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Research Article

WINTER HEALTH ISSUES FROM AN UNANI PERSPECTIVE-A REVIEW

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A B S T R A C T

"Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity". Unani scholars have provided a detailed description of the seasons under the category of *Tadabir-e-Mausam*, diseases specific to each season, and advice for preserving good health in each season positively and uniquely. The effect of changing in seasons is related to the quality that changes along with them, which has a significant impact on body states. This review was designed to provide an overview of the literature on general health issues in winter**.** Winter-related health issues like cold air, immersion in water, through touching the cold surfaces, often associated with insufficient clothing or physical activity may result in whole-body cooling and a decrease in core temperature which is aggravated by exposure to wind or cold water. Cold-related health burdens have often been reported to be higher in the UK compared to other countries with cold climates. In major cities of the world, a 1˚ C reduction in mean temperature below 11˚C was associated with an increase in mortality of 2.9%, 3.4%, 4.8% and 1.7% from all causes cardiovascular, respiratory, and non-cardio-respiratory causes respectively. In USOM, the winter season is called "*Mausam shit à*". *Mizaj* of the season is *barid ratab* (cold and moist), in the air the amount of *Bukharaati maeiyaa* is more through which it becomes *kaseef* (heavier). The *tabiyat* of air is quite similar to the *tabiyat* of water, resulting in the evacuation of *maada* in the body is lesser in this season. *Balghami disease* are more prevalent like *Nazla*, *Zukam* (cough and coryza*), Zat-ul-janab* (pleurisy), *Zat-ul-riya* (pneumonia), and *Awoja* (Arthralgia). So *Har bil fael* and *Har bil quwa ghiza* are recommended like that *Magaziyat*.

INTRODUCTION

"Health is a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic, and environmental." (park, 2007) Winter-related health issues are an important public health problem. Now a day, the increasing incidence of these diseases and their complications has greatly affected the world. Many types of cold exposure affect the human being like cold air, water immersion, through touching the cold surfaces, often associated with insufficient clothing or physical activity may result in whole-body cooling and a decrease in core temperature which is aggravated by exposure to wind or cold water.

Cooling may also be targeted at specific body regions, like the respiratory tract, cardiovascular, musculoskeletal, and dermatological related. Respiratory tract cooling can be especially pronounced during heavy exercise in cold weather. (Holmer I, 2001; Holmer I, 1993) Finally, if the cooling of the body is severe enough, cold injuries such as frostbites and hypothermia occur. (Hassi J, 2005; Makinen, 2007) Cold-related mortality remains an important public health problem. Health burdens have often been reported to be higher in the UK compared to other countries with cold climates. In major cities of the world, a 1˚ C reduction in mean temperature below 11˚C was associated with an increase in mortality of 2.9%, 3.4%, 4.8% and 1.7% from all causes cardiovascular,

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respiratory, and non-cardio-respiratory causes respectively. Hip fractures among the elderly are associated with snow and ice conditions majority of cases occurring indoors. (Hajat S., 2018)

Epidemiology studies generally quantify one of two different measures of cold-related health. The most commonly used metric is the Excess Winter Mortality(EWM) index, which considers the average daily number of all-cause deaths occurring during December-March compared to the average daily number occurring in the preceding August-November and the following April-July. (Curwen M., 1988) The most important risk factor for cold-induced illness and death is advanced age. (Wilkinson P *et al*., 2004) The elevated mortality risk is observed in all age groups, but the risk increases steeply for elderly people. The elderly have reduced ability to thermoregulate their bodies and in other ways are also more susceptible to the effects of cold exposure. (Conlon KC, 2011) Women may have a slightly greater risk of cold-related death than men, but the differences are likely to be partly explained by differences in the age distribution. (Wilkinson P *et al*., 2004) Underlying diseases can modify blood pressure, circulation, and perspiration rates, leading to increased cold risk (Conlon KC, 2011) Specific cardiovascular diseases shown to be associated with cold include myocardial infarction and stroke. (Bhaskaran k, *et al*., 2010; Goodwin J,2007) Avoiding exposure to cold or flu germs may not be possible for everyone, but boosting our immunity to withstand these germs is totally under our control, like that have a proper diet, workout often, Go out more, sleep well, stay hydrated. (India Today, 2017) The objective of the paper is to provide an overview of the literature on general health issues in winter**.** In *USM* this season is beneficial for digestion because in this season *Hararat garizhiya* retain inside the body through which there occurs an increase in body temperature and then digestion of food occurs properly. This is the reason it is considered as most beneficial season among all seasons for reducing bile due to *Qate Safra and Mane Safra* because it is cold and has shorter days and longer nights that lead to improving the metabolism. Since winter has a greater tendency to stagnate morbid matter, there is a greater need for liquefying and resolving foods. (Baghdadi, 2005) But the Main issues occur in this season like *balghami amraz* like *Nazla&zukam* (cough and coryza), *Zatul janab* (pleurisy), *Zatul riya* (pneumonia), *Awoja* (arthralgia) etc. Older and weaker sections of people are affected more in this season. So Avoids cold foods, Use hot foods like meat and meat products, Avoid purgation, Venesection and emesis for evacuation of matter in this season, *Har bil fael* and *Har bil quwa ghiza* are recommended like that *Magaziyat* (akhrot, badam)(Hamdani, 2006; Nafis, YNM) Diet should be heavier than summer, walnut and fig should be used daily in this season, body massage with *Haar* oil should be done, *Ibn Zohar* has advocated the use of *Tiryaq Farooq* during the winter season. (Ibne Zohar, 1986; Maseehi, 2008) *Mufarid* advia like *Aslusoos, Banafsha, Muwaiz munaqa, Badiyan, Beikh badiyan, Bekh karafs, Beikh izkhar,* and *Murakkab Advia* like *Joshanda Munzij balgham, Joshanda Zeequnnfas, Lauq Khayar Shamber, Habbe surfa, Joshanda Sual, Nuqoo Nazla* orally can be recommended in respiratory diseases and *Marham Safeed Kafoori, Roghane Hindi, Marham Raal, Roghan Gul* locally for skin disease. (Anonymous, 1993; Khan A, 1996)

MATERIALS AND METHOD

Unani classical books available in the National Institute of *Unani* Medicine library were reviewed for information related to Mausam such as *Al-Qanun Fi'l-Ṭibb*, The Canon of medicine, *Kitab al-Mukhtarat Fit-Ṭibb, Ikseer-al-Quloob, Kulliyat Qanoon, kitabul Kulliyat, Klliyat nafeesi, Kamil sana, Zakhira khawarzam shahi, Kitabul Miat fit Tibb, Kitab Fi-Firaq al-Tib, Firdaus ul Hikmat, Kitab-al-Taisir, Usool-e-Tibb,* etc. Other published books and journals like Pubmed, Elsevier, Science Direct, Springer, and Scopus were also consulted for further Details. The keywords used for the search were Season, *Mausam shit à, Asbab-e-Sitta Zarooriya***,** Unani medicine.

According To Unani Perspective

In USM, the winter season is called "*Mausam shit à*". The temperament of this season is *barid ratab*"(cold and moist), in the air, the amount of *bukharaati maeiyaa* is more through which it becomes *kaseef* (heavier). The *tabiyat* of air is quite similar to the *tabiyat* of water, resulting in the evacuation of *maa'da* in the body is lesser in this season. (Hamdani, 2006; Nafisi, YNM) Winter aids digestion because the cold weather aggregates the essential substance of innate heat (vital force) and fosters it and makes it more concentrated and less prone to dispersion. It is the most effective season for reducing bile because it is cold and has shorter days and longer nights. Since winter has a greater tendency to stagnate morbid matter, there is a greater need for liquefying and resolving foods. (Baghdadi, 2005; Mazhar, 2007) According to Tibb, the cause of health is the maintenance of *mu'tadil mizaj* (normal temperament) within the cells, tissues, organs, and the entire body. Maintenance of *mu'tadil mizaj* (normal temperament) means the maintenance of static or constant conditions (homeostasis) in the internal environment of the cells or the whole body. The power which maintains this *e'tadal-al-mizaj* is known as *tabiyat mudabbir lil-badan*, which is considered the supreme planner of our body and whose sole function is to maintain *e'tadal-al-mizaj* (homeostasis) in the body. (Nafisi, YNM) Change in character of atmospheric air produce changes to the human body. (Ibn-e-Sina, 2010) change in temperament of the body which is beyond the ability of *Tabiyat* to deal with and causes *fasaad* (disturbance) at the humoral level either by the accumulation of excessive or abnormal humor. This condition further leads to functional imbalances. (Bhikha, YNM; Jamil, 2006) The normal changes in atmospheric air are the seasonal changes because in every season the air changes into another temperament. (Ibn-e-Sina, 2010) Every individual differs in bodily conditions, temperament, age, dietary patterns, and habitat, etc. (Nafisi, YNM) (Maseehi, 2008) (Kabiruddin, 1930) Cold air help to converse the innate heat provided it is not so cold as to produce suppression of all vital activity. In that case, it would be fatal. When cold is not so severe it reduces the flow of humor and helps to keep them within the body. Cold air however interferes with the functioning of the nervous faculty. It also tends to occlude the pores and constrict the viscera. (Mazhar, 2007) It produces catarrh, weakens the nerves, and damages the trachea. If cold is mild it aids digestion and helps to increase appetite, thus strengthening the inner faculties. Winter is troublesome for the old and debilitated persons, but it is beneficial for the young and healthy because the temperament of elderly persons is described as cold and dry and the proportion of humor in them is considered much

different from those of children and any young people. Health is maintained by homeostasis of body fluids and temperament and derangement in these either qualitatively or quantitatively lead to different diseases. The mechanism of homeostasis becomes weak as the age advances due to declining in *quwat wa affal* (Hussain, SA *et al*.,2002) In the human lifespan *Tahleele rutoobate ghareeziya* (dissolution of natural body fluids) by *hararate ghareeziya* (innate heat) takes place gradually. Over a period, the quantity of *rutoobate ghareeziya* decreases due to increased *tahleel of rutoobate ghareeziya*. Decrease in *hararate ghareeziya* changes the *mizaj* relatively to *barid*. Gradual increase in *buroodat* with age results in the decline of *quwa* (faculties), which in turn affects *afa'al* (functions) of the body. As all *quwa* require *hararat* for performing *afa'a*l, the depravity of *akhlat* or dryness process gradually goes on until it reaches the climax. i.e. death. (Itrat M, 2013) *Tahallul* arises from internal as well as external causes. Of the external causes, atmospheric air like exposure to cold causes *tahallul* in the *rutoobat.* (Mazhar, 2007)

Every season is suitable for healthy persons provided their temperament is the same as theirs. In those with imbalanced temperaments, a season is injurious if its qualities are the same as of the temperament and every season has its own characteristics diseases. (Mazhar, 2007) The disease of winter is generally phlegmatic. There is so much increase of phlegm that it comes out freely with emesis. Swellings that appear during this season are generally pale white. Cold and its complications are common in this season such as pleurisy, pneumonia, hoarseness of voice. When winter is fully established, pain in the chest, sides, back, and loins and nervous disorders such as chronic headache and occasionally even epilepsy and apoplexy being to develop from excessive accumulation of phlegmatic excrements. During this season, urine is more profuse and contains a good deal of sediment. (Baghdadi, 2005; Mazhar, 2007)

Factors Affecting Health during Cold/ winter: The various causes which produce cold are as follows

- Excessive activity which disperses the innate heat
- Excessive repose which produces cold by suppressing the innate heat
- Food and drinks in excess
- Marked reduction in food
- Cooling food and drinks
- Cooling medicines
- Excessive dilatation of the blood vessels of the body causing dispersion of innate heat
- Prolonged application of moderately hot things, for example, prolonged stay in hot baths
- The excessive hardness of skin causing an inward diversion of innate heat
- Cooling applications, temporarily warm but intrinsically cold applications
- Excessive depletion by involving loss of the material for innate heat and dispersion of vital force
- Prolonged compression blocking the passage of innate heat
- Excessive worry, joy, pleasure, fear, and anxiety
- Occupations that produce cold and immaturity of humor as opposed to putrefaction (which produces heat) (Mazhar, 2007)

Role of Asbab-e-Sitta Zarooriya (Six essential factors)

Unani system of medicine describes all the factors affecting health and disease, of whom those affecting all human beings perpetually are called essential factors *(Asbab-e-Sitta-Zarooriya*) (Nafisi, YNM; Mazhar, 2007; Kabiruddin, 1930) *because Asbab-e-Sitta-Zarooriya is an effective reason for the body and temperament, it affects both the body and the Mizaj (Temperament) and Quwa (power). (Ibn Rushd,2017)* Any disturbance in these causes mainly affects the *Ḥararat Ghariziyya* (Innate heat), which is a common tool for the *Ṭabi'at* (Medicatrix Naturae) and *Quwa* (power). (Nafisi, YNM; Majoosi, 2010) Therefore, diseases produced due to disturbance in *Asbab-e-Sitta-Zarooriya* are related with the alteration in *Af'al Ṭabi'iyya* (Natural functions), *Af'al Haywaniyya* (Vital functions), and *Af'al Nafsaniyya* (Mental functions). These altered functions depend on age, sex, *Mizaj*, susceptibility, the strength of cause, and duration of contact. Physical activity is essential for the activation of *hararat ghariziya* (innate energy) and to excrete the waste products of the body but the prolonged activity of every kind leads to dispersion of the *hararat ghariziya* (innate heat). (Ibne Zohar, 1986; Majoosi, 2010) A decrease in *Ḥarakat Badni* increases *Burudat* in *Mizaj* and decreases in dissolution which leads to the accumulation of *Mawad*, which becomes an additional factor to reduce the *Ḥararat* (Heat). (Jalinus, 2008; Jurjani,2010) In this way, *Burudat* (Cold) becomes dominant due to imbalance in *Asbab-e-Sitta-Zarooriya.*(Ibn-e-Sina, 2010; Kabiruddin, 1930; Majoosi, 2010) If this *Burudat* persists for a long, its effects begin to appear. (Nafisi, YNM) These effects depend on the body's *Mizaji* (Temperamental), *Saakhti* (Structural), *Jinsi* (Gender), *Nizami* (Systemic) susceptibilities. *Burudat* is *Kayfiyat Fa'ila* (Active property) therefore, it acts upon the *Fuzlat* (waste) and *Ruṭubat. (Ibn Rushd,2017)* and converted into *Shaḥmiyat* (Fat). Initially, *Ṭabī'at* (Medicatrix Naturae) starts to deposit this fat on *Barid A'za'* (Cold organs), and then as the other organs get affected by *Burudat*, the fat accumulates on them. (Ibn-e-Sina, 2010; Kabiruddin, 1930; Majoosi, 2010) *Ṭabi'at* (Medicatrix Naturae) sends the excess amount of fat to the skin that leads to the lumen of the vessels narrow. At the same time, the effects of *Burudat* cause them to constrict which in turn reduces the supply of *Ruḥ* (Pneuma) to certain organs. (Tabri, 2017) Because of this *Burudat*, *Ruḥ* (Pneuma) also becomes *Ghaliz* (Viscous), and so the *Ruḥ* (Pneuma) does not pass easily through narrow paths. Organs like the brain and heart are affected most by a decreased supply of *Ruḥ* (Pneuma). When *Burudat* affects the heart, it can cause death immediately. If the brain is involved then diseases like *Falij* (Paralysis), *Laqwa* (Facial palsy), *Khidar* (Numbness) may occur. So, when the *Burudat* and *Ruṭubat* in the body become predominant, then vessels get constricted and if there is too much fat in the body, the vessels become narrower/ compressed due to excess fat. (*Ibn Rushd,2017)* This process not only affects the blood vessels but also nerves, which makes the supply of *Ruḥ Nafsani* (Psychic pneuma) difficult or blocks it. So, the heart pumps blood into the vessels with a greater force to maintain the supply of *Ruḥ* (Pneuma) and blood. The *Quwwat Ḥaywaniyya Fa'ila* (Active vital faculty) of the heart increases, which in turn increases the process of contraction and relaxation of arteries and this condition is known as *zaghṭ al-Dam Qawi* (Hypertension). (Majoosi, 2010) In this way, the *Burudat* affects the whole body. All the organs are more or less affected. The *Quwa* becomes weak and *Ḥararat*

ghariziyya (Innate heat) drops. The supply of *Ruḥ* (Pneuma) becomes difficult. Body movements, mental activity and sleep are also important to keep innate heat aroused and help to increase it. *(Ibn Rushd,2017)* Apart from these, if other causes such as *Riyazat* (Exercise), *Ḥammam* (Turkish Bath), *Dalak* (Massage), Sunbath, etc. (Ibne Zohar, 1986; Tabri, 2017)) taken in moderation the body does not lose *hararat* (Heat) and remains protected from the effects and complications of *Burudat* (Cold). (Ibn-e-Sina, 2010; Kabiruddin, 1930; Majoosi, 2010)

The Effects of Cold

Cooling of the tissues can result in decreased physical and mental performance, which may also contribute to the risk of accidents and injuries. (Makinen, 2007) The energy cost of exercise is also increased in cold. It is estimated that each additional kg in clothing weight increases energy costs by approximately 3% and each additional layer by 4%. (Rintamaki, 2007) Cold exposure may also be a triggering factor for certain diseases and aggravate the symptoms of prevailing chronic diseases. It is also well known that the coldest season is associated with increased morbidity and mortality. Avoiding exposure to cold or flu germs may not be possible for everyone, but boosting our immunity to withstand these germs is totally under our control, like that have a proper diet, workout often, Go out more, sleep well, stay hydrated.(Mercer, 2003; Nayha,2005)

Health Issues during the Winter Season

Migraine Attack: With the winter season, people who are prone to migraines happen to have the trigger due to the changing weather.

Flu: Winter is commonly known as the flu season. The flu viruses spread through the air and during winters, our immune system might get a little slower than usual. To protect from this wash your hands timely. Take a healthy and nutritious diet, drink enough water, and exercise regularly.

Cold sores: The reason cold sores occur in winter is the majority because of the harshness of the dry and cold environment. the dry and cold air dries out the lips, for this adequate nutrition, home remedies for cold and rest will help reduce the chances of getting cold sores. (Indus, 2020)

Dehydration: Dehydration problems are common yet serious health problems during the winter season. Even a 5% decrease in water levels can drop energy by 30-40%. So, forget not to drink plenty of water to stay hydrated.

Seasonal affective disorder: Some people may have a seasonal affective disorder (SAD), most people complain about feeling stressed, mood changes, fatigue, anxiety, and irritability. For this better not stays alone, stay active, and join a support group to keep your mind healthy and active.

Allergies: Most people even happen to have allergies due to the change in the weather. Non-allergic rhinitis and allergic rhinitis are the most common type. (Bisht A, 2019)

Effects of Cold on Respiratory Diseases

Cold-related respiratory illnesses are Asthma, COPD, Rhinorrhoea. Breathing cold and dry air causes physiological changes in the upper and lower respiratory tract. (Koskela, 2007) It is widely known that winter is associated with increased respiratory morbidity and mortality (Nayha,2005) epidemiologic study analyzing 160,000 deaths occurring in Michigan showed that persons with chronic obstructive pulmonary disease (COPD) are at higher risk to die during cold days. (Schwartz, 2005) In the general population living in the north the prevalence of respiratory symptoms is high in winter, ranging between 25-29% (Makinen, 2007) In the general population living in the north the prevalence of respiratory symptoms is high in winter, ranging between 25–29%,(Raatikka, 2007) Respiratory related symptoms are increased excretion of mucus, shortness of breath, wheezing of breath, prolonged cough, or bouts of cough, or increased sputum production. It seems that the prevalence of respiratory symptoms is even higher in asthmatics (prevalence 69% in males, 78% in females) and patients with chronic bronchitis (65%/76%) than in healthy persons (18%/21%).(Harju,2009) The occurrence of respiratory symptoms increases with age and they are more common in females.

Effects of Cold on Musculoskeletal Disorders

The effects of cold exposure on neuromuscular functions have been reviewed by Oksa. At the population level, musculoskeletal symptoms, such as musculoskeletal pain, were the most common complaints (27-30%) reported to occur during winter (air temperature defined at 10˚C or below**)** (Raatikka,2007) Examples of musculoskeletal disorders are carpal tunnel syndrome, tension neck syndrome, tenosynovitis, and peritendinitis. The associated complaints include pain in the shoulders, neck, knees, and lower back, swelling, stiffness, movement restrictions, muscle weakness, and paresthesia. (Piedrahita, 2008) for reducing or preventing cold-related musculoskeletal problems, a special emphasis on cold risk management, and especially organizational measures would be useful. This includes e.g. planning of appropriate work-rest regimes, applying local and auxiliary heaters, reducing drafts, and paying attention to proper cold protection.

Effects of Cold on Cardiovascular Disorders

Cold exposure contributes to increased cardiovascular morbidity and mortality. It is well known that deaths from myocardial infarction and coronary heart disease occur more frequently during winter (Mercer, 2003; Nayha,2005) A population study has shown that cardiovascular symptoms, such as arrhythmias, shortness of breath, and chest pain are experienced in the cold by ca. 4% of the general population. (Raatikka,2007) The risk for hypertension may be increased by long-term exposure to cold and for example poor housing conditions.(Mitchell,2002) On the other hand, cold temperatures exacerbate hypertension in hypertensive patients.(Fujiwara,1995;Minami,1996) For example, mildly hypertensive patients demonstrated an increased blood pressure during the cold season, an effect that was increased by age,(Brennan,1982) According to experimental studies cold exposure increases systolic and diastolic blood pressure in healthy subjects by 7–26 mmHg. (Emmett,1995; Korhonen, 2006; Komulainen, 2004)

Effects of Cold on Diabetes

Diabetes is associated with metabolic disturbances, which may affect thermoregulation and increase the risk of cooling. The disease is also commonly associated with peripheral neuro and vasculopathy, which alter the ability to regulate heat loss in the extremities. (Stansberry, 1997)

Effects of Cold on Skin Disorders

Dry skin is one of the most important problems faced during winters. Cracked skin, bleeding pain, and infections are apparent due to dryness. For this using moisturizers, mild moisturizing soap, petroleum jelly can help avoid this problem. (Indus, 2020) Temperature-dependent skin disorders include erythema, physical Urticaria, chilblains, cold panniculitis and cryoglobulinemias, atopic dermatitis, psoriasis. Abnormal skin responses to cold usually occur when subjects are exposed to moderate cold (0 to +15˚C) for prolonged periods (Page EH., 1988; G James,2013) Cold Urticaria is one of the physical Urticaria and represents hypersensitivity to cold with cutaneous swelling, wheals and hives occur after cold exposure.(Lehmuskallio, 2002; Neittaanmaki,1988) It is also often treated with an antihistamine. Pernio is a vasospastic disorder that affects unprotected skin regions of individuals exposed to non-freezing, damp cold. It is also often categorized as a cold injury. (Makinen TM, 2009)

Preventive Measures

- During winter exercise and activity may be indulged freely.
- Diet should be heavier than summer.
- Avoids cold foods.
- Use hot foods like meat and meat products in this season.
- Walnut and Fig should be used daily in this season.
- Avoid purgation, Venesection, and Emesis for evacuation of matter in this season.
- Body massage with *haar* oil should be done.
- Ibn Zohar has advocated the use of *Tiryaq Farooq* during the winter season.
- Application of Clove paste on the forehead is advisable for prevention of cold and coryza.
- Hands & feet should be thoroughly rubbed until they get warm; thereafter oil of lilies or oil of Persian lilac should be applied.
- Alcoholic extract of lilies is excellent for this purpose or olive oil with black pepper, pyrethrum, orbium, asafoetida, or castoreum are used.
- The other applications for preventing injury from cold are galbanum and garlic.
- Socks & gloves should not be worn so tight as to hinder free and easy movement because movement is an important factor which by producing heat counteracts cold.
- Hands & feet can be protected from the cold by covering them with paper or hair and then wrapping them up in wool.
- Frost-Bite: Treatment aims to stop putrefaction from spreading to the neighboring tissues and disseminating poison so it should be soaked in turnip juice or decoction of figs, cabbage juice and decoctions of dill seeds and chamomile are also beneficial in this condition. Another local application is mint, wild basil and wormwood, and a poultice made of turnip. Sometimes the frost-bitten part may improve by keeping it in cold water. When the frost-bitten part begins to turn blue, it should be kept in warm water until blood flow returns to normal. After taking it out, it should be covered with a paste made of vinegar and *Armenian bole* as prophylactic and wood tar is also beneficial.
- Hands & feet should be not be left hanging in a motionless. (Ibne Zohar, 1986; Mazhar,2007; Tabri, 2017; Cameron O, 1929; Arzani A, 2010)

Ghiza wa parhez

The diet recommended a sufficient quantity of garlic, walnuts, mustard and asafoetida, and Clarified butter. Asafoetida especially when it is taken dissolved in alcohol produces heat in the body. Meat and kababs are also taken under the same principle. Vegetables such as cabbage, beet, and celery may be taken but white goose-foot, amaranthus, purslane, and endive should be avoided. According to Hippocrates, in this season, purgation should be preferred to venesection and emesis avoided as a most undesirable procedure. Therefore to be on the safe side sitting on the ground should be avoided and a chair or bed used. Living arrangements should be made in places which are high and open to plenty of fresh air. (Mazhar, 2007)

CONCLUSION

Cold-related exposure remains a much greater public health problem in the world. From the above, it can be concluded that preventing the causes is the key to avoid seasonal health issues. Physicians and the general public will benefit from a better understanding of their country's environment, which will aid in illness prevention and health promotion through a healthy lifestyle. This can be accomplished simply by leading a healthy lifestyle or by getting a regular health checkup.

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