



INTEGRATING UNANI MEDICINE IN GERIATRIC CARE: A HOLISTIC, ACCESSIBLE AND CULTURALLY SENSITIVE APPROACH

Dr. Shaikh Ather*¹, Dr. A.H Farooqui², Dr Musarat Nafees³, Dr. Tausif. S. Khan⁴ and Dr. Mujeeb Pinjari⁵

¹PG Scholar Dept. of Moalajat (Medicine) ZVM Unani Medical College, Pune, Maharashtra

²Prof. Dept. of Moalajat, ZVM Unani Medical College, Pune, Maharashtra

³Asso.Prof. Dept. of Saidla ZVM Unani Medical College, Pune, Maharashtra

⁴Assi.Prof. Dept. of Moalajat ZVM Unani Medical College, Pune, Maharashtra

⁵Assi. Prof Dept. of PSM IQRA Unani Medical College, Jalgaon, Maharashtra

Review Paper

Received: 07.10.2025

Revised: 25.10.2025

Accepted: 10.11.2025

ABSTRACT

Geriatric care emphasises comfort, dignity, and quality of life for patients of old age with chronic and terminal illnesses. Unani medicine rooted in Greco-Arabic medical philosophy offers a time-tested and holistic approach that aligns closely with the principles of Geriatric care. Through concepts like Mizaj (temperament), Asbab-e-Sitta Zarooriya (six essential factors) and regimens like Dalk (massage), Nutool (pouring therapy) and personalized dietetics, Unani medicine presents a culturally resonant and cost-effective model of end-of-life support. This paper explores the integration of Unani principles in modern Geriatric care frameworks advocating its relevance especially in the Indian subcontinent's sociocultural and healthcare landscape.

No. of Pages: 6

No. Tables: 1

References: 8

Keywords: Geriatric care, Holistic Approach, *Asbaab-e-sitta zarooriya*.

INTRODUCTION

The global demand for Geriatric care is rising driven by longer life expectancies and increased prevalence of chronic illnesses. India faces challenges due to its population size, rural healthcare gaps and cultural diversity. Amidst this Unani medicine presents an opportunity to supplement Geriatric care by emphasizing prevention, comfort and holistic well-being values at the heart of palliative support. Grounded in the works of Ibn Sina and other *Hakims*, Unani medicine views ageing not merely as biological decline but as a shift in temperament requiring personalized nurturing interventions.

CONCEPTUAL FRAMEWORK: UNANI PERSPECTIVE ON AGING AND ITS RELEVANCE TO GERIATRIC CARE

Unani medicine classifies the human life cycle into four chronological stages: *Sinne Numoo* (childhood or

growth phase), *Sinne Shabab* (adulthood or youth), *Sinne Kahulat* (middle age) and *Sinne Shaikhukhat* (senescence or old age). Among these, *Sinne Shaikhukhat* is of particular significance for Geriatric care due to the progressive decline in physiological and mental functions associated with this period.

In this final stage of life the individual's *Mizaj* (temperament) undergoes a natural transition towards a *Barid wa Yabis* (cold and dry) state. This shift is intrinsically linked to the depletion of two critical life-sustaining principles in Unani medicine *Hararat-e-Ghariziyya* (innate vital heat) and *Rutubat-e-Ghariziyya* (essential bodily moisture). The progressive reduction in these elements leads to weakened organ functions, reduced systemic resilience and a compromised ability to maintain homeostasis.

*Corresponding author: drshaikhather@gmail.com

As a consequence of this physiological deterioration the elderly become increasingly susceptible to a spectrum of chronic and degenerative conditions. These include neurological disorders such as *Sahar* (insomnia) and *Nisyan* (memory loss or dementia), musculoskeletal ailments like *Waja-ul-Mafasil* (joint pain or arthritis), urinary issues including *Salas-al-Bawl* (incontinence) and *Ikhtilalat-ul-Tamthil-ul-Ghiza* (metabolic imbalances).

This conceptual alignment between the Unani understanding of ageing and the goals of Geriatric care—namely symptom management, comfort enhancement and preservation of dignity in the face of chronic illness demonstrates the relevance of traditional systems like Unani medicine in contemporary palliative frameworks.

ASBAB-E-SITTA ZAROORIYA:

The six essential determinants of health in Geriatric care: *Asbab-e-Sitta Zarooriya*

The *Asbab-e-Sitta Zarooriya* (Six Essential Causes or Factors of Health) are foundational pillars in Unani medicine originally conceptualised to maintain equilibrium in *Mizaj* (temperament) and support *Hararat-e-Ghareeziya* (innate heat) essential for sustaining life. In Geriatric care these principles offer a structured non-invasive and personalized approach in managing chronic terminal and age-related conditions. Each determinant has specific applications for improving the quality of life in elderly or terminally ill patients.

1. Hawa (Air/Atmospheric Environment)

Air is one of the primary influences on human health affecting the body's humoral balance and mental status. Unani scholars emphasized the quality, movement, temperature and moisture of air in maintaining health.

Geriatric Relevance:

- A clean fragrant and temperate environment can ease breathing reduce agitation and promote calmness.

- Aromatherapy and its substances like *Zafran* (*Crocus sativa* Linn.), *Sandal* (*Santalum album* Linn.), *Ood* (*Aquilaria agallocha*) , *Kafoor* (*Cinnamomum camphora* Linn.) and rose water fumigation help regulate mood, depression and sleep.[7]
- For respiratory and cardiac patients ventilation and air purification (e.g., aromatic herbs) is critical.

Application:

- Use of aromatic sprays, natural incense or *Haar Hamam* (warm baths) infused with Unani herbs can create a serene environment.

2. Makool-o-Mashroob (Food and Drink)[8]

Food and drink are the primary sources of nourishment and have a direct effect on *Mizaj*, organ function, and energy levels. Hippocrates, Galen and *Ibn Sina* the original *Tibb* pioneers all referenced this. Malnutrition is a contributing factor to many chronic illnesses nowadays like Diabetes, obesity, heart disease, inflammatory diseases, skin disorders and cancer can all be linked to junk food consumption including excessive salt or fat, lack of fibre, lack of fruits and vegetables, unhealthy eating habits, tobacco use, alcohol consumption and many more.[30,31]

Geriatric Relevance:

- Digestive power declines with age so light, warming and moistening diets are preferred.
- Warm soups, goat's milk, barley water, figs, dates and *Murabba Amla* are ideal.
- Avoid *Balgham* (phlegm) producing and gas forming foods like brinjal, fried items etc.

Application:

- *Musakhkhin wa Murattib* diets help balance cold and dry temperament.
- Provide small, frequent, warm meals.

Table 1: Recommended Ghiza for Geriatric Care in Unani Medicine^[8].

Sr. No.	Category	Food Item	Description	Indications
1.	<i>Ghiza-e-Lateef Kaseer-ut-Taghzia Jayyad al-Kaimoos</i> (Light, Easily Digestible, Highly Nutritious)	<i>Ma-ul-Laham</i> (Meat distillate), Half-boiled egg yolk	High-calorie, protein-rich, easily digested	Cachexia, tuberculosis, anaemia, chronic debility
2.	<i>Ghiza-e-Lateef Kaseer-ut-Taghzia Jayyad al-Kaimoos</i> (Light, Easily Digestible, Highly Nutritious)	Apple, Pomegranate, Orange, Grapes, Pumpkin juice	Rich in vitamins, minerals, cooling effect	Cardiovascular disorders, general weakness, vitamin deficiency
3.	<i>Ghiza Dawaiya</i> (Modified Diets)	Apple, Pomegranate, Orange, Grapes, Pumpkin juice	Rich in vitamins, minerals, cooling effect	Cardiovascular disorders, general weakness, vitamin deficiency
		<i>Ma-ul-Asl</i> (Honey water)	Energizing, mild antimicrobial	Paralysis, facial palsy, dry cough
		<i>Ma-ul-Jubn</i> (Whey)	Cooling, alkalizing, mineral-rich	Depression, melancholia, migraine, renal issues
		Hareera (Wheat+Ghee+Dry Fruits)	Calorific, strengthens innate heat	TB, cough, pleurisy, geriatric weakness
		Falooda	Cooling, rejuvenative	Weakness, dehydration, anorexia
4.	Laxative & Liver Supportive	Gulqand, Sikanjabeen	Mild laxatives, hepatoprotective	Constipation, jaundice, liver disorders
5.	Strengthening and Tonic Foods	Murabba-e-Amla, Murabba-e-Badam, Halwa-e-Baiza	Cardiotonic, brain tonic, sexual tonic	Heart health, memory, sexual debility
6.	Digestive Aids	Aabkama, Sikanjabeen, Maibah	Carminative, promotes digestion	Anorexia, indigestion, nausea, flatulence
7.	Chyme-Improving Vegetables	Carrot, Beetroot, Bottle gourd, Cucumber, Litchi	Nourishing, cooling	Liver, kidney support, constipation, anaemia
8.	Avoid (Heavy/Bad Chyme Forming)	Duck meat, Dry beef, Excess salt	Heavy, hard to digest	Should be restricted in geriatrics and chronic illnesses

3. Harkat-o-Sukun Badani (Movement and Rest of the Body)

Unani scholars regard physical movement as essential for maintaining internal balance and supporting physiological vitality. Activity stimulates internal warmth, facilitating metabolic processes and the elimination of waste materials that may otherwise disrupt health. The nature of movement—whether intense or mild, brief or extended—determines its overall effect on the body's thermal state and fluid composition.

Excessively strenuous or prolonged movement can exhaust bodily reserves and diminish vital energy, while gentle, appropriately timed activity reinforces systemic function. Occupations involving repetitive or forceful labor, such as metalwork or laundering, influence the body differently depending on the environment and exertion level.

Rest, when excessive, may cool and soften the body but can also suppress metabolic vigor and slow recovery processes. A well-regulated balance between movement and rest is therefore considered therapeutic, helping to normalize fluid consistency (*maddah*) support detoxification and restore the body's self-regulatory mechanisms, particularly in states of chronic illness or ageing.

Geriatric Relevance:

- Moderate activity prevents bed sores, improves circulation.
- Passive movements, assisted walking are useful in weakened states.

Application:

- Gentle stretching, chair-based exercises or massage-assisted mobilization.
- Avoid prolonged inactivity in patients with musculoskel *et al.* decline.

4. Harkat-o-Sukoon-e-Nafsani (Mental Activity and Emotional Rest)

This factor relates to emotional and psychological states including joy, grief, fear, anger.

Geriatric Relevance:

- Mental states affect digestion, sleep, and immunity.
- Spiritual therapies, mild humor, or interaction with loved ones help stabilize the soul.

Application:

- Counselling, mindfulness and spiritual companionship align with Sukoon-e-Nafsani.
- Use of natural anxiolytics like Roghan-e-Banafsha or Sharbat-e-Unnab.

5. Naum-o-Yaqzah (Sleep and Wakefulness)

Refers to the cyclical pattern of rest and alertness. Sleep restores Rutubat and cognitive functions.

Palliative Relevance:

- Insomnia is common and it can be regulated by warm oils massage.
- Nutool therapy is effective for restlessness.

Application:

- Daily pre-sleep routines with Roghan-e-Kadu, light music, or warm milk.
- Avoid stimulants before bed.

6. Istifraagh wa Ihtibas (Evacuation and Retention of Body Fluids)

A balance between the body's excretory and retentive processes.

Geriatric Relevance:

- Constipation or retention are common issues.
- Use gentle laxatives like Isapghol or oil enema for constipation.

Application:

- Form healthy bowel habits and ensure good hydration.
- Use oil enemas or mild herbal cleansers.

CORE THERAPIES IN UNANI GERIATRIC PRACTICE

1. Diet Therapy (Tadbeer-e-Ghiza)

Diet forms the cornerstone of Unani elderly care. Foods should be easy to digest, prevent phlegm and black bile buildup and support organ health. Recommended items include goat and cow milk, soups, figs, and ginger jam. Avoid heavy meats, pickles and fried foods.

2. Massage Therapy (Dalk)

Moderate massage using warm, sweet oils like Roghan Banafsha improves circulation, muscle tone, lymphatic flow and relieves musculoskeletal pain.

3. Nutool (Pouring Therapy)

A proven remedy for geriatric insomnia. Warm oil is poured over the forehead or scalp to calm the nervous system.

4. Exercise (Riyazat)

Gentle, tailored exercises enhance digestion, mobility and circulation. Examples include walking, riding and stretching.

5. Sleep and Mental Peace

Use of aromatics, structured sleep routines and mental relaxation methods helps regulate sleep and emotional health.

RELEVANCE TO MODERN GERIATRIC CARE

Unani medicine focus on individual temperament (*Mizaj*), non-invasive interventions and psychosocial balance aligns well with the principles of modern Geriatric care. It emphasizes whole-person care, including the physical, emotional and spiritual needs of the patient.

Key contributions include:

- **Dalk (massage) and Nutool (oil therapy):** Safe, non-pharmacological options for managing pain, anxiety, insomnia and muscular discomfort.
- **Regulated diets (Tadbeer-e-Ghiza):** Nourishing, easy-to-digest foods to prevent complications from malnutrition or metabolic imbalance.
- **Mental and emotional care:** Practices like Zikr, companionship and calming regimens address spiritual and psychological well-being.
- **Environmental care (Hawa) and sleep (Naum):** Aid in maintaining comfort, relaxation and dignity.

Its holistic nature allows integration into community-based care, home care and palliative clinics, especially in culturally sensitive regions.

POLICY IMPLICATIONS AND RECOMMENDATIONS

To formally integrate Unani medicine into Geriatric care specific policy measures are essential:

1. **Inclusion in National Health Policy:** Unani-based interventions should be officially recognized within India's National Geriatric care Program through the AYUSH and Health ministries.
2. **Clinical Infrastructure:** Establish Unani Geriatric care units in primary health centers, AYUSH dispensaries and government hospitals.
3. **Professional Training:** Develop modules and certifications for Unani practitioners in Geriatric or end-of-life care in collaboration with Geriatric care organisations.
4. **Research and Evidence Base:** Conduct clinical trials and longitudinal studies to validate the effects of Unani therapies like Dalk and Nutool on Geriatric and palliative outcomes.
5. **Community Engagement:** Promote awareness about Unani approaches via local language materials and caregiver workshops.
6. **Integrated Care Models:** Encourage referrals and collaboration between Unani and allopathic systems to ensure interdisciplinary patient centered care.

METHODOLOGY:

All material collected from classical Unani books, Unani literature, online databases, PubMed, Google Scholar, Science Direct and MEDLINE for this paper. Unani books were consulted for the Unani perspective on ageing and its relevance to geriatric Care.

RESULTS:

Unani principles of personalized care align closely with modern palliative approaches offering effective and culturally appropriate alternatives. In today's research, modern theories and inventions also validate and accept the relevance of all the recommendations or practices such as diet, exercise, and massage, given by Unani physicians.

DISCUSSION:

The Unani system of medicine provides preventive, curative and rehabilitative health care with a holistic approach. *Asbaab-e-sitta zarooriya* which is an easily manageable factor may play a significant role in maintaining a healthy life for the geriatric age.

CONCLUSION

Unani principles of personalized care align closely with modern Geriatric approaches offering effective and culturally appropriate alternatives.

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