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Review Article

AGEING GRACEFULLY WITH THE HELP OF UNANI SYSTEM OF MEDICINE: A REVIEW

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ABSTRACT

Old age encompasses the late portion of life; the age after youth and middle age, commonly with reference to deterioration. Old people usually have inadequate reformatory capabilities and are therefore more susceptible to diseases, injuries and illness than the younger ones. In developed countries however, most people in their early 70s are still healthy and are able to take care of themselves. But after 75, they become progressively fragile, along with serious mental and physical debilitation. But in developing countries, this age is quite less as compared to the developed countries. These changes can lead to a reduced quality of life. But there are some measures, which when adapted, can slow the ageing process. In other words follow up of certain regimes; lifestyle, diet etc., can help a person to get older in a healthier way. In Unani classical literature, some measures are mentioned, by which these changes can be delayed and a healthier lifestyle can be maintained even at the old age. These measures are more about the prevention of disease and maintenance of health rather than the cure such as taking healthy diet suitable for old age people and performing suitable exercises etc. Old age and the disease which are common in old age and the preventive measures for delay of deterioration of health in old age are some of the factors that are being discussed in this paper.

Keywords: *Sinn-i-Shaykhūkhāt*, *Tahīl Ruṭūbat*, *‘Ilājbi’lTadbīr*, *‘Ilājbi’l Ghidhā*, Ageing.

INTRODUCTION

Ages can be divided into four groups according to Unani system of medicine – *Sinn-i-Numū* (*Sinn-i-Hadāthāt*), *Sinn-i-Shabāb* (*Sinn-i-Wuqūf*), *Sinn-i-Kuhūlat* (*Sinn-i-Inḥiṭāt*) and *Sinn-i-Shaykhūkhāt*.¹ *Sinn-i-Numū* is a period from birth to thirty years, *Sinn-i-Shabāb* is from thirty to forty years, *Sinn-i-Kuhūlat* from forty to sixty years and *Sinn-i-Shaykhūkhāt* from sixty years up to death. *Sinn-i-Numū* is the growing age where the body continues to grow and has hot and moist temperament. It is further divided into five – *Sinn-i-Ṭufūlat* (from birth to four years), *Sinn-i-Ṣabā* (four to nine years), *Sinn-i-Tara’ru* (nine to fourteen years), *Sinn-i-Bulūgh/Sinn-i-Rihāq* (fifteen to twenty five years), and *Sinn-i-Fatā* (twenty five to thirty years). *Sinn-i-Shabāb* is the age wherein the body becomes fully mature and stable. At this stage of life a person has the best temperament i.e. moderate (*Mu’tadil*) and also the body functions are at their best. In terms of quality the temperament of this age is hot and moist. *Sinn-i-Kuhūlat* is the age when the body loses its stability and deterioration starts. Innate heat of the body gradually decreases due to diminution of body fluids specially and the body develops cold and dry temperament. *Sinn-i-Shaykhūkhāt* is the last phase of life i.e. the age when body heat decreases to a great extent and the temperament becomes extremely cold and dry due to which person moves slowly towards death.² As the temperament of old age is most distant from the equable temperament, it requires special care and attention.

Geriatrics

Geriatrics is that field of science which entitles the specialty of health care of elderly people as the main issue of concern.³ Its main purposes are to encourage health in old age by preventing and treating diseases and disabilities. The study of physical and psychological changes which are eventual to old age is called gerontology.⁴ Ageing is a natural process. As Hippocrates said, “It is more important to know what sort of person a disease has than to know, what sort of disease a person has”. Unani scholars have deliberated different stages of life separately and a rich description is present for old age.⁵ In Greco-Arabic system of medicine old age is called *Shaykhūkhāt*, which means “to become old”. When the age of a person exceeds 60 years it is to be considered as age of *Shaykhūkhāt*.⁶

Concept of ageing with reference to Unani medicine

Every *Sinn* (stage of life) has its own specific *Mizāj* and *Kayfiyat*. With the age *Mizāj* gradually deviates/shifts from normal towards abnormal. This deviation of temperament is the main reason behind ageing process. According to Unani concept, when age increases, the innate heat (*Harārat Gharīziyya*) and innate moisture (*Ruṭūbat Gharīziyya*) steadily reduces which leads to the weakening of *Ṭabī’at* (physique) and sluggishness of the body functions along with the decreased production of *Akhlāt Saleh* (normal humors).⁷ These factors altogether alter the normal temperament of an individual. That is why there are different temperaments at different ages.

In the view of classical Unani literature, ageing results from two opposing processes:

1. *Tahlil Rutubat* (Dissolution of fluids) by *Hararat Ghariziyya* (Innate heat) which is necessary to maintain cells in their functional state.
2. Inadequate compensation of *Tahlil* by *Quwwat Hādima* (power of digestion) which maintains homeostasis.

These two processes if not in harmony then becomes the reason of diseases with age and weakens the power and slows down the functions of the body.^{8, 41}

Some of the other causes that cause ageing can be described as follows:

1. *Tanqis Hararat* (Decreased Body Heat)
2. *Mizaj BaridYabis* (Cold and Dry Temperament)
3. *Tabi'at Mutaghayyir* (Altered Homeostasis)
4. *Mizaj Da'if* (Easily alterable temperament)
5. *Mukhtalif Khilfi Tanasub* (Variable humoral proportion)
6. *Du'falQuwa* (Weakened faculties).⁵

The above causes due to any reason also makes the ageing faster than its normal pace. *Sinn-i-Shaykhukhat* is that period in which *Rutubat Ghariziyya* (Innate fluid) is diminished from the body i.e. it is in the quantity lesser than that required for preservation of *Hararat Ghariziyya* (Innate heat).⁹

Diseases prevalent in old age

1. Sensory Changes

Hearing Loss

Presbycusis (Sensori-neural hearing loss) and increased cerumen production with increasing age contribute to difficulty in hearing. Hearing loss is more prevalent as the age advances and accumulating risk factors increases.¹¹ Approximately one-half of adults of age more than 85 have hearing impairment.¹² Mild hearing loss also impair speech processing, essentially if speech is hasty or if there are multiple talkers in large room. Therefore, verbal communication is most difficult in situations where people gather. Increased social isolation facilitates the association between hearing loss and depression.¹⁰

Visual acuity

Visual acuity typically declines with age (presbyopia). Old aged people often have problems with glare, making night driving riskier. The incidence of severe visual impairment is 23% at ages 85–89 and 37% at age over 90.¹³

Vestibular Function

Dizziness is collective geriatric syndrome that contributes to falls. Vestibular function declines subtly with age.¹⁴

Muscle Strength and Fat Changes

Muscle mass and strength decreases with age. By age 85, approximately 20% of people suffer from sarcopenia (meaningful loss of muscle mass and strength).¹⁵ Chronic inflammation, decreasing hormone levels, diminished muscle mitochondrial function, and reduced muscle stem cell function, all probably lead to sarcopenia.¹⁶

Immunosenescence

There are a lot of age-related changes in the immune system, some facilitated by chronic inflammation and a chronic pro-inflammatory state. There is a decreased B cell function, a decrease in T cell generation, changed T cell activation, and dysfunction of innate immunity along with compromised neutrophil function, chemotaxis and a dysregulated pro-inflammatory monocyte response). These changes deteriorate the body's capacity to fight infection.¹⁷

Urologic Changes

The urinary bladder is usually not sterile in aged people rather colonized with bacteria not causing infection. Asymptomatic bacteriuria can be seen more commonly in women than men and is more common in hospitalized patients.¹⁸

1) Somatic Disease With Multiple Chronic Conditions

Cardiovascular Disease

Cardiovascular disease persists as the most common cause of death in old age people. It includes chronic ischemic heart disease, congestive heart failure, and arrhythmias.¹⁹ Normal ageing consists of vascular remodelling and vascular stiffness.²⁰ Atherosclerosis also causes inflammation and further vascular changes²¹ such as increasing risk of cardiac events, cerebrovascular events, peripheral vascular disease, cognitive impairment etc.

Hypertension

Hypertension is a major factor of atherosclerosis. It is the most common chronic disease of old age people.²² Isolated systolic hypertension is specifically common among older adults and is associated with mortality even at advanced ages.

Cancer

Cancer is the second main cause of death in old age people. However by the age of 85 the death rate from cancer begins to decline.²³ Slow-growing tumours are common in this population.

Osteoarthritis

Osteoarthritis tends to be the second most common chronic condition among old people and a frequent cause of chronic pain and disability.²² Obesity is also a risk factor for osteoarthritis and as people ages (particularly the overweight ones) the rate of hip and knee joint arthritis increases.

Diabetes Mellitus

Diabetes rates are ever increasing as the population grows in age as well as weight.²⁴ Diabetes remains a strong risk factor for cardiovascular disease at age 85 years.²⁵ Diabetes is associated with peripheral arterial disease and peripheral neuropathy as well, contributing to diabetic foot ulcers and amputations.

Zakariya Razi has also described Diabetes and revealed the cause of this disease as abnormal hot temperament of kidneys leading to weakness of retentive power of kidneys.²⁶

Osteoporosis

Osteopenia may be defined as loss of bone density and it is common with ageing. Most 85 year old adults have osteoporosis with severe weakening of bone density. Osteoporosis is associated with an increase in bone fractures while osteopenia is not.

Multiple Chronic Conditions

Sixty two percent of Americans over 65 years have more than one chronic condition²⁷. The prevalence of multiple chronic conditions increases due to ageing of populations and increased diabetes rates.²⁸

2) Physical Functions

Physical functions also get altered/ affected with ageing due to normal age-related changes and accumulated pathology.

Walking Speed

Walking speed decreases with age but will decrease further more due to disease. Walking speed measurements can be used to calculate future community ambulation, falls, disability, and risk of mortality.²⁹

Mobility Disability

Seventy-three percent of people over age 85 experience difficulty with walking. Mobility disability leads to social isolation, falls, and depression. One-third of people over age 85 with a disability stay alone.³⁰

Disability in Activities of Daily Living

Disability rates are comparatively high among people over 85 years of age. Disability in activities like dressing, bathing, instrumental such as cooking, all increase with age specially over 80.³¹

Falls

Falls are one of the major causes of morbidity and disability among older adults. 30–40% of people over age 70 experience fall each year and rates are particularly high for older people in long-term care facilities. Falls are responsible for more than half of the injuries among older people. Fall-related death rates are increasing for people over 85 than for other age groups.³²

Frailty

Frailty may be defined as special susceptibility to stressors and is accompanied by weakness, slowness, exhaustion, and weight loss.³³ In a study, 38% of people aged 85–89 were frail.

Incontinence

Thirty percent of women over age 65 and 50% of old aged people especially in nursing facilities have urinary incontinence.³⁴ Common causes for incontinence among women are overactive bladder, stress incontinence, and functional incontinence.

3) Psychological and Cognitive

Cognitive Ageing

Minor short-term memory loss, word-finding difficulty, slower processing speed etc. are normal processes of ageing that are usually noticeable by the age 85. Changes from normal brain ageing can influence driving safety and increase risk of financial exploitation. Brain ageing does not happen at a uniform rate and genetic and social factors (like education and occupation) may be proved as protective. Normal cognitive ageing does not lead to dementia.³⁵

Dementia

Incidence of dementia increases with increasing age. Death rates from Alzheimer's have also been increasing while death rates from cardiovascular disease have been comparatively falling.³⁶

Depression

Depression is not a normal result of ageing rather grief can be a normal response to life events that occur with ageing such as remembrance, loss of income; and loss of physical, social, or cognitive functions resulting from illness. Major depression is observed throughout adulthood but incidence rates drop after age 60 and then rise again after age 80. Depression is prevalent in adults over age 85 and double the rate is seen at age 70–74.²²

Measures to be adapted to age gracefully (Geriatric care)

The geriatric complaints and preservation of health can be accomplished successfully by acquiring the basic principles of Unani medicine.⁶ There are four modes of treatment in Unani medicine which are as follows: '*Ilājbi'l Tadbīr*', '*Ilājbi'l Ghidhā*', '*Ilāj bi'l-Dawā*' and '*Ilājbi'l Yad*'.³⁷

'*Ilājbi'l Tadbīr*'

Geriatric care can be successfully attained by '*Ilājbi'l Tadbīr*' and '*Ilājbi'l Ghidhā*'. '*Ilājbi'l Tadbīr*' is a type of therapy which is given in the form of regime to maintain the health of a person. This therapy creates changes in the obligatory causes of health i.e. *Asbāb Sitta Darūriyya* (six essentials of health) which are atmospheric air; diet and drinks; bodily movements and response; mental movements and response; sleep and wakefulness; retention and evacuation.⁶ It deals with the rules of diet, exercise etc. for improving health and physical or mental well-being or any intervention other than medicine that restores the health. Its possible English equivalent is Regimenal Therapy.³⁸ Regular regimental therapies like *Faṣd* (blood-letting), *Mushil* (Purgation), *Huqna* (use of strong enemas) etc. have been contraindicated in the aged persons.^{5,41}

Adequate sleep should be taken by old people which are more than what is appropriate for adults. Temperate body massage with the suitable exercise (*Riyāḍat*) should be implicated. And their bowels should also be kept soft. Exercises are also prescribed specifically e.g. vertigo, which is a common geriatric problem, can be efficiently cured by exercise (*Riyāḍat*) involving the lower half of the body and avoiding exercises involving twisting and drooping of head. It has already been scientifically proved that exercise other than benefitting various physical disorders, improves the mood and social interaction i.e. have psychological impacts as well. It also helps in relieving insomnia and constipation in the old age patients.^{5,41}

'Ilāji' l-Ghidha

Diet and drinks play a massive importance in old age. Hippocrates, the great Unani philosopher, explained the importance of diet for health. According to Unani principles, specific diet should be advocated in specific ages so as to age physiologically and in specific diseases so as to cure them efficiently. The extent of energy intake that maintains the weight of the body is estimated to be around 0.8 g/kg body weight protein uptake for old age persons. Balanced diet of a *Shaykh* (old) consists of 12% - 14% of total calories from different sources of protein.^{7,9} According to Unani concept, it is believed that different kinds of food should be advocated to old age people (*Sinn-i-Mashāyikh*) but the quantity and quality of the food given, should be in accordance with the digestive ability. Frequent meals should be given but in small quantity.^{7,9} Beet Root and Spinach are particularly recommended. The diet should be taken after *Hammām* (Bath).³⁹ The food products that are known to eliminate *Ruḥbat* from intestine should be advocated. Milk is to be advised for nutrition.³⁹ Figs, walnuts, almonds, grapes, mulberry and *Prunus domestica* should be given among fruits. *Hār Murabba'a* are beneficial. *Cichorium intybus*, *Lactuca sativa*, *Malva sylvestris* are useful *Zingiber officinale* is amongst vegetables is beneficial.⁷ Old age people (*Sinn-i-Mashāyikh*) are more prone to dehydration as there is an age associated element in thirst sensation and excessive water loss. Daily water consumption is said to be about 30 ml/ kg.⁹

'*Ilāj bi'l-Dawā'* can also be used in cases where needed like *Murakkabāt* (compound drugs) such as *Majun Falasafa* (for improving memory), *Jawārish Jalīnūs* (delaying graying of hair and general strength), etc. are also used for delaying various complaints of ageing by Unani scholars.⁴⁰

CONCLUSION

It is really important to do more researches on Geriatric as growing old doesn't come with an option. Ageing is a natural process and growing old is compulsory. There are two kind of ages: one is age by external appearance, and another is biological age. We can improve the biological age to make visible ageing more graceful. People of same age as those at 70-80 years have different outlook, and looking towards one who is healthier, we say they have maintained themselves well. It is due to nothing but following such regimes which improve their body functions biologically. So why not age being healthier and graceful? Unani medicine has most of its principals based on the humoral theory. It is really important to have an adequate balance of humors (*Akhlāṭ*) in the body so as to avoid diseases and be healthy. Especially in old age, when the amount of *Ṭabī'ī Ruḥbat* decreases and *Ghayr Ṭabī'ī Ruḥbat* increases. It is important to adopt such measures which helps in prevention of dissolution of fluids (*Taḥlīl Ruḥbat*) and maintains a balance of humors in the body. This can be achieved by regulating diet, altering the lifestyle, adopting early measures of prevention before the signs of ageing such as decreased power and functions of the body (*Buḥlān Quwāwa Af'āl*) start to appear. All these factors are described in detail in classical Unani literature and they need to be pondered upon and researched further.

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