



Parkinson's Disease: A Conceptual And Clinical Review With An Integrative Unani And Modern Approach

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ABSTRACT

Parkinson's disease is a chronic progressive neurodegenerative disorder characterized by tremor, rigidity, bradykinesia, and postural instability. This review aims to integrate Unani and modern perspectives of Parkinson's disease. A literature-based review was conducted using classical Unani texts and standard modern medical references. Modern medicine attributes Parkinson's disease to degeneration of dopaminergic neurons in the substantia nigra leading to dopamine deficiency and imbalance with acetylcholine. In Unani medicine, similar conditions are described under Ra'sha and Istirkha, associated with Su-e-Mizaj Barid and dominance of Balgham. An integrative approach combining both systems may improve patient outcomes.

Keywords: Parkinson's disease, Ra'sha, Unani medicine, Neurodegeneration, Dopamine deficiency, integrative medicine.

INTRODUCTION

Parkinson's disease is one of the most common neurodegenerative disorders, particularly affecting elderly individuals. It leads to progressive disability and reduced quality of life. Classical Unani scholars have described neurological conditions resembling Parkinsonism under different terminologies. An integrated understanding of both systems can enhance therapeutic outcomes.

ETIOLOGY

- Aging
- Genetic predisposition
- Environmental toxins
- Oxidative stress

PATHOPHYSIOLOGY

Parkinson's disease results from degeneration of dopaminergic neurons in the substantia nigra pars compacta. This leads to decreased dopamine levels in the basal ganglia and imbalance between dopamine and acetylcholine. The altered basal ganglia circuitry results in impaired motor control.

UNANI CONCEPT

According to classical Unani literature, especially Ibn Sina (Al-Qanun fi al-Tibb), Parkinson-like symptoms are described under:

- Ra'sha (tremors)
- Istirkha (loss of tone/weakness)

These conditions are attributed to:

- Su-e-Mizaj Barid (cold temperament)
- Dominance of Balgham (phlegm)
- Weakness of Aasab (nervous system)

This leads to impaired motor control due to obstruction and reduced nerve function.

CLINICAL FEATURES

Motor Symptoms

- Resting tremor
- Rigidity
- Bradykinesia
- Postural instability
- Mask-like facies

Non-Motor Symptoms

- Depression
- Dementia
- Sleep disturbances
- Autonomic dysfunction

STAGING

Hoehn and Yahr staging is commonly used:

- Stage 1: Unilateral involvement
- Stage 2: Bilateral involvement
- Stage 3: Postural instability
- Stage 4: Severe disability
- Stage 5: Wheelchair-bound

DIAGNOSIS

- Clinical examination
- UK Parkinson's Disease Society Brain Bank Criteria
- Response to levodopa therapy
- MRI (supportive)

MANAGEMENT

UNANI MANAGEMENT

- Muqawwi-e-Aasab (nervine tonics)
- Muhallil (resolvent drugs)

Drugs:

- Asgand (*Withania somnifera*)
- Roghan-e-Badam
- Khamira Gaozaban
- Majoon Falasfa

Regimenal Therapy (Ilaj-bit-Tadbeer):

- Dalk (massage)
- Riyazat (exercise)
- Hammam (steam therapy)

MODERN MANAGEMENT

- Levodopa + Carbidopa
- Dopamine agonists
- MAO-B inhibitors
- COMT inhibitors
- Amantadine
- Deep brain stimulation

CONCLUSION

An integrative approach combining Unani and modern medicine provides a comprehensive strategy for the management of Parkinson's disease. While modern medicine focuses on dopamine replacement, Unani medicine offers supportive care by improving nerve strength and correcting humoral imbalance.

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