



E-ISSN: 2321-2187  
P-ISSN: 2394-0514  
IJHM 2017; 5(5): 94-96  
Received: 07-07-2017  
Accepted: 08-08-2017

**Rubi Anjum**

Department of Preventive and social medicine, School of Unani Medicine Jamia Hamdard, New Delhi, India

**Aisha Siddiqui**

Department of Pharmacology, School of Unani Medicine, Jamia Hamdard, New Delhi, India.

## Preservation of old age with Unani system of medicine

**Rubi Anjum and Aisha Siddiqui**

**Abstract**

The elderly population is large over-all and growing due to advancement of health care education. A report released by the United Nations Population Fund and Help Age India submits that India had 90 million elderly persons (8%) in 2011. The health issues of the elderly/ aged people are not only confined to a set of diseases; but they also include functional incapacitation due to changes in human organs. Unlike other developed nations, In India, there is no well-structured health care service available for elderly peoples, and due to lack of this kind of services and for the up gradation of health of these elderly peoples, urgent actions are required. So, we can begin with integrating indigenous systems of health care like Unani medicine with the existing health care structures for this purpose. And the present manuscript is an effort to enlighten the role of Unani system of medicine for prevention of diseases and promotion of health along with management of diseases in elderly peoples.

**Keywords:** Ageing, Unani Medicine, Tadaabeer-e- Mashaaikh, Geriatric Care

**1. Introduction**

Ageing (The process of maturing) is a natural, unavoidable and Non pathological process and it could not be considered pathological. It is brought about by cold and dry temperament, reduction in organ function, vitality and muscular strength. The branch of medical science dealing with the care of aged people is called clinical gerontology or geriatrics. According to the law, a "senior citizen" or geriatric means any person being a citizen of India, who has attained the age of sixty years or above <sup>[1]</sup>. A report released by the United Nations Population Fund and Help Age India submits that India is going to have a population of about 173 million by 2026<sup>[2]</sup>.

According to Unani philosophy, human life is categorized into four stages viz;

Sinn-e- namu (up to the age of 30 years),

Sinn-e- shabab (from 30 to 40 years of age),

Sinn-e- kahoolat (from the age of 40 to 60 years) and

Sinn-e- shaikhookhat (applies to people above 60 years of age).

The people above 60 years of age are considered as mashaikh (aged/ older people). It is the period of decline with the appearance of weakness in vigour<sup>[3,4,5]</sup>.

**2. Concept of ageing in Unani system of medicine**

**Hippocrates** (460-370BC) stated about ageing as a process resulted from the gradual and progressive loss of hararat (heat) from the body, and thus body become barid (cold) and yabis (dry).

**Aristotle** (384-322BC) postulated that a finite amount of internal heat (innate heat) present at the time of birth which is gradually consumed over time and little remains in advance age.

**Galen** (131-201AD) considered that in old age Humoral imbalance occurs due to loss of heat, while describing the body conditions, he mentioned that along with health and disease a third condition of the body also exists, in which body is neither in the condition of complete health nor diseased. This third condition of the body is known as *halat-e-salesa*. Galen placed elderly people in third condition. <sup>[6, 7]</sup>.

*Sin-e-Shaikhukhat (old age)* is the period in which Hararat-e- ghareeziya (innate heat) and Ratoobat-e-ghareeziya (innate moisture) reduced gradually, and dominated by *Ratoobate Ghareeba Bala* (abnormal metabolic products) That weakens the tabiyat (power which control the homeostasis / internal environment of the body) and slows down the bodily function. In this period deterioration in the powers and faculties of the body is noticeable. This diminished quantity of Ratoobat-e- ghareeziya and Hararat-e- ghareeziya lead to altered temperament in Elderly; hence mizaj becomes Baarid-Yabis (cold and dry). As per Unani concept every stage of life has its own specific Mizaj (temperament). When mizaj deviates from normal to abnormal condition then, it causes premature ageing. (*mizaj* is defined as the

**Correspondence****Rubi Anjum**

Department of Preventive and social medicine, School of Unani Medicine Jamia Hamdard, New Delhi, India

new state of matter, having quality difference, from that present in the element or compound before coming into imtizaj /intermixture/ chemical combination)<sup>[8]</sup>.

Ratoobat-e- ghareeziya plays a key role in maintaining equilibrium of Hararat-e- ghareeziya. When the quality and quantity of Ratoobat-e- ghareeziya change, it directly affects Hararat-e- ghareeziya. Excessive reduction (tahleel) in Hararat-e- ghareeziya affects in two ways i.e.

Diminished Hararat-e- ghareeziya causes change in Huzoom Arba', which leads to abnormal humours or ratoobat. Abnormal humours or ratoobat changes temperament (mizaj) which enhances ageing.

Diminished Hararat-e- ghareeziya reduces body power, functions (afa'al) as well as faculties (quw'a). This leads to enhancement of ageing<sup>[7-9]</sup>.

Keeping in view of the altered physiology of the aged people, the Unani scholars have discussed the care and treatment of them separately

In classical Unani texts, the comprehensive explanation of geriatric care is mentioned under the heading of *Tadaabeer-e-mashaaiikh* (geriatric care).

*Tadaabeer-e- mashaaiikh* can be defined as the regimen or systematic plan or non-pharmacological procedures to maintain and improve the health status of elderly. These *Tadaabeers* includes various guidelines related to moderation and modification of *Asbab-E-Zarooriyah* and *Ghair Zarooriyah* (essential and non-essential factors) e.g diet, drinks, exercise, massage, bath, sleep, environment around them, factors associated with their psychological health like happiness and hunger etc.

The aims of these *Tadaabeers* are:

- To protect *Ratubat-e-Gharizia* (innate moisture) and *Hrarat-e-Gharizia* (innate heat) as long as possible.
- To avoid production of *Ratubat-e-Ghariba*. (abnormal metabolic products)
- To remove the *fasid mawad* (morbid matter) from the body through natural methods and channels.
- To protect body from unwanted environmental factors<sup>[9]</sup>.

To prevent and manage the geriatric Problems *Tadabeer Mashaikh* can be divided into following manner

- *Ilaj-bil -ghiza* (Dieto therapy)
- *Ilaj-bil-tadbeer* (Regimenal therapy)
- *Ilaj-bil-dawa* (Drug therapy)

## 2.1 Tadabeer-e-Ghiza (Dieto Therapy)

Renowned Unani physician have suggested certain principles about Ghiza (Diet) of older people. They believe that different types of food should be given to them, but the quantity and quality of diet should be according to their digestive capacity. They recommend small amount of food at frequent intervals for elderly<sup>[10]</sup>. Diet should not be taken before *Hamam* (bathing). As it may result in producing obstructions in the vessels<sup>[11]</sup>.

Food articles mentioned in classical literature include well baked bread, honey, beet root, garlic, ginger, fig, been, plum, cherry, olive oil and fiber rich vegetables (spinach, cabbage, carrot) etc.

Beet root and *Maa-ul-shaeer* (Barley water) are the best diet for *Mashaikh*, as it helps to evacuate abnormal humors from the body In fruits figs and *Al-Bukhara* are advisable. As they have the property of being *Mulayyain* (Laxative) and also has a high nutritional value.

*Narjeel* (coconut) is recommended as it provides *Hararat* (heat) and *Ratubat* (moisture) to the body.

*Sikanjabeen* (Vinegar + Honey): It is a very famous diet which is described by Unani physicians,

Milk is beneficial for them only if they can digest it easily, goat's milk and donkey's milk is considered best for them. It is recommended for nutrition and *Tarteeb* (moistness), as it passes down quickly.

Regarding Non-Vegetarian-Diet meat of chicken is recommended. Meat-soup prepared with roasted Roman wheat and barley is highly nutritious and good for elderly.

*Ghaleez* diets which are poor to digest like *Hareesa*, *khushk gosht*, *tanoor ki roti*, *Masoor ki dal* etc. are better to be avoided, because they may lead to *Istisqa* (Ascitis) and *Hisat-e-Masana* (Gall-stones).

Similarly avoid any hot, pungent, and desiccant food, such as *kawa-mikh* (some kind of sauce and pickles).

Viscous (sticky), tenacious and flatulence yielding diet should be avoided. e.g *baqla* & *channa*

*Very cold water* should not be used because it produces heaviness in stomach and also lowers the *Hararat-e-Ghariziya*.<sup>[12]</sup>

## 2.2 Ilaj Bit Tadbeer (Regimenal Therapy)

Regimental therapies are mostly non-medicinal procedures for promotions and protection of health. Several regimens have been used by unani physicians since ancient time, among which most common and widely practice regiment that are used for restorative, preventive as well as well as for therapeutic purposes are mentioned here

### 2.2.1 Riyazat (Exercise)

It is an important regimen to remove *fasid mawad* (waste product) from the body. Elderly people should perform *Moatadil riyazat* (moderate exercise) regularly such as walking, or slow riding according to their body condition and tolerance. It produces *Musakhkhin* (warmth) effect on the body and prevent various diseases like hypertension, Diabetes Mellitus, osteoarthritis and enhances immunity. Increased physical activity can lead to improved glycaemia, decreasing insulin resistance, and reduced cardiovascular risk factors<sup>[10, 11, 13, 14]</sup>.

### 2.2.2 Dalak (Massage)

*Dalak* is a type of type of exercise used for removal of toxins from the body and strengthen the body and muscles<sup>[15]</sup>. In elderly people *Moatadil dalak* (moderate massage) (which is done slowly and softly with hands, without exerting much pressure) should be done especially on those part of the body which became weak, It should be done without oil (with a piece of coarse cloth) or with oils. should be *Haar* (hot by temperament) like *Roghane Zaitoon*, *Roghane Badam* which provide *Taskeen* to the body and also helps to retain the *rutoobat* (moisture) of the body it may be done twice a day<sup>[11]</sup>.

### 2.2.3 Hamam (Therapeutic Bath)

*Hamam* is a type of medicated bath with objectives to increase the *Hararat-e- ghariziya* (innate heat), to evacuate waste products through skin and to improve *Istehala* (metabolism) of the body. It should be done regularly with fresh and lukewarm water at least once in a week or according to body strength of elderly people. *Hamam* reduces the dryness of the skin and provides gentle warmth and moderate amount of moisture. It relaxes the body and induces sleep for which a particular type of construction was done having three rooms designed in such a way that one room attached to the other

First Room is cold and moist, its temperature of first room is not high because it is closer to the environment and far from the furnace, second room is relatively closer to the furnace, its air is warm, which makes the body warm and the water used in this room made the body moist. Third Room is hot and dry because this room has furnace. The heat of this room resolve the body fluids so much that the water used in this room does not neutralize the dryness produced by heat of this room.

### 2.3 Ilaj Bil Dawa (Drug Therapy)

1. Prevention of wabai amraz with Tiryaqi Advia (antidote) is recommended in our system since ancient times.
2. Tiryaqiyat strengthens the heart, keeps the faculties strong and stimulate hararat-e- gharizia thus helps tabiyat to protect the body from harmful effects of morbid materials. *Avicenna* and *Jalinoos* mentioned that the persons, who used *Tiryaq-e-wabai* as prophylactic drug in healthy condition did not affected from Infectious diseases.
3. Numerous common old-age complaints like insomnia, lethargy, constipation, and backache etc. can be effectively managed by some common drugs like *Jawarish Jalinoos*, *Majoon Falasfa*, *Khamira Gaozaban*, *Khamira Abresham*, *Khamira Marwarid*, *Majoon Azaraq*, *Sharbat Faulad* etc. A part from that, there are certain other drugs like amla, (*Emblica officinalis*), garlic (*Allium sativum*), ginger (*Zingiber officinalis*), anjeer (*Ficus carica*) and black cumin (*Nigella sativum*) which are widely used in Unani Medicine and now are proven to have antioxidant and immune modulator properties.<sup>[16]</sup>

### 3. Conclusion

The concept of protection of an organ, stimulation of *Hararat-e-Gharizia* and augmentation of vital force of important organs is the distinguishing feature of Unani System Medicine.

With life-style modification and adopting various regimens and principles of Unani System of Medicine, some age related diseases can be prevented while certain Geriatric changes can be slowed down to a greater extent in elderly peoples.

### 4. Reference

1. Lekha S, Dhananjay WB. Demographics of Population Ageing in india, Institute for Social and Economic Change, Bangalore, 2011.
2. Vikaspedia. Senior citizen- Status in India, 28 August 2014. [Online]. Available: [vikaspedia.in/social-welfare/senior-citizens-welfare/senior-citizens-status-in-india](http://vikaspedia.in/social-welfare/senior-citizens-welfare/senior-citizens-status-in-india).
3. Sina I, Al-Qanoon Fil Tibb. New Delhi: Jamia Hamdard, 1993, 14.
4. Kabeeruddin M. Tarjuma -Wa-Sharah Kulliyat-e-Nafisi, Hyderabad: Taj Press Yousuf Bazar, 1954; 1:42.
5. Hamdani H, Asool-e-Tib. 1st ed., Aligarh: Leethi Colour Prints Achal Taal, 1980, 195.
6. Hamdani S, Usool-e-Tibb. 2 ed., Delhi: Qaumi Council Barae Farogh Urdu Zabaan, 2001, 129-130.
7. Kabeeruddin M. Ifadah-e-Kabeer, Hyderabad: National Fine Printing Press. 1951; 27:128.
8. Ishtiyaq A, Kulliyat-e-Asri. Delhi: New Public Press & Ali press, 1983, 509-516.
9. Ahmad S. Introduction to Al-U Moor-al-Tabiyah, Delhi: Saini printers, 1980; 47:81-83.
10. Majusi IA, Kamil-us-sanat Urdu. trans. by GH Kantoori, New Delhi: CCRUM, 2010; (1, 2):131-133.

11. Jurjani I, Zakheera Khwarzam Shahi. Urdu trans. by H.H Khan, New Delhi: Aijaz publishing house, 1903, 255-257.
12. Sina I, Al-Qanoon-Fil-Tibb Urdu trans. by GH Kantoori, Delhi: Aijaz Publication, 2010; 1:194-96.
13. Baghdadi I. Kitab-ul-Mukhtarat-Fil-Tibb Urdu Trans., New Delhi: CCRUM, 2005, 191-192.
14. Shah M. General principles of Avicenna, Canon Of Medicines, Pakistan: Navid Clinic Karachi, 1966, 338-341.
15. Rushd I, Kitab-e-Kulliyat. Urdu Trans., Delhi: CCRUM, 1987, 350-351.
16. Itrat MZ, Haque N. Concept of aging in Unani Medicine, Int. J Res. Ayurveda Pharm. 2013; 4(3):459-462.