed to be produced.^[2] In the

Middle Ages, Urine was considered the first bodily fluid to be examined and explained in detail by two eminent predecessors Zakariya Razi (Rhazes 865-925 AD) and Ibn Sina (Avicenna 980-1037 AD).^[3] Unani practitioners analysed its physical characteristics, including consistency, to assess the state of humoral balance and organ health.

MATERIAL AND METHOD

Classical Unani sources like *Al-Qanoon Fil Tib* [Canon of Medicine], *Kitab al Kulliyat*, *Moajazal Qanoon*, *Haziq*, *Kulliyat-e-Nafisi*, *Firdosul-hikmat* etc. are reviewed. Different search engines were browsed on the website to explore recent studies. Other than the above, the present work is an attempt to analyse the importance of urine consistency in view of Unani physicians.

Urine formation:

The humoral theory states that food passes through four successive stages of digestion before becoming a component of the organism.^[4,5] At every stage of digestion, some waste product is formed, which is excreted from the body. The waste product of the second stage, or hepatic digestion, is urine. Gastric digestion, which occurs in the alimentary canal, is the initial stage of digestion. Chyme [kaylūs], the stage's helpful product, is absorbed by the alimentary canal's vessels, while the waste product is expelled as faeces.^[6] Hepatic

digestion, which occurs in the liver, is the second step of digestion. Urine, the stage's waste product, is expelled through the urinary system, while humour [Akhlāt], the stage's helpful product, enters blood arteries. The third stage of digestion, vascular digestion, involves further digestion of the humours in the blood vessels. Food eventually becomes a part of the body through organ digestion, the fourth stage of digestion, which occurs in tissues [Ada mufarda]. Sweating is the primary way that waste products from the third and fourth stages of digestion are expelled from the body, while urine is another possible route. Urine also contains waste products from the urinary system and tissues. [5,7,8,9].

Qiwam (Urine Consistency):

According to consistency, urine is divided into three types.

1. Diluted urine: Too-diluted urine may be produced due to four reasons.

- (a) immature urine
- (b) occlusion of the vessels
- (c) renal failure
- (d) consumption of too much fluid

2. Concentrated urine:

This type of urine in severe illnesses indicates a poor prognosis. In healthy individuals, it is a sign of dehydration.

3. Moderate urine: It indicates that urine is mature and ripened [10,11]

In Unani medicine, normal urine consistency reflects a balanced state of humors.

It is: Clear, fluid-like, and free of sediments. Indicative of effective filtration and optimal organ function. Urine consistency may be thin or thick. There are four conditions of urine- thin then thick, thick then clear and thin, thin in the beginning and end, thick in the beginning and end [8] Normally, children's urine is thick, and in older, it is thick [4,7,8]

Alterations in urine consistency are linked to specific humoral imbalances:

Thin and Watery: thin urine is indicative of improper concoction. Excessive moisture or coldness, typically due to an imbalance in phlegm (*Balgham*). Urine is thin in the

patients having stones. Sometimes, it is due to obstruction in vessels and ureters. [7,8]

Thick and Viscous: Indicates dryness or heat in the body, linked to an excess of *Safra* or *Sauda*.

Frothy or Foamy: Reflects an imbalance in *Safra* (yellow bile) and may indicate systemic conditions like proteinuria. **Cloudy or Turbid:** Associated with infections, phlegmatic imbalances, or the presence of waste material.

Diagnostic Mechanisms in Unani Medicine:

- **Visual Inspection-Urine** is observed for Clarity, colour, and transparency. Consistency (Viscosity or thickness), Presence of sediments and foam.
- **Relationship with Humors-** The characteristics of urine consistency are directly tied to the state of humoral balance: Thin or watery urine signifies cold and wet temperaments. Thick urine reflects dryness and heat, often related to *Safra* or *Sauda*. Cloudy urine indicates waste accumulation and humoral imbalance.

Specific Diseases Diagnosed:

- **Kidney and Bladder Disorders:** Thick, turbid urine with sediments indicates infections or stones. [12]
- **Liver Dysfunction:** Frothy or dark urine reflects bile-related imbalances.
- **Systemic Disorders:** Frothy urine and altered viscosity signal chronic kidney disease or diabetes.
- **GIT Imbalances:** Sedimented urine may indicate poor digestion and improper waste elimination.

Modern Relevance and Integration:

Contemporary studies support the relevance of urine consistency in disease diagnosis. While modern urinalysis uses advanced biochemical and microscopic methods, many of its principles align with traditional Unani observations. For instance: Proteinuria and frothy urine in nephrotic syndrome correlate with Unani's descriptions of *Safra*

imbalance. Sediments indicating infections or stones parallel Unani diagnostics of *Balgham* dominance.

Challenges and Future Directions:

Challenges- Lack of standardisation in classical Unani diagnostic practices. Need for integration of Unani diagnostics with modern medical testing.

Future Directions-Collaborative research to validate traditional diagnostic methods. Development of standardised guidelines for Unani urine analysis.

DISCUSSION

The diagnostic value of urine consistency in Unani medicine is deeply rooted in its holistic approach to health. By analysing the physical characteristics of urine, Unani practitioners aim to identify the dominant humour-causing disease, thereby guiding personalised treatment. For example, turbid urine associated with phlegm (*balgham*) might necessitate dietary changes to reduce cold and damp qualities, while viscous urine linked to heat and dryness could call for increased hydration and cooling therapies. Modern diagnostic tools can significantly augment traditional Unani practices. Advanced microscopy and biochemical analysis can confirm and elaborate on findings from visual inspections, enhancing diagnostic precision. This fusion of ancient wisdom and contemporary science allows for more comprehensive care, addressing both the symptoms and root causes of disease. Moreover, urine consistency can serve as a preliminary screening method in resource-limited settings. Traditional Unani practices, when standardised, could provide low-cost and accessible diagnostic solutions for underserved populations. Combining this approach with modern healthcare systems ensures wider applicability and reliability. Furthermore, interdisciplinary research combining Unani perspectives with modern nephrology and urology could reveal new insights into disease mechanisms. This could lead to innovative diagnostic biomarkers

derived from traditional observations of urine consistency.

CONCLUSION

In Unani medicine, urine consistency is a vital diagnostic parameter that provides insights into humoral imbalances and systemic health. Its relevance extends beyond traditional practices, offering valuable perspectives for integrative healthcare. Urine consistency is a valuable yet underutilised diagnostic parameter. When combined with chemical and microscopic analysis, it can enhance the diagnostic process for various renal, metabolic, infectious, and systemic diseases. Future research should aim to standardise the evaluation of urine consistency and explore its integration into routine diagnostic workflows.

Declaration by Authors

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