CONCEPT AND MANAGEMENT OF WAJA-UL-MAFASIL (ARTHRITIS) IN GRECO ARABIC MEDICINE – AN OVERVIEW

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ABSTRACT

Arthritis is one of the commonest joint disorder affecting millions of people worldwide with an estimated 15% (40 million) of Americans had some form of arthritis in 1995 and by the year 2020, an estimated 59.4 million will be affected. In India it affects 15% (180 million) people. Ancient Unani scholars have elaborately described inflammation and pain of joints under the caption of Waja ul Mafasil and managed with multidimensional approach, in contrast with the present day management of disease mainly with non-steroidal anti-inflammatory drugs (NSAIDs) which will be having large number of adverse effects. This review article highlight the salient features describing arthritis with reference to Waja ul Mafasil for empathizing disease condition as enunciated by Unani scholars to provide a better alternative in terms of cost effective managements and side effects.

Key Words: Waja ul Mafasil, Arthritis, Joints pain, Unani medicine

INTRODUCTION

Waja ul Mafasil is an Arabic term, where Waja literally means ‘pain’ and Mafasil means ‘joints’. It is a painful or inflammatory condition affecting joints, its surrounding muscle and ligaments¹ and may involve any joint viz; knee, hips, wrists, hands etc²,³,⁴ with accumulation of mawade fuzooni (vitiated matter) in the joints as the causative factor liable for pain and inflammation.⁵, ⁶

As per Unani literature in human body all bones are inter-related and inter-connected to form joints; articular surfaces of some joints are cartilaginous and possess some intervening spaces,⁷,⁸ which helps them to perform different kinds of movements. These spaces are filled with rutubat (fluid) i.e., rutubate tajawif (synovial / interstitial fluid), which act as a lubricant and keep the joint surface consistently moist, so as to prevent from friction.⁵, ⁸ While the articular surfaces of some joints are non-cartilaginous where consideration of this function is not necessary, a joint is created between two bones without any appendages or intervening space.⁵, ⁷, ⁸

Abu Sahal Masihi categorized all joints of the human body broadly into two types:
Mafsal: Movable joints
Lahaam: Immovable joints

Ibn Sina, categorized the joints based on the articulation into three types:
Chaneeda mafsal salas (Diarthrosis): Freely movable joints
Mafsal usregair mossiq (Amphiarthosis): Slightly movable
Usre gair mumdissiq (Synarthrosis): Immovable⁷, ⁸

Asbaab (Etiology)
Ibn Sina categorized the etiology of Waja ul Mafasil in to two types⁵, ⁴, ⁶, ¹⁰
Asbabe fa’ilah (primary causes) 2) Asbabe munfa’ilah (secondary causes) while another eminent Unani scholar Ismail Jurjani in his treatise “Zakhirae khuwarezam Shahi” classified

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as “Asbabe asli” and “Asbabe a’rzi.” 5 (figure 1)

1. Asbabe fa’ilah

These are the primary causes responsible for the initiation of Waja ul Mafasil such as Sue mizaj (Maltemperament) and Mawade fasidah (vitiated humours/morbid).11

Sue mizaj (altered temperament)3

Alteration in the mizaj may be general (entire body) local (particular organ). Different types of kaefiyat act in different ways such as Hararat as a mutlahib (inflammatory), Burudat as a mubarrid (refrigerant) and munjamid (consolidant), yabusat as a muyabbis (dessicant) and munqabiz (astringent). These alteration aggravate when Ratoobate gharibiya (abnormal fluids) are also involved.3,11

Mawade fasidah (vitiated humours)

The vitiated matter will be Dame khalis (pure sanguine), Dame balghami (phlegmatic sanguine), Dame safravi (bilious sanguine), Dame saudavi (melecholic sanguine), Balghame khalis (pure phlegmatic), Saddae Balghame kham (obstrentr of raw phlegma), Mirrhahe khalis (pure bilious), Balgham and Mirrah ka murahkkab (phlegmatic bilious), Midda (pus), Riyah (flatulent). It is often due to Balgham (phlegma) then Balghame kham (raw phlegm), than Dam (sanguine), then safra (bile) and rarely due to Sauda (black bile).3,11

2. Asbabe munfa’ilah

They include weakness of joint,2,6 improper digestion13, sedentary life style,2 lack of exercise 12, excessive coitus2,12, use of alcohol and intoxicating agents2,13, sudden withdrawal or discontinuing the habit of Istifragh like fasd, is’haal, excessive coitus,2 exercise or coitus just after foods2, horse riding2

In sakhira shah, Asab are classified as Asbabe asli and Asbabe a’rzi. 5 Three factors are included in Asbabe Asli; movements, heat production, weak digestive power or excretion of joints while Asbabe A’rzi are mentioned under the context of asbabe munfa’ilah6.

**Mahiyate marz (Pathogenesis)**

Joints get easily affected with various morbid matters, for the following reasons

- Wide joint space as compared to other organs of body. 1,5
- Hypersensitivity due to nerve innervations. 1,2
- Barid yabis Misaj (cold and dry temperament) of joints.3
- Zaeef hararat (Feeble heat) of joint.1
- Improper resolution of morbid matter (tahlil of mawad) in joint cavity.5
- Due to upright and dependent position of the organ as it lies in relation to the other organs.1,3,10
- Joints are covered with ligaments, tendons and muscles, hence the accumulated morbid matter are not easily removed through skin pores.1
- Weak guwate hazema wa dafea_ (digestive and excretory powers).1,5

Accumulation of mawade fuzooni (vitiated matter) in joints will produce pain and inflammation. Following factors are responsible for the collection of mawade fasidah within the joint spaces; Weakness of joints increases susceptibility to accumulation of mawad.6 When vigorous physical movements occur, it stimulate the mawad (matter) and produce heat in the joint cavity, which has the property of absorbing and attracting fluids or mawad (matter). During the movements the morbid matters which are stagnated in the interstitial spaces starts migrating and gets collected in the joint cavity, since it has adequate space to receive. Besides this the temperament of the contents of joint like bone, cartilage, tendons and ligaments is sard wa khushk (cold and dry),1 due to this prime reason the joint fails to perform its digestion. Thus the morbid matter collected in the joint spaces is not eliminated properly, which gradually affects the joints8 (figure 2).
Classification of Waja ul Mafasil according to Mizaj
Akbar Arzani has classified Waja ul Mafasil into: \(^6\)
- Non inflammatory due to mizaj sada
- Inflammatory due to mizaj maddi

Waja ul Mafasil Sada (Due to simple altered temperament)
In this condition there is no morbid material involved, there is alteration in kaefiyat only. It may be divided into three types. \(^3,4,6,11\)
- Haar multahib (inflammatory)
- Barid munjamid (consolidant)
- Yabis munkabiz (astringent)

Waja-ul-Mafasil Maddi (Due to altered temperament with humoural involvement) \(^3,4,6,11,12\)
In Waja ul Mafasil Maddi there is accumulation of morbid matters or humour inside the joint cavity. It may be further divided into following types.
- Waja ul Mafasil Balghami (phlegmatic)
- Waja ul Mafasil Damavi (sanguineous)
- Waja ul Mafasil Saudavi (bilious)
- Waja ul Mafasil Saudavi (melancholic)
- Waja ul Mafasil Reehi (Due to excessive flatulent matter)
- Waja ul Mafasil Murakkab (Involvement of compound/mixed matter)

Classification based on involvement of joint
Wajaul Mafasill is a general term used either for painful joints of body or specially hands and feet but it can affect wrist, elbow, hip, ankle and knee. \(^11\) Specific name of its various types based on the involvement of joints are
- Irqunnasa (sciatica) \(^1,2,3,4,5,6,10,11,13,14,15,16,17\)
- Niqris (gout) \(^1,2,3,4,5,6,10,11,13,14,15,16\)
- Waja ur rakba (knee joint pain) \(^3,4,11,17,\)
- Waja uz zahr (low Back pain) \(^3,4,10,11,17\)
- Waja ul warik (hip joint pain) \(^3,4,6,10,11,16,17\)
- Wala ul khasera (buttock pain) \(^1\)
- Wajs us saqain (calf pain) \(^11\)
- Waja ul aqib (heel pain) \(^11\)

Zakariya Razi considered Waja ul Mafasil, Niqras and IrqunNisa, as a disease of the same genus. \(^17\)

Ali ibn Abbas Majoosi and other Unani scholars believe that Waja ul mafasil can also occur in intervertebral, temporomandibular and joints of auditory ossicles. \(^11,12\)

Alamaat (Clinical Features)
Waja ul Mafasil Balghami (Phlegmatic)
- Commonest form of Waja ul Mafasil. \(^1,6,17,\)
- The onset of symptoms and sign are gradual. \(^3\)
- Area of affected joint is swollen, soft, whitish and cold on touch. \(^3,12\)
- Pain and throbbing is nominal. \(^1,3,12\)
- Swelling is soft and cold with deep pain and tenderness marked. \(^1\)
- Aggravated by exposure of cold. \(^3,12\)
- Relieved by exposure of heat over affected part. \(^1,3,12\)
- Generalized and localized symptoms of dominance of phlegm (Ghalbae Balgham) will be present. \(^3,12\)
- History of using diet or drugs causing abnormal genesis of phlegm is positive. \(^1\)

Waja ul Mafasil Damavi (Sanguineous)
- It is second commonest form of Waja ul Mafasil. \(^1,6\)
- Onset is comparatively sudden, symptoms and signs are sever. \(^3\)
- The swelling is more marked with severity of pain. \(^1,2,3,6,12\)
- Pain is throbbing in nature. \(^1,3,6,12\)
- Marked redness of skin over the joint. \(^1,2,3,6,12\)
- Warmth over affected joint. \(^2,3,6,12\)
- Aggravated by exposure of heat. \(^2,3\)
- Relieved by exposure of cold application over affected part or venesection. \(^2,3,6,12\)
- Generalized and localized symptoms of dominance of sanguine (Ghalbae Khoon) will be present. \(^2,3,6,12\)

Waja ul Mafasil Saudavi (Bilious)
- Rare variety of Waja ul Mafasil. \(^1,6,\)
- In this type, onset is sudden. \(^3\)
- There is slight yellow discoloration or there may also be red tinge to yellow discoloration of skin over the joints. \(^1,2,3,6,\)
- The swelling is less marked, with warmthness, and throbbing pain is relatively more in comparison to Waja ul Mafasil danvi over the joints. \(^3,12,17\)
- Aggravated by exposure of heat. \(^2,3,19\)
- Relieved by exposure of cold application over affected part. \(^1,2,3,6,12,17\)
- Generalized and localized symptoms of dominance of Bile (Ghalbae safra) will be present. \(^3,12\)

Waja ul Mafasil Saudavi (Melancholic)
- Rarest variety of Waja ul Mafasil. \(^1,6\)
- Area of affected joint is cold and dry on touch. \(^1,2,3,6,12\)
- There is dryness of the skin around the joints. \(^1,2,3,12\)
- The pain is mild, swelling is moderate but hard on touch. \(^1,3,6,12\)
- Aggravated by exposure of cold.
- Relieved by exposure of heat application over affected part. \(^3,6,12\)
- Generalized and localized symptoms of dominance of black bile (Ghalbae Sauda) will be present. \(^3,6\)
Waja ul Mafasil Murakkab (Involvement of compound/mixed humours)

Though every single humour is responsible for causing Waja ul Mafasil but mixed humours can also cause the disease. Among them mixture of Balgham and Safra, sauda and safra is quite common but Balgham and Sauda is rarest. 1,6,11,17 Mixture of ghaleez balgham and tes Safra is worst variety of Waja ul Mafasil. Hence safra causes throbbing pain and balgham is responsible for chronicity /prolong duration12

Waja ul Mafasil Rehi (Pneumatic)

It is a rare type of Waja ul Mafasil, where pain is mild, absence of heaviness, shifting in nature, with sever distension due to Riyah6,11

Tahajjure Mafasil (Degenerative Arthritis)

When patient suffer with Waja ul Mafasil for longer duration, due to the freezing of ghaleez barid madda,11,17 inside the joint will leads to stiffening of the joint. In the initial stage of (waram) inflammation, use of either barid and mukhaddir zimad or mudir (diuretic) and qawi mushil (strong purgative) without munjiz can causes tahajjur in the joint.11 Sometimes it restrict the movement of affected joint.11

Tashkhees (Diagnosis)

The diagnosis of Waja ul Mafasil due to Sue mizaj sada or maddi,10,11 can be made through following points

• Presence or absence of swelling, inflammation, heaviness with pain in or over the joint,
• Color change over affected joint,
• Onset of pain either sudden or gradual, if onset is gradual, without heaviness, inflammation or swelling and no change in skin colour of affected joint, then it is considered to be due to Sue mizaj sada, but Waja ul Mafasil is rarely found in Sue mizaj sada.
• Change in tactile sensation, pulse, urine and other Unani diagnostic parameter are helpful in knowing the nature of Sue mizaj.
• If pain is mild, absence of heaviness, shifting in nature, with severe distension, indicates due to Riyah
• Presence of marked swelling or inflammation, color changes, sudden onset of disease, or pain with heaviness is to be consider due to khilti madda10,11

General principles of Treatment 7,18

The treatment of Waja ul Mafasil in Unani system of medicine is carried out by using one of three modes or with combination viz.

1. Ilaj bit Tadbeer wa Ilaj bit taghthsia (Regimenal therapy and Dietotherapy)
2. Ilaj bid Dawa (pharmacotherapy)
3. Ilaj bil Yad (surgical therapy)

Usoole Ilaj (Line of Management)

Waja ul Mafasil in initial stage can be treated easily but if it persists for a longer period it becomes difficult to treat. 11

If it is due to Sue mizaj sada, it can be treated with taadile mizaj (alteration of temperament) such as if pain is due to Sue mizaj haar (Excess of heat) then for Taadile mizaj (alteration of temperament) cold applications is useful for restoration of health, in the same way in case of Sue mizaj barid (Excessive cold) hot applications is useful.10,11

• Removal of causes
• In Zamanae Ibteda (early stage) Qabezat (Astringent) and Radeat (Repellent) in Zamanae Tazayyud (Progressive Stage) less Qabezat and Radeat than Mohallilat (anti-inflammatory) and in Inthea (Peak Stage) Mohallilat and Munzijat (concoctives) and in Zamanae Inhetat (late/Declining stage) Mohallilat and Murakhkhiyat (local relaxant) should be used.
• Tanqiyya mawad (evacuation of vitiated or morbid matter) 11
• In case of balghami and saudavi variety, first use munzijat (concoctives) for making humours suitable for excretion then use Mus’hilaat (Purgatives) for its evacuation followed by mubarridat (refrigerant) for normalizing the excess heat produced by Mus’hilaat.

Ilaj (Management)

Nuskha Munjiz Balgham: Maviz munaqqa (Vitis Vinefera) 9 number, Badiyan (Foeniculum vulgare) 5gm, Aslussus (glycyr rhiza glabera) 7gm, Parshtyawshan (Adiantum capillus) 7gm, Injeer sarda (Ficus carica) 2 number Or; Bekhe Badiyan (Foeniculum vulgare) 7gm, Bekhe kibr (Capparis Spinosa) 7gm, Bekhe kirafs (Apium Graveolanse) 7gm, Bekhe Iskhar (Andropogon Schoenthbus) 7gm, Socked in the water over night and next morning Prepare Decoction And use with Gilqand 20gm.

Nuskha Munjiz Saud: Badranjboya (Mellissa officinalis) 7gm, Aftmoon (Cuscata reflexa) 7gm, Bisfaij (Polypodium vulgare) 5gm, Aslussus (glycyr rhiza glabera) 7gm, Gaozaban (Borage officinalis) 7gm, Bekhe kibr (Capparis spinosa) 7gm, Badiyan (Foeniculum vulgare) 7gm, Inabussalub (Solunum nigrum) 7gm, Suranjian (Cholchicum luteum) 5 gm 11 Socked in the water over night and next morning prepare decoction and use with Gilqand 20gm or turanjabeen (Alhaji Pseudoalhaji) 20gm.

Mus’hilaat Balgham: Sana Makki (Cassia Aungustifolia), Turbud (Ipomea turpthum), Zanjabil (Zingiber Offici-
nalis), Khayarishamber (Cassia Fistula) Shame hanzal (Citullus Cholocynthis), Suranjan (Cholchicum Luteum), Bosidjan (Pyrethrum indicum), Hajre Armani (Armanian stone), Habbe Neel (Ipomoea nil).

**Mus’hilaat Sauda:** Matbookhe Aftimoon or Aftimoon (Cuscuta reflexa), Turbad (Ipomea turpethum), Kharbaq siyah (Helleborus niger), Halelah Kabli (Terminalia chebula).

**Mubarridat:** Shire Tukhme kahu (Lactuca sativa), Shira Tukhme kaddu (Cucurbita maxima), Shira Tukhme Kasni (Chicorium intybus), Shira Tukhme Khayrarin (Cucumis sativus).

The reason for administering the Nuskhae Tabrid is to reduce heat and agitation of Khilte Dam, Safra or Mushilat.

**Fasad and Moaddelate Dam:** In case of predominance of khilte dam, Fasad (venesection) and moaddelate dam (alterative) should be use.

**Mus’hilaat safra:** In case of Predominance of Saffra use of munzijat is not mandatory only mus’hilat can be use directly if disease is not of longer duration. such as Matbookhe Halelah.

**Matbookhe Halelah:** Poste Halelae Kabli (Terminalia chebula), Shahetra (Fumeria officinalis), Tukhme Kasoos (Cuscuta reflexa), Tukhme Kasni (Chicorium intybus), Poste Bekhe Badiyan (Foeniculum vulgare), Aalu Bukhara (Prunus domestica), Unnab (Zizyphus sativus) along With Maghze Amaltas (Cassia fistula).

While managing the Waja ul Mafasil Murakkab Which is caused due to admixture of different humours (akhlaat) due importance should be given in the selection of drugs having multiple effects on different humours; however it should always be kept in the mind to rectify the predominant humour with specific Munzij followed by Mushil.

Musakkhine Alm (analgesics) to reduce pain. e.g. Afyun (papaver somniferum), Zafran (Crocus sativus), Bekhe Luffa (Atropa belladona), Suranjan (Cholchicum luteum) Abe kahu (Lactuca sativa) can be used as a zimad (paste).

Use of Raadeaat (repellent) in initial stages of warm. e.g. Sandale Safaid (Santulium Album), Sandale Surkh (Ptero carpus santilimus), foofal (Areca catechu), Aqaqiya (Acacia) prepare zimad with Sirka (Vinegar) and Aabe kishnee (Coriandrum sativum) Gule surkh (Rosa damascus).

Use of Muhlallile Awraam (anti inflammatory drugs) in the last stage of warm. e.g. Khitmi (Althoea officinalis), Baboonah (Anthimis nobilis), Nakhoona (Trigonella uncatata) in the form of zimad.

Mullayinat wa Murakhhiyat Auram: Arade Hulba (Trigonella foenum), Tukhme Katan (Linum usitatissimum), Muqil (Comophora mukul), Jao’sheer (Ferula galbaniflua), each 7gm and Tukhme Arand (Ricininos communis) 7 number, prepare paste with Roghane zaitoon (oil of Oleum europium), Roghane Gao (oil of Bos taurus) and Charbie Bus (fat Of Capra aegagrus hircus).

Muhallil Wa Mullayinate Auram: use in combination in case of Tahajjur Mafasil: Arade krinsa (Pisum sativum), Turmus (Lupinus albus), Ushq (Dorema ammoniacum), Anjadaan (Ferula foetida), Arade baqla (Vicia febua), as a zimad along with Sikanjabeen.

Use of Kasire Riyah (carminative) drugs in case of Waja ul Mafasil Rehi. e.g. Sa’tar (Zataria multiflora), Anisoon (Pimpinella anisam), Tukhme kasoos (Cuscuta reflexa), Zira siyah (Carum cavri), Badiyan (Foeniculum vulgare).

Local application of drugs in the form of Zimad (paste), Tikor (fomentation) and Roghan (oil) etc, are recommended during the course of treatment to relieve pain and reduce the inflammation.

**Murakkab Advia (Compound Drugs):**

Majune Azraqi Majune Ushba Majune Suranjan Majune Chobchini Majune flasifa Majune Jograj Goggi Habbe Suranjan Habbe Asgand Habbe Gule Aak Habbe Hindi Habbe Mafasil

**Ilaj bit tadbeer (Regimenal Therapy):**

**Dalk (Massage):**

It is a type of Riyazat (Manipulation method) resolve and liquefies vitiated matter, produces slight heat and strengthen ligaments and muscle. It is also helpful in evacuation of viscous and adhered matter accumulated inside the joints, and relieves pain. It produces heat which removes barudat and rehi mawad, diverts morbid matter, reduces swelling, excretes fusalet specially of last grade of digestion (hazme Akheer).

**Dalk layyin Kaseer (Gentle and prolong massage):**

Specially dalk layyin kaseer (gentle and prolong massage) is more beneficial for such painful conditions, because dalke layyin make organ soft and relaxes the muscle.

According to Ibn rushd it opens the pores which is helpful in excretion of mawad.

While Dalke kaseer is helpful for tehlii mawad which is part and parcel in the causation of Waja ul Mafasil.

**Roghaniyat (Oils) used for Waja ul Mafasil:**

Kuchla\textsuperscript{120} Roghane Hina\textsuperscript{19}Roghane Zanjabil\textsuperscript{19} Roghane Shibi\textsuperscript{19}Roghane Qust\textsuperscript{1}

**Hijama**

*Hijama* (Cupping) is one of the oldest and popular therapeutic regimen in Unani system of medicine indicated in different forms/ types of *Waja ul Mafasil* such as gout, sciatica, knee pain\textsuperscript{46, 19} It is beneficial for *Waja ul Mafasil* because it is used for *Tangiya and Imalae mawad* (diversion and evacuation of morbid matter) from affected part\textsuperscript{1, 2, 4, 6, 26, 28, 30, 31, 32, 33} It relieves pain\textsuperscript{26, 28, 29, 31, 32, 33} resolves inflammation\textsuperscript{28, 29, 31, 32, 33} flatulence,\textsuperscript{26} produces localized heat by increasing local blood circulation\textsuperscript{26, 28} Jalinoos believed that hijama is beneficial in resolving *Ghaleez Khilt*\textsuperscript{14}

**Fasd (Venesectomy/ Phlebotomy)**

*Fasd* is one of the classical methods of treatment in Unani system of medicine for cleansing, evacuation and diversion of surplus and morbid humours from the body, which helps in relieving inflammatory congestion and pain in *Waja ul Mafasil*, such as sciatica and lumbago. This objective will be achieved through *fasd* of specified veins of the body part\textsuperscript{7}.

**Irsale Alaq (Leech Therapy)**

Leech or hirudotherapy is one of the most important and widely practiced method of regimenal therapy used for local evacuation of morbid humours very effectively with use of medicinal leeches to treat various ailment including *Waja ul Mafasil*.\textsuperscript{18, 34}

**DISCUSSION**

*Waja ul Mafasil* has been discussed by ancient Unani scholars in detail as to its etiology, types, clinical features and management.\textsuperscript{1, 2, 5, 6, 11, 12, 29} The concept of Unani medicine when applied in this scientific era has promising hope. Several studies had suggested the beneficial use of single and compound Unani formulations in arthritis\textsuperscript{3, 4, 26, 30, 31, 32, 33} The efficacy of classical Unani regimenal procedures such as *Irsale Alaq* (leeching),\textsuperscript{34} *Hijama* (Cupping)\textsuperscript{3, 4, 28, 31, 32, 33} *Dalk* (Massage),\textsuperscript{25} in the management of different types of *Waja ul Mafasil* also show a ray of hope for the mitigation of patients suffering from this chronic disease.

**CONCLUSION**

The profound literary survey pertaining to *Waja ul Mafasil* as to its concept, detailed classification, iology and multidimensional approach in the management testifies to the fact that this age old disease was meticulously managed by Unani scholars successfully in spite of the limitations prevailed over at that time. This has been documented in the classical literature of Unani medicine. Of late scientific studies with different Unani formulations are being carried out by different research institutions to validate these claims. The scintillating point of this approach is through drug less regimenal therapies viz; *Irsale Alaq ,Fasd , Hijama, Dalk* which seems to be a boon for intervention of disease condition in terms of easy to perform, cost effective and at the same time devoid of adverse effects. Hence the objective of this review would be fully accomplished if it reaches a larger section of medical domain and ultimately benefit the humanity.

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