Geriatric Care and Concept of Anti-Aging in Unani System of Medicine and Western Perspective: A Review

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Abstract

According to Unani System of Medicine, human life (ages) is classified into four categories i.e. Sin-e-Namu (Mizaj is HaarRatab and ages up to 30 years), Sin-e-Shabab (Mizaj is HaarYabis and ages 30 to 40 years), Sin-e-Shabab (Mizaj is HaarYabis and ages 30 to 40 years), Sin-e-Kahulat (Mizaj is BaridYabis and ages upto 60 years) and Sin-e-Shahikhat (Mizaj is BaridRataband ages up to 30 years). Sin-e-Shabab (Mizaj is HaarYabis and ages 30 to 40 years), Sin-e-Kahulat (Mizaj is BaridYabis and ages upto 60 years) and Sin-e-Shahikhat (Mizaj is BaridRataband ages up to 60 years) [1].

Sin-e-Shaikhkhahats the period in which the lack of quantity of RatoobateGhareeziyaccurs and it is lesser than the quantity required for the preservation of HararateGhareeziyator the continuing the bodily normal metabolism and dominated by RatoobateGhareebabal (abnormal metabolic products). In this period deterioration in the powers and faculties of the body is noticeable. RatoobateGhareezyaand HararateGhareezyaare markedly reduced; hence the mizaj becomes Barid and Ratab [1-3].

Aging is a universal biological process that leads to progressive and deleterious changes in organisms [4]. In western perspective of aging is “a persistent decline in the age-specific fitness components of an organism due to internal physiological degeneration” [5].

Anti-aging wisdom is definitely not a new research area but also cited by ancient Unani Scholars in their old classical text like, Firdaus Al Hikma (810–895A.D), Al Havi Fit Tibh (850–923 A.D), Kamil-us-Sana (930–999 A.D), Al-Qanoon (980–1037A.D), ZakheeraKhuwarizamShah (1041–1136A.D), Al-Mukhtarat Fit Tibh, Kitab Al-Kulliyat (1126–1198 A.D), KulliyyateNafees (15th century A.D), Al-Akseer (1813–1902A.D).

Nowadays, the meaning of anti-aging has been changed from simply prolonging lifespan to increasing health span, which emphasizes more on the quality of life [4].

Health is totally depending upon three faculties, which maintain the HararateGhareezyaand regulates the all functions of the body [1]. Basically life is a wheel which is composed of three spokes (faculties) i.e. QuwwateNafsaniya, QuwwateTabie’yaand QuwwateHaiwaniya(Figure 1). When disturbances occur in these three faculties it leads to degenerative changes and finally end of life. Initially when QuwwateNafsaniyais weak, it creates neurological associated problems such as Nisyan(Dementia), Alzheimer’s disease and Parkinson’s disease etc. QuwwateTabie’yas responsible for production of pure humours and maintains balance of RatoobateGhareezyaand HararateGhareezya. QuwwateHaiwaniya is responsible for circulation of blood and protects the body from free radicals. Free radicals also initiate the process of aging.

Pathology of Aging

Excessive use of those substances which are responsible for the production of phlegm (Milk, vegetables, Hareesa, Ice water), excessive use of sour foods (Curds, Tamarind, Pickles), excessive coitus, excessive Hammam, Amrazameumunna (SilwaDig), Sartan, ZiaubetsShakri, Siman-e-mufrit, AmrazeeAasaab (Sara, Sarsaam, Sakta, Jamood, Faliq, Istirkha), mal-nutrition, geneticalcause,psychological cause, Talarrugwaittesal, Sue Mizaj, ZofeDimagh, inadequate sleep [6-17].

Keywords: Anti-aging; Geriatric care; Mashaikh; Unanimedicine
Mechanism of Aging in Unani Perspective

RatoobateGhareeziyaplay key role for the equilibrium of HararateGhareeziya. When Quantity and quality of RatoobateGhareeziyachanged, it directly affects the HararateGhareeziya. Excess diminishing (tahleel) of HararateGhareeziya affects in two ways i.e. (i) Diminished HararateGhareeziya leads to change in HuzoomeArba’, if changing occurs in HuzoomeArba’ then leads to abnormal humours or ratoobat which advocates the change in their Mizaj which is prominent factor for aging and (ii) Diminished HararateGhareeziya also diminished the power or faculties. Diminished powers unable to performs in proper function that is also promotes the process of aging [8,18-20]. According to author of Kamil Al-Sana'a, Ali Ibn Abbas Majooosi coated regarding death as "Death occurs in living organisms, when Fasaad occurs in HararateGharizia(Figure 2)."

Preventive Measures of Aging

Avoid sharp and sour taste food items
Avoid excessive coitus
Drinking cold water is contraindicated immediately after coitus
Moderate exercise and massage regularly
Use of Zood Hazmand JayyadulKaimusGhiza
Eatfood with proper mastication
Avoid excessive Hammam
Avoid excess use of Charparxiets

Avoid cold drinks just early morning (Neharmunh)
Daily use of GaramRoghaniyat( i.e. RoghaneAmla)- delayed aging
Daily consumption or intake of IrshipalSageer, MurabbaAnka and MurabbaZanjabeel- delayed aging
Use of meats which prepared by aromatic spices like; Qaranphal, Jaiphal, Javetry, ZeeraSiya, Khulanjan, Sirka- delayed process of aging
Use of Chuqandar with Rai- delayed process of aging
Avoid Arqe Ghulab on face and head [6,19,21].

Management of Aging

Unani Atibba also mentioned the medicament, which delay the process of aging and balance the health are of three types viz; Plant origin, Mineral origin and an Animal origin (Tables 1 and 2). These drugs are mostly Haarmizaj except Amla (which has BaridMizaj) and most of the drugs have been proved as antioxidant, immune-modulator, nootropic, anticancer, free radical scavenging, Kaya Kalp/Rasayain/Aabe Hayat/Elixir of life/ Iksir-e-Badan [6,11,22-44] (Tables 3 and 4).

| Common name | Botanical name | Family |
|-------------|----------------|--------|
| Aakhrot     | Juglansregia   | Juglandaceae |
| AjwainKhurasani | Hyoscyamusniger | Solanaceae |
| Name             | Scientific Name                  | Family       |
|------------------|----------------------------------|--------------|
| Aqar Qarha       | Anacyclus pyrethrum              | Asteraceae   |
| Amla             | Emblica officinalis              | Phyllanthaceae|
| Asgand           | Withania somnifera               | Solanaceae   |
| Azaraqui         | Strychnos nuxvomica              | Loganiaceae  |
| Badam            | Prunus amygdalus                 | Rosaceae     |
| Badranj Boya     | Melissa officinalis              | Lamiaceae    |
| Balela           | Terminalia baterica              | Combretaceae |
| Barhami          | Bacopa monnieri                  | Scrophulariace|
| Bhilavan         | Semecarpus anacardium            | Anacardiaceae|
| Bhu Amla         | Phyllanthus amarus               | Phyllanthaceae|
| Bisasa           | Myristica fragrans               | Myristicaceae|
| Darchini         | Cinnamomum zeylanicum            | Lauraceae    |
| Fiffi Daraz      | Piper longum                     | Piperaceae   |
| Fiffi Siyah      | Piper nigrum                     | Piperaceae   |
| Gaozaban         | Borago officinalis               | Boraginaceae |
| Gilo             | Tinospora cordifolia             | Menispericace|
| Halela           | Terminalia chebula               | Combretaceae |
| Injeer           | Ficus carica                     | Moraceae     |
| Jadwar           | Delphinium denudatum             | Ranunculaceae|
| Jaiphal          | Myristica fragrans               | Myristicaceae|
| Jatamansi        | Nardostachys jatamansi           | Valerianaceae|
| Kabab Chini      | Pibeber cubeba                   | Piperaceae   |
| Kalonji          | Nigella sativa                   | Ranunculaceae|
| Kalmegh          | Andrographis paniculata          | Acanthaceae  |
| Khulanjan        | Alpinia galangal                 | Zingiberaceae|
| Kishneez         | Coriandrum sativum               | Apiaceae     |
| Kundur           | Boswellia serrata                | Burseraceae  |
| Lahsun           | Allium sativum                   | Amaryllidaceae|
| Mastagi           | Pistacia lentiscus               | Anacardiaceae|
| Ood              | Aquilaria malaccensis            | Thymelaeaceae|
| Qaranfal         | Syzygium aromaticum              | Myrtaceae    |
| Qust             | Saussurea lappa                  | Asteraceae   |
| Rehan            | Ocimum sanctum                   | Lamiaceae    |
| Saad Kofi        | Cyperus rotundus                 | Cyperaceae   |
| Sazaji Hindi     | Cinnamomum tamalitla             | Lauraceae    |
| Shahme Hanzal    | Citrullus colocynthis            | Cucurbitaceae|
### Table 1: Drugs which are plant origin.

| Unani Name | Scientific Name |
|------------|-----------------|
| Sibr       | Aloe barbadensis |
| Tahlab     | Spirulina platensis |
| Tambol     | Piper betle |
| Tukhri Karafs | Apium graveolens |
| Waj Turki  | Acorus calamus |
| Zafran     | Crocus sativus |
| Zaitoon    | Oleum europaea |
| Zanjabeel  | Zingiber officinale |
| Zarnabad   | Curcuma zedoaria |
| Zarnab     | Taxus baccata |

### Table 2: Drugs which are mineral origin.

| Unani Name | Scientific Name |
|------------|-----------------|
| Fizza      | Argentum |
| Momiyai    | Asphaltum |
| Sammul Far | Arsenic |
| Salajeet   | Asphalt |
| Yaqoot     | Red carborundum |
| Zahar Mohra | Serpentine |
| Zamarrud   | Emerald |
| Zahab      | Aurum |

### Table 3: Drugs which are animal origin.

| Unani Murakkabat (Compounds) names |
|------------------------------------|
| Anooshdaru                         |
| Habb-e-Azaraqui                    |
| Itriphali Kabir                    |
| Itriphali Kabir                    |

### Conclusion

Human body totally depends upon all three vital faculties (Quwwate Nafsania, Quwwate Tabie‘yya and Quwwate Haiwania) which acting as a spoke of life wheel. For continuous motion of this wheel, maintained by interdependently of each other like; Ratoobate Ghereeziya, Hararate Ghereeziya, humours, temperament, faculties, action. When derangement occurs, it leads deviation from normal to abnormal which advocate the process of aging. Unani Atibba intensely depicted process of aging and care of it in the caption of Tadabeere Mashaikh. The regimes and drugs (single and compounds) which described by Unani Scholars in their old classical text for management of aging which are now proved scientifically (antioxidant, immune-modulator, nephro-protective, Cardio-protective, hepato-protective, anticancer, nootropic activity etc.,) as delaying the process of aging and also promote to maintain the balance health.
Most of the neurodegenerative disorders are cross-linked with a number of aging-associated conditions (Dementia, Insomnia, Alzheimer’s, Parkinson, ZofeDimg, Falji, Laqwa, Istirkra, etc). So, most of the nootropicsmukaratkab (MajoobnBaasal, MajoobnWaaj,MajoobnFalasa, JawarishJalins, Itriphalateetc.) mentioned by Unani scholars in their text are rewarding delayed the process of aging. After the exhaustive literature survey for shaping this review article, it seems to be more reasonable for the direction of geriatric care panorama.

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