



# 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 ligaments<sup>1</sup> and may involve any joint viz; knee, hips, wrists, hands etc<sup>2,3,4</sup> with accumulation of *mawade fuzooni* (vitiated matter) in the joints as the causative factor liable for pain and inflammation.<sup>5,6</sup>

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,<sup>7,8</sup> 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.<sup>5,8</sup> 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.<sup>5,7,8</sup>

*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* (Amphiarthrosis): Slightly movable

*Usre gair mumdissiq* (Synarthrosis): Immovable<sup>7,8</sup>

### Asbaab (Etiology)

*Ibn Sina* categorized the etiology of *Waja ul Mafasil* in to two types<sup>3,4,6,10</sup>

*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.*”<sup>5</sup>(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).<sup>11</sup>

#### Sue mizaj (altered temperament)<sup>3</sup>

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 *multahib* (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.<sup>3,11</sup>

#### 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), *Suddae Balghame kham* (obstruent of raw phlegma), *Mirrahe 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)<sup>3,11</sup>

### 2. Asbabe munfa’ilah

They include weakness of joint,<sup>2,6</sup> improper digestion<sup>13</sup>, sedentary life style,<sup>2</sup> lack of exercise<sup>13</sup>, excessive coitus<sup>2,13</sup>, use of alcohol and intoxicating agents<sup>2,13</sup>, sudden withdrawal or discontinuing the habit of *Istifragh* like *fasd*, *is’haal*, excessive coitus,<sup>2</sup> exercise or coitus just after foods<sup>2</sup>, horse riding<sup>2</sup>

In *zakhirae khuwarezam Shahi*, *Asbab* are classified as *Asbabe asli* and *Asbabe a’rzi.*<sup>5</sup> 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'ila*<sup>5</sup>.

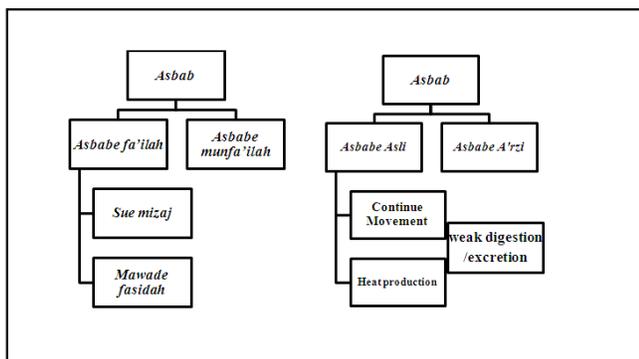


Figure 1: Flowchart depicting etiology of *Waja ul Mafasil*

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

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;<sup>5</sup>Weakness of joints increases susceptibility to accumulation of *mawad*.<sup>6</sup> When vigorous physical movements occur, it stimulate the *mawad* (matter)<sup>1</sup> 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),<sup>1</sup> 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 joints<sup>8</sup> (figure 2).

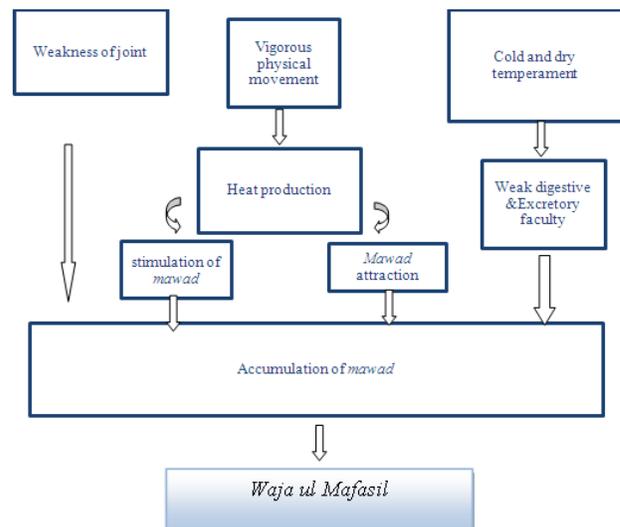


Figure 2: Flowchart depicting pathogenesis of *Waja ul Mafasil*

## Classification of Waja ul Mafasil according to Mizaj

Akbar Arzani has classified *Waja ul Mafasil* into:<sup>6</sup>

- Non inflammatory due sue *mizaj sada*
- Inflammatory due to sue *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. <sup>3,4,6,11</sup>

- *Haar multahib* (inflammatory)
- *Barid munjamid* (consolidant)
- *Yabis munqabiz* (astringent)

## Waja-ul-Mafasil Maddi (Due to altered temperament with humoural involvement) <sup>3,4,6,11,12</sup>

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 Safravi* (bilious)
- *Waja ul Mafasil Saudavi* (melancholic)
- *Waja ul Mafasil Reehi* (Due to excessive flatulent matter)
- *Waja ul Mafasil Murakkab* (Involvement of compound/mixed humors)

## Classification based on involvement of joint

*Wajaul Mafasil* 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.<sup>11</sup> Specific name of its various types based on the involvement of joints are

- *Irqunnasa* (sciatica) <sup>1,2,3,4,5,6,10,11,13,14,15,16,17</sup>
- *Niqris* (gout) <sup>1,2,3,4,5,6,10,11,13,14,15,16</sup>
- *Waja ur rakba* (knee joint pain) <sup>3,4,11,17</sup>
- *Waja uz zahr* (low Back pain) <sup>3,4,10,11,17</sup>
- *Waja ul warik* (hip joint pain) <sup>3,4,6,10,11,16,17</sup>
- *Wala ul khasera* (buttock pain) <sup>1</sup>
- *Wajs us saqain* (calf pain) <sup>11</sup>
- *Waja ul aqib* (heel pain) <sup>11</sup>

Zakariya Razi considered *Waja ul Mafasil*, *Niqras* and *IrqunNisa*, as a disease of the same genus.<sup>17</sup>

Ali ibn Abbas Majoosi and other Unani scholars believe that *Waja ul mafasil* can also occur in intervertebral, temporomandibular and joints of auditory ossicles. <sup>11,12</sup>

## Alamaat (Clinical Features)

### Waja ul Mafasil Balghami (Phlegmatic)

- Commonest form of *Waja ul Mafasil*.<sup>1,6,17</sup>
- The onset of symptoms and sign are gradual<sup>3</sup>.

- Area of affected joint is swollen, soft, whitish and cold on touch<sup>1,3,12</sup>,
- Pain and throbbing is nominal<sup>1,3,12</sup>
- Swelling is soft and cold with deep pain and tenderness marked<sup>1</sup>
- Aggravated by exposure of cold<sup>2,3,12</sup>
- Relieved by exposure of heat over affected part<sup>1,3,12</sup>
- Generalized and localized symptoms of dominance of phlegm (*Ghalbae Balgham*) will be present<sup>3, 12</sup>
- History of using diet or drugs causing abnormal genesis of phlegm is positive<sup>1</sup>

### Waja ul Mafasil Damavi (Sanguineous)

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

### Waja ul Mafasil Safravi (Billious)

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

### Waja ul Mafasil Saudavi (Melancholic)

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

### **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.<sup>1,6,11,17</sup> Mixture of *ghaleez balgham* and *tez Safra* is worst variety of *Waja ul Mafasil*. Hence *safra* causes throbbing pain and *balgham* is responsible for chronicity /prolong duration<sup>12</sup>

### **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 *Riyah*<sup>6,11</sup>

### **Tahajjure Mafasil (Degenerative Arthritis)**

When patient suffer with *Waja ul Mafasil* for longer duration, due to the freezing of *ghaleez barid madda*.<sup>11,17</sup> 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.<sup>11</sup> Sometimes it restrict the movement of affected joint.<sup>11</sup>

### **Tashkhees (Diagnosis)**

The diagnosis of *Waja ul Mafasil* due to *Sue mizaj sada* or *maddi*.<sup>10,11</sup> 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 madda*<sup>10,11</sup>

### **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 taghzia* (Regimental 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.<sup>11</sup>

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.<sup>10,11</sup>

- Removal of causes
- In *Zamanae Ibtada* (early stage) *Qabezat* (Astringent) and *Radeat* (Repellent) in *Zamanae Tazayyud* (Progressive Stage) less *Qabezat* and *Radeat* than *Mohallilat* (anti-inflammatory) and in *Inteha* (Peak Stage) *Mohallilat* and *Munzijat* (concoctives) and in *Zamanae Inhetat* (late/Declining stage) *Mohallilat* and *Murakhkhiyat* (local relaxant) should be used.
- *Tanqiyae mawad* (evacuation of vitiated or morbid matter)<sup>11</sup>
- In case of *balghami* and *saudavi* variety, first use *munjizaat* (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'hilat*.

### **Ilaj (Management)**

**Nuskha Munjiz Balgham:** *Maviz munaqqa* (*Vitis Vinefera*) 9 number, *Badiyan* (*Foeniculum vulgure*) 5gm, *Aslussus* (*glycyrrhiza glabera*) 7gm, *Parshiyawshan* (*Adiantum cappilus*) 7gm, *Injeer zarda* (*Ficus carica*) 2 number Or; *Bekhe Badiyan* (*Foeniculum vulgare*) 7gm, *Bekhe kibr* (*Capparis Spinosa*) 7gm, *Bekhe kirafs* (*Apium Graviolense*) 7gm, *Bekhe Izkhar* (*Andropogon Schoenthus*) 7gm, Socked in the water over night and next morning Prepare Decoction And use with *Gulqand* 20gm.

**Nuskha Munjiz Saud:** *Badranjboya* (*Mellisa officinalis*) 7gm, *Aftimoon* (*Cuscuta reflexa*) 7gm, *Bisfaij* (*Polypodium vulgure*) 5gm, *Aslussus* (*glycyrrhiza glabera*) 7gm, *Gaozaban* (*Borage officinalis*) 7gm, *Bekhe kibr* (*Capparis spinosa*) 7gm, *Badiyan* (*Foeniculum vulgure*) 7gm, *Inabussalub* (*Solanum nigrum*) 7gm, *Suranjan* (*Cholchicum luteum*) 5 gm<sup>11</sup> Socked in the water over night and next morning prepare decoction and use with *Gulqand* 20gm or *turanjabeen* (*Alhaji Pseudoalhaji*) 20gm.

**Mus'hilaat Balgham:** *Sana Makki* (*Cassia Aungustifolia*), *Turbud* (*Ipomea turpthum*), *Zanjabil* (*Zingiber Offici-*

nalis),, *Khayarishamber (Cassia Fistula)*<sup>11</sup> *Shame hanzal (Citullus Cholocynthis)*, *Suranjan (Cholchicum Luteum)*, *Bozidan (Pyrethrum indicum)*, *Hajre Armani (armanian stone)*, *Habul Neel (Ipomoea nil)*<sup>1</sup>

**Mus'hilaat Sauda:** *Matbookhe Aftimoon*<sup>6</sup> or *Aftimoon (Cuscuta reflexa)*, *Turbud (Ipomea turpthum)*, *Kharbaq siyah (Helloborus niger)*, *Halelah Kabli (Terminalia chebula)*.

**Mubarridat:** *Shire Tukhme kahu (Lactuca sativa)*, *Shirae Tukhme kaddu (Cucurbita maxima)*, *Shirae Tukhme Kasni (Chicorium intybus)*, *Shirae Tukhme Khyarain (Cucumis sativus)*,<sup>11</sup>

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*, *Fasd* (venesection) and *moaddelate dam* (alterative) should be use<sup>1,6</sup>

**Mus'hilaat safra:** In case of Predominance of *Safra* use of *munzijat* is not mandatory only *mus'hilat* can be use directly if disease is not of longer duration. such as *Matbookhe Halelah*<sup>1,6,11</sup>

**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)*<sup>19</sup>

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 *Munzj* followed by *Mushil*.

*Musakkine Alm* (analgesics) to reduce pain. e.g. *Afyun (papaver somniferum)*, *Zafran (Crocus sativus)*, *Bekhe Luffa (Atropa belladonna)*, *Suranjan (Cholchicum luteum)*<sup>1</sup> *Abe kahu (Lactuca sativa)*<sup>6</sup> can be used as a *zimad* (paste)<sup>11</sup>

Use of *Raadeaat* (repellent) in initial stages of warm. e.g. *Sandale Safaid (Santulum Album)*, *Sandale Surkh (Pterocarpus santilimus)*, *foofal (Areca catechu)*, *Aqaqiya (Acacia)* prepare *zimad* with *Sirka (Vinegar)* and *Aabe kishneez (Coriandrum sativum)*<sup>11</sup> *Gule surkh (Rosa damascus)*<sup>6</sup>

Use of *Muhallile Awraam* (anti inflammatory drugs) in the last stage of warm. e.g. *Khitmi (Althoea officinalis)*, *Baboona (Anthemis nobilis)*, *Nakhoona (Trigonella uncata)* in the form of *zimad*<sup>1</sup>

*Mullayinat wa Murakhiyate Auram*:. *Arade Hulba (Trigonella foenum)*, *Tukhme Katan (Linum usitatissimum)*,

*Muqil (Commiphora mukul)*, *Jao'sheer (Ferula galbaniflua)*, each 7gm and *Tukhme Arand (Ricinnis communis)* 7 number, prepare paste with *Roghane zaitoon (oil of Oleum europium)*, *Roghane Gao (oil of Bos taurus)* and *Charbie Buz (fat Of Capra aegagrus hircus)*<sup>1,6</sup>

*Muhallil Wa Mullayinate Auram*: use in combination in case of *Tahajjur Mafasil: Arade krisna (Pisum sativum)*, *Turmus (Lupinus albus)*, *Ushq (Dorema ammoniacum)*, *Anjadaan (Ferula foetida)*, *Arade baqla (Vicia feba)*, as a *zimad* along with *Sikanjabeen*<sup>10</sup>

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 vulgure)*<sup>11</sup>

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*<sup>11,20,21</sup> *Majune Ushba*<sup>1,11,19</sup>, *Majune Suranjan*<sup>1,11,19,20,21</sup>, *Majune Chobchini*<sup>19</sup>, *Majune flasifa*<sup>19,21</sup> *Majune Jograj Goggul*<sup>20</sup>, *Habbe Azaraqi*<sup>1,19,20,21</sup> *Habbe Suranjan*<sup>1,19,20,21</sup>, *Habbe Asgand*<sup>19,20,21</sup>, *Habbe Gule Aak*<sup>1,20,21,22,23</sup>, *Habbe Hindi*<sup>19</sup> *Habbe Mafasil*<sup>19</sup>

### 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<sup>24</sup> It is also helpful in evacuation of viscous and adhered matter accumulated inside the joints<sup>24</sup>, and relieves pain,<sup>25,26</sup> produces heat which removes *barudat and rehi mawad*<sup>24,25</sup>, diverts morbid matter,<sup>24</sup> reduces swelling,<sup>25,26</sup> excretes *fuzlaat* specially of last grade of digestion (*hazme Akheer*)<sup>27</sup>

#### Dalk layyin Kaseer (Gentle and prolog 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<sup>25,27</sup>

According to *Ibn rushd* it opens the pores which is helpful in excretion of *mawad*.<sup>27</sup>

While *Dalke kaseer* is helpful for *tehlil mawad* which is part and parcel in the causation of *Waja ul Mafasil*<sup>24,25</sup>

#### Roghaniyat (Oils) used for Waja ul Mafasil

*Roghane Baboona*<sup>20,21</sup> *Roghane Dhatura*<sup>11,21</sup> *Roghane Surkh*<sup>19,21</sup> *Roghane Suranjan*<sup>19,21</sup> *Roghane Gule Aak*<sup>1,20,21</sup> *Roghane Malkangni*<sup>21</sup> *Roghane Hifte Barg*<sup>20</sup>, *Roghane*

Kuchla<sup>1,20</sup> Roghane Hina<sup>19</sup>Roghane Zanjabil<sup>19</sup> Roghane Shibit<sup>19</sup>Roghane Qust<sup>1</sup>

### 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<sup>28</sup> It is beneficial for *Waja ul Mafasil* because it is used for *Tanqiya and Imalae mawad* (diversion and evacuation of morbid matter) from affected part<sup>3,4,26,28,29,30,31,32,33</sup> it relives pain,<sup>26, 28, 29, 31, 32, 33</sup> resolves inflammation,<sup>28,29,31,32,33</sup> flatulence,<sup>26</sup> produces localized heat by increasing local blood circulation<sup>26,28</sup> Jalinoos believed that hijama is beneficial in resolving *Ghaleez Khilt*

14

### Fasd (Venesection/ 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<sup>7</sup>.

### 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*.<sup>18, 34</sup>

## DISCUSSION

*Waja ul Mafasil* has been discussed by ancient Unani scholars in detail as to its etiology, types, clinical features and management.<sup>1,2,5,6,11,12,29</sup> 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.<sup>3,4,28,31,32,33</sup> The efficacy of classical Unani regimenal procedures such as *Irsale Alaq* (leeching),<sup>34</sup> *Hijama* (Cupping)<sup>3,4,28,31,32,33</sup> *Dalk* (Massage),<sup>25</sup> 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 regimental 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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