

**GERIATRIC CARE IN UNANI MEDICINE**

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ABSTRACT

The part of medicine which deals with old age diseases and problems is called Geriatric. On the basis of biased hypothesis it has been publicized that Anderson and Cowan has first time stressed the value of positive ascertainment of diseases in elderly. Ageing has become an important issue because of the dramatic changes in life expectancy. People over 60 years of age currently constitute a fifth of the British population but will be a third by 2030. In 1951, Britain had 300 people aged over 100 years. By 2031 it will have 34,000. Other developed

countries have seen the same pattern while the recently emerging economies are witnessing a much more rapid transition in their age structure. Today 60% of those aged 60+ live in the developing countries. The proportion will increase to 80 percent by 2050. In fact eminent Unani scholar Galen (129-200 AD), Rhazes (850-923 AD) and Avicenna (980-1037 AD) had not only described various diseases of old age but under the title of “Tadbeer Mashaikh”, these author physicians have mentioned the management of elderly ailments and old age conditions in details. Unani Physicians have advocated the implication of Asbab-e-Sitta Zaruririya for prevention of geriatric problems. The eminent Unani physician Ali Bin Abbas Majusi mentioned the geriatric care under heading of “Tadbeer Mashshaiq”. According to Ali Bin Abbas Majusi as the normal temperament of elderly become Barid Yabis (Cold and Dry) therefore Taskheen (Warming) and Tarteeb (Moistening) is suitable for elderly persons.

KEYWORDS: Geriatric, Tadbeer Mashaikh, Asbab-e-Sitta Zaruriya, Barid Yabis, Taskheen.

INTRODUCTION

The part of medicine which deals with old age diseases and problems is called Geriatric. On the basis of biased hypothesis it has been publicized that Anderson and Cowan has first time stressed the value of positive ascertainment of diseases in elderly. Ageing has become an important issue because of the dramatic changes in life expectancy. People over 60 years of age currently constitute a fifth of the British population but will be a third by 2030. In 1951, Britain had 300 people aged over 100 years. By 2031 it will have 34,000. Other developed countries have seen the same pattern while the recently emerging economies are witnessing a much more rapid transition in their age structure. Today 60% of those aged 60+ live in the developing countries. The proportion will increase to 80 percent by 2050.

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Biology of Ageing

It is difficult to define old age but the practical value in defining the characteristics of normal old age is that it provides a baseline against which the symptoms and signs of disease in elderly patients can be assessed. In old age, the multiple pathology is so common that there is moderate decline in organ function; this remains unchanged in certain elderly individuals. Usually the effects of ageing are insufficient to interfere with organ function under basal condition, but the stress of a mild disease or an unaccustomed exercise may be sufficient to precipitate a crisis.

Though the effects of ageing are inevitable, the rate of deterioration in organ function can be reduced by factors such as good diet and regular exercises or accelerated by smoking or alcohol use.

Ageing and variations in clinical presentation

The effects of age change. Poor nutrition, impaired immunological responses, multiple pathology, sensory impairment, poor mental function and intercurrent drug treatment and interactions modify or masks the typical symptoms and signs of disease in elderly patients, with the result that atypical or varied presentations are common.

The most specific single alteration in old age is reduction in the intensity of pain. Silent myocardial infarction, is common. Headache is relatively rare in contrast pain from bone and joints is more marked. There is frequent absence of thirst in old age, and the aged are in a partial state of hypovolemia and develop dehydration with just one of two vomits or loose motions. Therefore they are more prone to electrolyte imbalance after diuretics.

Atypical presentation of clinical disorders in old age

Disorder	Atypical Presentation
Myocardial infarction or pulmonary embolism	Confusion, syncope, blackout, dyspnoea, fatigue and palpitation without chest pain
Bronchopneumonia	Confusion and rapid respiration but no fever and minimal cough and few chest signs
Appendicitis	Confusion and constipation or diarrhea, but no pyrexia and few localizing signs
Urinary Tract Infection	Confusion and urinary incontinence, change in urinary frequency but no fever or dysuria.
Diabetes Mellitus	Asymptomatic till the sign of complications eg neuropathy, nephropathy, or retinopathy appear.

The effects of ageing on tissue/organ functions

Organ/ Tissue	Effects and their significance
Skin	Wrinkling and loss of elasticity, Due to these changes symptoms and signs of dehydration may be sometimes missed in elderly. Decreased sweating due to reduced number of sweat glands, this causes difficulty in regulating their body temperature in warm climate and leads to high incidence of cardiovascular disease during heat waves
Cardiorespiratory system	Basal stroke output and its maximum response to exercise declines, Forced vital Capacity (FVC) is reduced due to loss of lung compliance. Both these effects lead to decline in maximum oxygen consumption in elderly.
Vascular system	Systolic hypertension due to rigidity or arteriosclerosis of vessel
Renal	Reduced GFR due to reduced tubular function, Residual urine volume in bladder increases due to hypertrophy of the prostate, Delayed excretion of drugs, hence drug toxicity is common in old age if the dosage is not adjusted.
Glucose homeostasis	Decline in glucose tolerance due to reduced sensitivity to insulin. Being common it is not normal, and is associated with an increased risk of diabetic complications

CNS and special senses	Deterioration of mental function due to reduction in cortical cells, High tone deafness, Reduced smell, Presbyopia and cataract.
Musculoskeletal	Muscle weakness and wasting due to loss of anterior horn cells. This can be reversed by taking regular exercise, Osteoporosis due to bone loss, this also can be reduced by regular exercises, Osteoarthritis, Cervico-lumbar spondylosis.
Immune system	Attenuated inflammatory response so that local and systemic effects of infection are masked, and there is impaired delayed cutaneous response to injected antigen.

Economic Problems in Old Age

On retirement, the income is suddenly reduced. The bank balance and provident fund are spent up in making a house or in the marriages of grown up children. It becomes difficult to manage, the household affairs or to purchase amenities or comforts, which are needed all the more in old age. Economic hardships, with continued low standard of living, affect the body and the mind. The solution lies in planning ahead for age. In order to avoid poverty in old age, the state should provide social security in the form of welfare services, including free nursing and medical care, subsidised housing and old age pension, etc.

Nutritional Status

Poor nutritional status is highly prevalent in the elderly and is correlated with decreased functionality, and increased morbidity and mortality. Therefore, nutrition screening and evaluation is important in all elderly people. Body mass index (BMI) is a good indicator of mortality risk, but gives no information on body composition.

Assesment of Malnutrition in the Elderly

Assessment of nutritional status in the elderly starts with screening followed by proper assessment. The easiest method for assessing nutritional status is the change in weight over time. When comparing prevalence data, it is crucial to determine what cut-points of BMI were used for malnutrition, since cut-points vary among different assessment tools: NRS 2002, BMI <20.5; MUST, BMI <20; and MNA, BMI <23.

Common Old Age Problems

1. Dementia or acute confusional state
2. Urinary incontinence
3. Immobility and stiff joints
4. Syncope and frequent falls

Dementia

Dementia and acute confusional state is the result of organic disease, its investigations and treatment lie within the purview of general medicine rather than psychiatry. Dementia is a chronic organic disorder of brain characterized by impairment of intellectual functions with deterioration in memory and at least one other cognitive function eg aphasia, apraxia. The pathophysiology of dementia in the elderly is not well understood. Among the treatable causes are nutritional deficiencies (Vit B1, B12 and folic acid), hypothyroidism, alcoholism, drug toxicity etc.

As far the treatment in Unani Medicine is concerned Itrial Muqawwi Dimagh, Itral Ustkhuddos, Anushdharoo are beneficial in dementia.

Immobility and Rehabilitation

Disorders such as stroke, Parkinson's disease, osteoarthritis and osteoporosis interact to make poor mobility as one of the most common problem in elderly. The aim of rehabilitation medicine is to improve performance so that the person can maintain a functional status. The goals of rehabilitation are to reduce limitations of movements and to improve mobility, to prevent the sequale of the diseases.

Frequent falls

There is increased incidence of falls with advancing age. About 30% patients fall each year including half of people above the age of 80 years. Balance and ambulation require an interplay of cognitive, neuromascular and cerebrovascular functions. Alcohol and medications (use of many drugs eg polypharmacology) contribute to falling in old age. Common complications of falls are Fracture of hip, wrist, vertebrae, Chronic subdural hematoma. Prevention and treatment of frequent falls is to findout treatable factor/medical conditions and treat them appropriately, i.e. minimize environmental hazards, reduce the number of medications, Improve strength by exercise, for balance and gait disturbance, gait training and balance exercises are advised, Calcium and Vitami D (800 IU daily) supplementation to improve bone density, Falls can be prevented by providing a portable phone or a light weight radio call system.

Urinary Incontinence

Urinary incontinence is a common symptom in old patients. It is defined as involuntary passage of urine due to loss of bladder control producing social and hygienic problem. Five to

ten percent of the elderly may have this problem. Urinary incontinence results in patients when intravesical pressure is higher than intraurethral pressure. It may be due to detrusor instability, reduced bladder tone, high bladder volume and weakness of sphincters. Drugs, abdominal surgery, neurological disease and physical disability either lead to or precipitate the incontinence. Treatment of Urinary incontinence is to treat the cause of incontinence if the cause is drug it should be stopped. In Unani system of Medicine some formulations are beneficial in Urinary incontinence. These are Majun Kundur, Majun Falasifa and Balooti.

Pressure/Bed Sores

Bed or pressure are common in bed reddened old patients. These occur due to ischaemia, necrosis and ultimate ulceration of the tissue due to constant pressure at sites, which are pressure prone (sacrum, greater trochanter, ischium, lateral malleolus, dorsal spine, scapula, elbows, knees). The etiology of bedsores is not known but immobility and pressure play the main role. Other predisposing factors are sensory loss, coma, obesity, anemia, peripheral vascular diseases, poor nutrition, muscle wasting, urinary incontinence and constant bed wetting friction. For the prevention of bedsores regular activity should be advised. The patients should be “up and about” i.e to move about as much as possible. The treatment of bedsores is local i.e. sterile cleansing and aseptic dressing of the wound. Sores should be kept covered. General measures include correction of fluid and protein loss, providing a balance diet and correction of anaemia.

Diabetes and Hypertension in elderly

Diabetes and hypertension both diseases are common in old age. Hypertension being age related disease, occurs commonly in the age group of 50-59 years in males and 60-64 years in females in urban areas. Diabetes is more common in hypertensive and hypertension is 1.5 to 2 times greater in diabetics.

According to Third National Health and Nutrition Examination Survey (NHANES III), more than 18% of people aged 60 years and older have diabetes by American Diabetic Association (ADA) criteria. Ageing is associated with decreased insulin sensitivity, subtle beta cell dysfunction and altered carbohydrate metabolism. For treatment of hypertension in Unani Medicine Qurs Dawaush Shifa 2 tab od, Sharbat Bazoori Motadil 10 ml bd may be prescribed. For the treatment of Diabetes Mellitus in Unani Medicine Qurs Ziabetus Khas 2 bd, Qurs Tabasheer 2 bd may be prescribed.

Ageing in Unani Medicine

In Unani System of Medicine the lifespan has been divided in to four stages

1. Sin-e-Namu (Age of Growth)
2. Sin-e- Waqoof (Adulthood)
3. Sin-e- Kahoolat (Age of decline)
4. Sin-e-Shaikhokhat (Senile age)

Sin-e-Shaikhokhat (Senile age)

This stage of life is most important as it need regular vigil and appropriate care for the problems and ailments occurring in this stage. Before discussing the management it seems suitable to make a cursory look on the physiological and pathological changes. Basically the degeneration increases and regeneration decreases. In this stage of age following changes occur.

- Power becomes weak
- Usually Mizaj becomes cold and dry
- Hararat Ghareezia (Innate Heat) is lost
- Facial skin is affected, wrinkles appear
- Flexibility of skin diminished
- Subcutaneous fat is reduced
- Neuromuscular weakness
- Limbs are weak
- Dyspnoea, Constipation, Dementia, Benign Prostate Hypertrophy, Chorea, Cataract, Hip Fracture, Frozen shoulder, depression are common

Key Points in Geriatric Care in Unani Medicine

- Unani Physicians have advocated the implication of Asbab-e-Sitta Zaruririya for prevention of geriatric problems. The eminent Unani physician Ali Bin Abbas Majusi mentioned the geriatric care under heading of “Tadbeer Mashshaiq”. According to Ali Bin Abbas Majusi as the normal temperament of elderly become Barid Yabis (Cold and Dry) therefore Taskheen (Warming) and Tarteeb (Moistening) is suitable for elderly persons.
- Elderly persons should take diet/beverages of Murattib (Humectant) and Musakhkhin (Calorific) temperament.

- Elderly persons should avoid constipation for this purpose elderly persons should walk after dinner and take high fiber diet such as cabbage, carrot, fresh fruits (Guava, Papaya) etc
- Elderly persons should use perfumes of moderate hot temperament
- Elderly persons should eat in less quantity many times a day
- Elderly persons should avoid Ghaleez Ghizay (Heavy diets) such as Muwallid Sauda and Muwallid Balgham. The examples of Muwallid Sauda is Salty Fish, Brinjal, while examples of Muwallid Balgham are Cucumber, Water Mellon.
- Among different types of Milk Goat Milk is better for elderly persons.
- Murabba Amla and Murabba Zanjabeel is beneficial for elderly persons.
- Allama Geelani says that in summer season elderly persons should take Anjeer and Aloo Bukhara
- In elderly persons Ishaal is more beneficial for the purpose of Istefragh (Evacuation) while Fasd (Venesection) should be avoided in elderly persons.
- If Suddad (obstacles) produces in elderly persons then Jawarish Faudniji and Falafili should be prescribed for the relief of Sudda (obstacle).
- Use of Ambar is beneficial for elderly persons.
- Fresh Milk prevents health and regular intake of one glass of fresh cow milk delays aging.
- Persons who eat Shahed and Roti (Honey and Bread) may remain healthy.

Massage in Elderly Persons

Massage of elderly person should be moderate in Kammiyat (Quantity) and Kaifiyat (Quality). According to Allama Geelani some organs of elderly persons are more prone to Uffonat (infection) due to this these organs become infected and fever occurs in these patients. When massage is done in these organs the fever subsides and infection is also reduced. Massage is done by Rough clothes or by hands.

Exercise in Elderly Persons

As the body conditions of elderly persons are different and elderly persons are prone to different diseases, so for every elderly person a specific exercise can not be determined. If the health status of elderly persons are moderate (Mutadail) then moderate exercise are suitable for elderly persons. Recently a research has showed that exercise in old age may protect brain from dementia.

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