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RESEARCH ARTICLE

ROLE OF ILAJ-BIT-TADBEER (REGIMENAL THERAPY) IN MANAGEMENT OF WAJA-UL-UNQ (CERVICAL SPONDYLOSIS): A REVIEW WITH UNANI PERSPECTIVE

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Abstract

Cervical spondylosis is an age related disorder which starts with intervertebral disc degeneration. It is basically osteoarthritis of cervical spine. In Unani System of Medicine, cervical spondylosis is known as Waja-ul-Unq. Clinically waja-ul-Unq comes under the heading of Waja-ul-Mafasil (Arthritis) while osteoarthritis is termed as Tehjurul Mafasil in Unani. Ilaj-bit-Tadbeer (Regimenal Therapy) is one of the methods of treatment from Unani medicine which revolves around modulation, modification or enhancement of Asbab-e-Sitta Zarooriya (Six Essential Causes). Regimenal Therapy works on the principle of Ilaj-biz-Zid (Antagonist treatment/ Heterotherapy). Therapies of Ilaj-bit-Tadbeer like Dalak (Massage), Riyazat (Exercise), Hamam (Turkish Bath), Bakhoor (Medicated Steam), Natool (Irrigation), Fasd (Venesection), Zimad (Paste), Tila (Liniment) and Hijamah (Cupping) are effective in treating cervical spondylosis.

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Introduction:-

Cervical and lumbosacral spines are the primary sites for osteoarthritic spine disease or spondylosis which occurs typically in later life. It is associated with pain and stiffness at affected area. Diseases of cervical spine typically cause neck pain which is aggravated by movements. Cervical spondylosis is basically osteoarthritis of cervical spine which produces radiating pain from neck to posterior region of head, shoulders or arms.^{[1][2]} It is an age related disorder and intervertebral disc degeneration is the primary risk factor to cervical spondylosis.^[3] The development of cervical spondylosis starts with degeneration of disc causing biomechanical changes in spine. These changes result in pain and disability. There is formation of osteophytes in the area of higher stress where degeneration has occurred. These osteophytes disrupt the normal load bearing capacity of spine.^[4]

Cervical spondylosis usually occurs in fourth to fifth decade of life onwards. The prevalence is 25% under the age of 40 years, 50% over the age of 40 years while 85% over the age of 60 years. Though, most of the people remain asymptomatic while having degenerative changes in their spine but still lifetime prevalence is up to 86.8%. It has been found that cervical spondylosis mostly affects 6th and 7th cervical vertebrae followed by 5th and 6th cervical vertebrae.^[5-8]

In Unani system of medicine, cervical spondylosis has been described as Waja-ul-Unq. While clinically Waja-ul-Unq comes under the heading of Waja-ul-Mafasil (Arthritis).^[9-12] In a classification of Waja-ul-Mafasil, it has been stated that it can also make vertebrae suffer as well as jaw and ear ossicles too.^[13] Osteoarthritis is termed as

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Tehjurul Mafasil in Unani. Disequilibrium of Ikhlal (Humours) and diversion of morbid materials towards the joints causes Tehjurul Mafasil (osteoarthritis).^[14] Management of Waja-ul-Unq (cervical spondylosis) follow the same regimens which are meant to treat joint disorders in Unani system of medicine. The ultimate goal of treatment is to decrease level of disability and to reduce morbidity. In Ilaj-bit-Tadbeer (Regimenal Therapy), procedures like Hijamah (Cupping), Dalak (Massage), Riyazat (Exercise), Fasd (Venesection), Takmeed (Fomentation), Zimad (Paste), Tila (Liniment), Bakhloor (Medicated Steam), and Hammam (Bath) etc. has been found to be effective.^[15] Unani system of medicine provides effective therapy for the treatment of various musculoskeletal disorders like arthritis and other lifestyle diseases. This system of medicine has its roots from ancient Greek. Arabic and Persian regions also enhanced this pathy. Now it is included in Indian System of Medicine and recognized by govt. of India. The fundamentals of Unani medicine are based on philosophical and scientific basis.^[16]

Discussion:-

According to Unani fundamental principles, there are seven basic components which forms human body known as Umoor-e-Tabiya. These components include Arkaan (Elements), Mizaj (Temperament), Ikhlal (Humours), A'aza (Organs), Arwah (Spirit/vital force), Quwa (Power) and Afa'al (Functions). Out of these basic components, Arkaan, Ikhlal, A'aza and Arwah work as matter for the body. Mizaj and Quwa provide shape or forms and power while Afa'al gives objectives to the body for proper functioning. The normal physiological balance in these seven components is also known as Tabiyat (Physis) which maintains health. A departure from this physiological balance is considered as disease.^[17] There is also another important fundamental of Unani which is known as Asbab (Causes). These Asbab are obligatory for body, health or disease. They make changes in the body and also protect health. From this principle, Asbab are classified into various types and one of its types is Asbab-e-Sitta Zarooriya (Six Essential Causes) which are necessary for the survival of human body. These six essential causes are Hawa (Air), Makoolat-o-Mashroobat (Food & Drinks), Harkat-o-Sukoon Badni (Body Movements and Rest), Harkat-o-Sukoon Nafsan (Psychic Movements and Rest), Naum-o-Yaqza (Sleep and Wakefulness) and Ehtebas-wa-Istafraqh (Retention and Evacuation).^[18]

There are four modes of treatment exist in Unani system of medicine namely Ilaj-bil-Ghiza (Dietotherapy), Ilaj-bid-Dawa (Pharmacotherapy), Ilaj-bil-Yad (Jarahat) and Ilaj-bit-Tadbeer (Regimenal Therapy). From these modes of treatment, Ilaj-bit-Tadbeer revolves around Asbab-e-Sitta Zarooriya (Six Essential Causes). Any modulation, enhancement or modification in Asbab-e-Sitta Zarooriya which are done knowingly to treat disease or to prevent it, is known as Ilaj-bit-Tadbeer. This type of therapy works on the principle of Ilaj-biz-Zid (Antagonist treatment/Heterotherapy) which means if there is a disease with hot temperament or hot morbid matter, we shall use cold regimens and if there is a disease with cold temperament or cold morbid matter, we shall use hot regimens.^[19-21] The management of waja-ul-unq (cervical spondylosis) depends upon the nature, severity and duration of disease with the humours or morbid matters associated. Sue mizaj maaddi can be managed by nuzj and tanqiya. Tehleel-e-warm (anti-inflammatory) and Taskeen-e-alam (analgesic) regimens are needed effectively to decrease inflammation and pain.^[22]

Following regimens of Ilaj-bit-Tadbeer (Regimenal Therapy) are found to be effective in the management of waja-ul-unq (cervical spondylosis).

Dalak (Massage):

It is a therapy in which pressure, friction and manipulation of tissues are applied. Dalak (Massage) has various varieties, from which Dalak-e-Laiyyan (Gentle Massage) with roghan-e-gul-e-aakh is very effective in treating the disease. It opens the skin pores, divert the morbid matter and relaxes the muscles.^[23] Dalak at affected area with roghan-e-shibbat, roghan-e-baboona and roghan-e-murakkab is also beneficial.^[24] Duration of massage at affected area should be lengthy for therapeutic purpose. If there is pain associated with additional cold, a massage with roghan-e-nargis or roghan-e-sosan mixed in roghan-e-dhatura is effective. If pain is associated with additional heat, a massage with roghan-e-hina is useful.^[25]

Riyazat (Exercise):

This therapy involves voluntary movements at affected region. It strengthens the muscles, joints, nerves and ligaments. Peripheral circulation is increased due to Riyazat, morbid matters are diverted (Imala-e-Mawad), it opens skin pores which also helps in cleaning of matter (Tanqiya-e-Mawad).^[26] Exercise of neck like flexion, extension, side flexion, right and left rotation are beneficial in cervical spine symptoms including headache, dizziness, nausea, vertigo etc.^[27] The increased flow of blood at affected region enhances the movements and prevents spasm which

ultimately relieves pain.^[28] Exercise causes endorphin production which gives feeling of well being hence body's resistance against pain is also increased.^[29]

Hamam-e-Turki (Turkish Bath) and Bakhoor (Medicated Steam):

Hamam-e-Turki is beneficial in providing heat. A temperature of 37-40 degree centigrade with duration of 10-15 minutes followed by rest for an hour is beneficial. Bakhoor with anti-inflammatory drugs like Baboona, Nakhoona, Makoh Khushk, Gul-e-Tesu and Namak-e-Lahori has been found effective.^[30-32]

Natool (Irrigation):

This therapy features slow pouring of medicated oil or decoction from a particular height at desired region. The process of pouring is called Tanteel. Natool is classified into Natool-e-Haar and Natool-e-Barid.^[33] This therapy is efficient in decreasing stiffness and pain at affected site.^{[33][34]}

Fasd (Venesection):

Fasd or venesection is a type of regimenal therapy which exists as oldest method of treatment in Unani. The purpose of venesection is to clean and evacuate morbid material from affected region by bloodletting, which is achieved by taking an incision over a vein. Venesection relieves inflammatory congestion.^[35] According to Majoosi, if morbid matter is Dum (Blood) than venesection is done at Varid-e-Basaleeq (Basilic Vein) and the quantity of blood in bloodletting must be monitored on the basis of patient's capacity, age, temperament, season and climate.^[36]

Zimad (Paste) and Tila (Liniment):

If Sue Mizaj (Altered Temperament) is due to Khilt-e-Haar (Hot Humour) than a paste of Unani drugs like Ard-e-Jao, Ard-e-Baqila, Khatmi, Banafsha, Sandal and Nakhoona prepared in Aab-e-Kishniz is useful for local application. A liniment made up of Unani drugs as liquid form like Aab-e-Sandal, Aab-e-Kishniz, Aab-e-Kasni and Aab-e-Makoh is beneficial tropically. If Sue Mizaj (Altered Temperament) is due to Khilt-e-Barid (Cold Humour) than a paste of Unani drugs like Zaravand Taveel, Habbul Ghar, Ushq, Sibr, Murmakki, Zeera and Tukhm-e-Karafs prepared in Aab-e-Karnab is useful for local application. A liniment as decoction of Baboona, Nakhoona and Soya mixed in vinegar is also effective.^[36]

Takmeed (Fomentation):

To keep any region of the body warm, a non-invasive therapy from Ilaj-bit-Tadbeer is applied, which is known as Takmeed (Fomentation). The basic objective of Takmeed is to achieve pain relief and to decrease stiffness. Takmeed also decreases inflammation. It enhances the efficacy of massage lotion by increasing its penetration into skin.^[37]

Hijamah (Cupping):

It is a therapy used in Unani methods of treatment since ancient times. Hijamah, which was earlier known as 'Seenghi Lagwana'; has two basic types namely Hijamah-bish-Shurt (Wet Cupping) and Hijamah-bila-Shurt (Dry Cupping).

Hijamah-bish-Shurt (Wet Cupping) works on the principle of Tanqiya-e-Mawad (Evacuation of Morbid Matter). In this method, a cup is placed over a desired region and vacuum is created by suction. After the development of congestion, multiple small incisions are taken and cup is reapplied. Blood starts to ooze out by suction and desired action is achieved. In cervical spondylosis, wet cupping is beneficial. Three cups are placed simultaneously over the region of 7th cervical vertebra, right supraclavicular fossa and left supraclavicular fossa.^[38]

Hijamah-bila-Shurt (Dry Cupping), where only vacuum is created and there is no need to take incision for bloodletting. This method works on the principle of Imala-e-Mawad (Diversion of morbid material). If this procedure involves fire in creating vacuum, it is called as Hijamah-bil-Naar (Fire Cupping). Dry cupping is efficient in providing nutrition to the affected area. It is also effective in decreasing restriction of motion, and increasing the strength of muscle. It is a safe and effective procedure.^[38-40]

Conclusion:-

In the view of Unani perspective, it can be concluded that Ilaj-bit-Tadbeer (Regimenal Therapy) is an effective non-pharmacological method of treatment for the management of Waja-ul-Unq (Cervical Spondylosis). By reviewing the literature, it can be considered that the therapies of Ilaj-bit-Tadbeer like Dalak (Massage), Riyazat (Exercise),

Hamam (Turkish Bath), Bakhooor (Medicated Steam), Natool (Irrigation), Fasd (Venesection), Zimad (Paste), Tila (Liniment) and Hijamah (Cupping) are efficient in providing relief. However, medical science is a vast field and further studies are always needed especially in the area of Unani System of Medicine.

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Conflict of Interest:

None

References:-

1. Kasper D L et al. 2015, Harrison's principles of internal medicine, 19th edition, New York: Mc Graw Hill Education. p-117, 122
2. Kasper D L et al. 2016, Harrison's manual of medicine, 19th edition, New York: Mc Graw Hill Education. p-210, 212
3. Daniel T. Kuo; Prasanna Tadi. 2019, Cervical Spondylosis, StatPearls Publishing [PubMed] <https://www.ncbi.nlm.nih.gov/books/NBK551557/> (26/03/2020)
4. Ferrara LA. 2012, The Biomechanics of Cervical Spondylosis. Adv Orthop. 2012;2012:493605. doi: 10.1155/2012/493605. Epub 2012 Feb 1. PMID22400120 [PubMed]
5. Sud A, Ranjan R. 2018, Textbook of Orthopaedics, New Delhi: Elsevier Publication. p117
6. Hoy DG, Protani M, De R, Buchbinder R. 2010, The Epidemiology of Neck Pain, Best Pract Res Clin Rheumatol, December; 24(6): 783-92. [PubMed]
7. Kelly JC, Groarke PJ, Butler JS, Poynton AR, O'byrne JM. 2012, The Natural History of Clinical Syndromes of Degenerative Cervical Spondylosis. Adv Orthop. 2012;2012: 393642 [PMC free article] [PubMed]
8. Hurwitz EL, Randhawa K, Yu H, Cote P, Haldeman S. 2018, The Global Spine Care Initiative: A Summary of Global Burden of Low Back and Neck Pain Studies, Eur Spine J, September; 27 (Suppl6): 796-801 [PubMed]
9. Razi, Z. 2004, Kitab-ul-Hawi Fit Tibb (Urdu translation) 1st edition. New Delhi: CCRUM.
10. Sena, I. YNM, Alqanoon Fit Tib (Urdu Translation). Lahore: Sheikh Mohammad Bashir and Sons, 293-307.
11. Jurjani, AH. YNM, Zakheera Khwarzam Shahi (Urdu translation). Lucknow: Maktaba Munshi Nawal Kishore; 6:637-648.
12. Zohar, AMAM I. 1986, Kitabul Taisir Fil Madawa wat Tadbir. New Delhi: CCRUM. p78-85.
13. Khan A. 2010, Al Ikseer Azam, New Delhi: Eijaz Publishing House. p 838-845.
14. Anjum un Nisa et al. 2018, Osteoarthritis and Unani Treatment- A Review, IJAR, 6(4), 991-995. ISSN: 2320-5407.
15. Jabeen A et al. 2018, Management of Cervical Spondylosis in Unani System of Medicine, The Pharma Innovation Journal, 7(10): 655-660. ISSN(E): 2277-7695, ISSN(P): 2349-8242.
16. Raees ur Rahman. 2015, Unani Medicine: The Art of Health and Healing, YOJANA, June 2015, vol 59: 43-47.
17. Nafis B. 1954, Kulliyat-e-Nafisi (Urdu Translation-Kabiruddin), New Delhi: Idara Kitab-ush-shifa. p-12, 13, 152, 153, 154.
18. Hamdani S K H. 2011, Usool-e-Tib, 5th edition, New Delhi: National Council for Promotion of Urdu Language. p-129, 138, 145, 148.
19. Akhtar J. 2019, Ilaj-bit-Tadbeer (Mae Jadeed Izafat), New Delhi: Zaviya Print. p-5.
20. Hamdani S K H. 2014, Basic Principles of Ilaj-bit-Tadbeer of Unani Medicine, New Delhi: Eijaz Publishing House. p-19.
21. Khan J A. 2011, Ilaj-bit-Tadbeer, Deoband: Hira Computers. p-14.
22. Khan M S A et al. 2012, Clinical Study of Waja-ul-Fiqaria Unqi (Cervical Spondylosis) and Efficacy of Safoof-e-Suranjan & Habb Gul-e-Aakh along with Exercise and Massage with Roghan-e-Babuna, Hippocratic Journal of Unani Medicine, CCRUM, July-September; 7(3): 25-35. ISSN: 0974-1291
23. Baig M G, Qamri M A. 2015, Effect of Dalak Laiyyan with Roghane Gule Aakh in Cervical Spondylosis- A Pre and Post Analysis Clinical Study, International Research Journal of Medical Sciences, January; vol. 3 (1): 5-8. ISSN 2320-7353
24. Ahmed K, Jahan N et al. 2014, Dalak (Massage) in Unani Medicine: A review, IJAAYUSH, 3 (1): 162-174. ISSN: 2320-0251

25. Mir I A, Jahan N, Sofi G. 2016, Role of Ilaj-bit-Tadbeer in Pain Management: A Non-Pharmacological Approach, International Journal of Herbal Medicine; 4(6):92-94. E-ISSN: 2321-2187, P-ISSN: 2394-0314.
26. Rahman M. 2015, Ilaj-bit-Tadbeer, New Delhi: Idara Kitab-ush-shifa. p-51, 52, 53,54.
27. Porter S B. 2013, Tidy's Physiotherapy, Gurgaon: Rajkamal Electric Press (Elsevier Ltd). p-225, 226, 227.
28. Racz G, Noe C E. 2012, Non-Pharmacological Therapies in Pain Management, Current Issues and Opinions, ISBN: 978-953-307-813-7.
29. Firdous S. 2016, Riyazat (Exercise): A Part of Ilaj-bit-Tadbeer and It's Role in Prevention of Diseases, International Journal of Development Research; 6(1): 64-86.
30. Wainner R S, Gill H. 2000, Diagnosis and Non-Operative Management of Cervical Rediculopathy, The Journal of Orthopedic and Sports Physical Therapy, 12 December; 30:728-744.
31. Kaye J J, Dunn A W. 1997, Cervical Spondylotic Dysphagia, South Medical Journal, 5 May; 70:613-4.
32. Samarqandi N. 1916, Moalijat Sharah Asbab (Urdu translation-Kabiruddin), Delhi: Eijaz Publishing House; 3: 220, 221.
33. Azam R. 2014, Natool (Irrigation)- An effective mode of treatment in Ilaj-bit-Tadbeer (Regimenal Therapy), IAJPR; 4(12): 1-5.
34. Nasimul H. 2013, An overview of Niqris (Gout) and it's interpretation with hyperuricemia, IJAAYUSH, 2(1): 137-142.
35. Ameen S M M, Anvardeen. 2016, Clinical Evaluation of Venesection Therapy, TJPRC: IJAMR, December; 1(2): 21-26.
36. Majoosi A H A I A. 2010, Kamil-us-Sana'a (Urdu translation-Kantoori), New Delhi: Idara Kitab-ush-Shifa; 2: 508, 509, 511.
37. https://www.nhp.gov.in/takmeed-fomentation_mtl (04/04/2020)
38. Mulla G, Rahman R, Gawte S. 2013, Highlights of Hijamah (Cupping Therapy), Mumbai: Avicenna Research Publication. p-11, 15, 115.
39. Nayab N, Anwar M, Qamri M A. 2011, Clinical Study of Waja-ul-Mafasil and Evaluation of Efficacy of Hijamat-bila-Shurt in the treatment, IJTK, October; 10(4): 697-701.
40. Baig M G et al. 2014, Pain Alleviation in Unani Medicine- A Conceptual Analysis, IJPSR, December; 5(12): 927-934.