Review Article

Alzheimer’s disease; concept, intervention and anticipative management through Unani medicine: A review

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ABSTRACT

Alzheimer disease (AD) is increasing day by day. A significant fraction of the younger age group, as well as a considerable number in the senior age group, is affected. Various attempts have been taken to define its aetiopathogenesis and predisposing factors. Various advanced techniques in the modern world have enabled us to get the real picture of the inside brain. Laudable description of similar conditions has been accounted for by Unani physicians in classical literature. They defined a condition similar to AD and termed it as Nasyan caused by the dominance of Baroodat in the brain. The symptoms are intensified when the dominance of Baroodat is accompanied by the dominance of Yuboosat. This paper is intended to propose a new aspect of understanding & managing AD on the principles of Unani medicine.

Keywords: Nasyan, Baroodat (coldness), Yuboosat (dryness)

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INTRODUCTION

Alzheimer’s disease (AD) is the most common, among the several identified types of dementia (Prince, 2015). The number of people with dementia globally is estimated to be 46.8 million and 5.2% of the people over the age of 60 are living with dementia. The numbers of people living with dementia will increase from 46.8m in 2015 to 131.5m in 2050, a 281% increase (Prince, 2015). An estimated 5.7 million Americans of all ages are living with Alzheimer’s dementia in 2018. This number includes an estimated 5.5 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer’s disease though there is greater uncertainty about the younger-onset estimate (Alzheimer’s Association, 2018). The global picture of dementia prevalence is complex and affected by a variety of factors, from life expectancy to the quality of health data reporting. East Asia is the region with the most people living with dementia-9.8m, followed by Western Europe-7.5m, South Asia-5.1m and North America-4.8m (Prince, 2015). AD is a progressive neurodegenerative disease (Alzheimer's Association, 2018; Fauci, 2008; Koananne, 1999) resulting in the gradual decline of a person’s memory and ability to learn, reason, make judgments, communicate, and carry out daily activities (Souhami, 2004; Alguire, 2009). AD is clearly age-related it is extremely uncommon in young people and rare in middle age, as age advances it increasingly frequent (Koananne, 1999). The histological hallmarks are the senile plaques and neurofibrillary tangles (Warrell, 2003) and the clinical feature is impairment of delayed
recalls i.e. the inability to retrieve information acquired in the past (Souhami, 2004; Fauci, 2008; David, 2000).

**Ten warning signs of Alzheimer’s disease:**

1) Memory loss that disrupts daily life.
2) Challenges in planning or solving problems.
3) Difficulty completing familiar tasks at home, at work or at leisure.
4) Confusion with time or place.
5) Trouble understanding visual images and spatial relationships.
6) New problems with words in speaking or writing.
7) Misplacing things and losing the ability to retrace steps.
8) Decreased or poor judgment.
9) Withdrawal from work or social activities.
10) Changes in mood and personality.

A similar condition named as Nasyan has been described in classical Unani literature. When we dive deep similarity between Nasyan and AD can be witnessed specifically in the predisposing factors and aetiology. The clinical features of AD are quite similar to features of Nasyan described by Zakariya Razi AMBZ and Tabri AHAM.

After Collaborating ancient wisdom and modern knowledge it can be hypothesized that AD develops due to Sue-mizaj barid (cold derangement of temperament) of the brain which is one of the causes of Nasyan (Majoosi, 1889). As a law of nature described in Unani literature, either ratoobat (wetness) or yaboosat (dryness) may also be associated with baroodat (coldness). On careful analysis of the symptoms described in literature, we can find the cause of AD is baroodat & yaboosat (coldness & dryness) in the brain are-

- Advancing age
- Weakness in nutritive faculty
- Busy lifestyle
- Excessive workout
- Malnutrition
- Excessive coitus
- Continuous sleep deprivation and mental worries
- Persons of cold dry temperament
- Excessive use of barid yabis foods and barid yabis air
- Busy lifestyle and excessive workout of brain cause tahallul (catabolism) leads baroodat and yaboosat.

The debility of brain and weakness in nutritive faculty which we denote as atrophy develops due to baroodat and yaboosat. The sluggish function of the brain can be correlated with decrease secretion of neurotransmitter Acetylcholine. Deposition of morbid material in the brain may be considered as the formation of neurotic plaques, responsible for cell death.

Quwate ghaziyah (nutritive faculty) is responsible for ingestion, digestion, absorption transformation (metabolism) and assimilation of ghiza (food) and excretion of waste products. Functionally ghaziyah divided into four; Quwate Jazibah, Quwate masika, Quwate hazimah or Quwate mughayirah (power of digestion and transformation) and Quwate dafi’ah (power of propulsion and excretion). Abu Sahl Maseehi described each of the above four Quwa is in two folds, one is found in the gastrointestinal tract and liver, other in all the cells of the body. So the Quwa of all the cells of the body absorb the food materials and Ruh and metabolize and transform them into various compounds and replace the wear and tear by producing the Quwat (energy) for the proper functioning of the body (Maseehi, 2008; Kirmani, YNM; Ahmad, 1980).
These theories were given to understand the process of nutrition. Quwate ghaziyah needs haraart (Heat) to perform their function and in this disease the temperament of the brain become barid and yabis (cold and dry), so quwate ghaziyah do not perform their function well and even up to least. The disease mostly occurs in the senile age and the dominating temperament of this age is baroodat and yaboosat, obviously, we cannot stop the age so baroodat and yaboosat increase with the advancement of age.

**Intervention and management**

**Tahaffuzi tadabeer (Preventive measures)**

**To do—**

Istifāgh-Evacuation (Tabari, 1995), Taskhīn-to produce warmth (Khan, 1906), Tafrīh-i Tabo-to produce exhilaration (Khan, 1906).

**Not to do—**

Ifrāt-i Jīmāʿ (Excess of coitus), sleep during day time, Sahar Mufrit (Excessive awakening), over much and prolong use of Musakkirāt (Alcohol, Drug abuse etc) and excessive exercise to be avoided (Khan, 1906).

- Do not eat unless you are hungry enough
- Stop eating when some hunger spare
- Some rest after lunch
- Some walk after dinner
- Laying first left side then right for sleep
- No physical exercise before meal
- Take good sleep which enhances the digestion
- Avoid drinking just after meal
- First eat easily digestible food then heavy

**Ilaj Bil Dawa (Pharmacotherapy)**


**Ilaj Bil ghiza (Dietotherapy)**

**Dietary Recommendations:** Maul Juhn, Maul Laham, Maul Asl, Paneer Maya, Hareera, Maazurrat, Sirka, sparrow meat, goat meat, Khurfa, Palak, Kaddu, almond, hazelnut, coconut and walnut have been recommended as foods for people with Nisyan etc. (Tabari, 1995; Khan, 1983; Choopanti et al., 2015). Egg yolk (Khan, 1906).

**Dietary Restrictions:** Aghziya Mubakhkhira (Flatulance producing foods), Aghziya Mubarrida (Cold temperament food) and Cold water (Khan, 1906).

**Ilaj Bil Tadbir (Regimenal therapy)** Huqna Mushila (Purgingive enema), Ghargharha (Gargle), Qayʿ (Emesis) (Khan, 1906). Thought provoking activities, partying with friends, indulgence in entertaining activities and use of aroma (Khan, 1906).

**Scientific studies on single Unani Drugs which have been found beneficial**

Waj (Acorus calamus), Barhami (Bacopa monnieri), Zaafaran (Crocus sativus), Almond (Prunus amygdalus), Pista (Pistacia vera), Michghoza (Pinus gerardiana), Asgand (Withania somnifera), Ustukhuddus (Lavandula stoechas), Baladur (Semecarpus anacardium), Ood Saleeb (Paonea officinalis), Qust (Saussurea lappa), Halela (Terminalia chebula), Balela (Terminalia bellerica), Amla (Emblica officinalis), Tsulis (Osimum basilicum), Elva (Aloe vera), Haldi (Curcuma lona), Zanjabeel (Gingeber officinalis), Kabab Chini (Piper cubeba), Darchini (Cinnamomum zeylanicum), Fil-Fil Daraj (Piper longum), Qaranfal (Syzygium aromaticum), Aqarqarha (Anacyclus pyrethrum), Gilo (Tinospora cordifolia), Khulanjan (Alpinia galangal), Asarron (Valerina wallichii), Khardal (Brassica nigra), Kundur (Doswellia serrata). (Kirti, 2010; Oh et al., 2004; Kunte and Kuna, 2013; Hosseini et al., 2010; Vasudevan and Parle, 2007; Patel et al., 2014; Chang and Lin, 2010; Kulkarni, 2012; Shiksharthi, 2011; Wang, 2008; Paul et al., 2015; Kamila et al., 2015; Nauman and Mohammad, 2015).

**C O N C L U S I O N**

In old age temperament of the body becomes Barid Yabis, consequently, the temperament of brain also more Barid and Quwat-e-Nasaniyah of brain decrease. Baroodat way a boost of the brain causes AD instead of baroodat wa ratoobat. So, in AD medicine are recommended which has Hot temperament. According to the Zakariya Razi, Kaifiyat-e-faila (active qualities i.e. Hotness, Coldness) is more important than Kaifiyat-e-munfaila (passive qualities i.e. Wetness, Dryness) in treatment. Thus single Unani drugs of hot temperament like Waj (Acoruscalmus), Barhami (Bacopa monnieri), Zaafaran (Crocus sativus), Asgand (Withania somnifera), Ustukhuddus (Lavandula stoechas), Baladur (Semecarpus anacardium), Ood Saleeb (Paonea officinalis), Qust (Saussurea alappa), Zanjabeel (Gingeber
officinalis), Kabab Chini (Piper cubeba), Darchini (Cinnamomum zeylanicum), Fil-Fil Daraj (Piper longum), Qaranfal (Syzygium aromaticum), Aqarqarha (Anacyclus pyrethrum), and compound drugs like Jawarish Jalinoos, Majoon Barhami, Majoon Falsafa, Majoon Baladur, Majoon Najah, Murabba Waj, Roghan Zaitoon are more beneficial in AD. As a law of nature described in Unani that Hot Mizaj drugs produce dryness in particular organ and body. This fact certainly considers in long term treatment of AD that the dose and duration of therapies should not produce further dryness in the Brain, which lead undesired havoc may instead heal.

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