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Concept of joint diseases from the purview of Unani medicine.

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Introduction

Joint diseases in Unani System of Medicine are categorized under the broad term ‘*Waja-ul-Mafasil*’. This terminology is used for all types of arthritis. “*Waja*” means pain and “*Mafasil*” means joints in Arabic. Hence, *Waja-ul-Mafasil* means pain in joints. Ibn-e-Sina has used *Waja-ul-Mafasil* for pain, inflammation, accumulations, depositions and other joint disorders and he has further defined *Waja-ul-Mafasil* as ‘the pain in joints which includes *Niqras* (gout), *Irqunnisa* (sciatica) and other joint pains^[1]. Kabiruddin elaborates the statement of Samarqand as “*Waja-ul-Mafasil* is the pain and inflammation in organs of the Joints^[2]”.

The main objective of this study is to give a platform for the students and practitioners to give comprehensive information regarding the *Waja-ul-Mafasil* or joint disorders as per the Unani doctrine, in order to enhance clinical practice. Further, this study is aimed to give a platform

for the researchers to undertake research activities in the joint diseases with the Unani philosophy.

Classification of joint diseases

Unani physicians have classified joint diseases in to several types according to various factors^[3]. They are, severity of the symptoms, presence or absence of morbid material in the joints, type of humours involved in morbid material, involvement of type of joints, course of the disease and presence of factors complicating the disease.

Based on severity of the symptoms *Kabiruddin* has classified as *Waja-ul-Mafasil Haad* (acute) and *Waja-ul-Mafasil Muzmin* (chronic)^[2]. Based on the morbid material, if morbid material present, it is named as *Waja-ul-Mafasil Maddi* and if there is no morbid material it is named as *Waja-ul-mafasil Sada*^[4]. According to the type of humours or morbid material found in the joint *Waja-ul-Mafasil* is further divided as *Waja-ul-Mafasil Damvi* (sanguineous), *Waja-ul-Mafasil Safravi* (bilious), *Waja-ul-Mafasil Balghami* (phlegmatic), *Waja-ul-Mafasil Saudavi* (black bilious), *Waja-ul-Mafasil Ufooni* (putrified), *Waja-ul-Mafasil Murakkab* (complex) such as *Dam-Balgham* complex, *Dam-Safra* complex, *Dam-Sauda* complex, *Balgham-Safra* complex and *Waja-ul-Mafasil Reehi* (gaseous)^[1,4,5].

Based on the type of the swelling, *Waja-ul-Mafasil* is classified as *Waja-ul-Mafasil Haar* (hot) and *Waja-ul-Mafasil Barid* (cold)^[4,5,6,7]. *Majoosi* further said that *Waja-ul-Mafasil Damvi* (sanguineous) and *Waja-ul-Mafasil Safravi* (bilious) are *Waja-ul-Mafasil Har* and likewise *Waja-ul-Mafasil Balghami* (phlegmatic) and *Waja-ul-Mafasil Saudavi* (black bilious) are belongs to *Waja-ul-Mafasil Barid*^[6].

Khan (1939) followed the classification of *Ibn-e-Sina* and *Razi* but added a renewed aspect as *Waja-ul-Mafasil Mufrad* (single matter/ humour involved) and *Waja-ul-Mafasil Murakkab* (complex humours/ matter involved)^[5].

Unani physicians have given different names for the *Waja-ul-Mafasil* according to the involved joint such as *Nigras* (Arthritis of toe- gout), *Irq'un Nasa* (arthritis of lumbo sacral vertebra that causes sciatica), *Waja-ul-Warik* (arthritis of hip joint) and *Waja-ul-Zahar* (arthritis of lower parts of the spines that causes back pain)^[4,5].

Causative Factors

Waja-ul-Mafasil is caused mainly by derangement of temperament (*Soo-e-Mizaj*) of joints or due to accumulation of *Mawaad-e-Fasida* (morbid humours) in the joints spaces. *Ibn-e-Sina*

has mentioned two types of causes such as *Asbab-e-Fa'ila* (direct causes) and *Asbab-e-Munfa'ila* (indirect causes or predisposing factors)^[1].

Asbab-e- Fa'ila are the direct causes which produce pathology in the joints and causes pain. They are categorized under two broad areas like *Soo-e Mizaj* (derangement of temperament) and *Ehtibas-e Maaddah* (retention of morbid materials)^[1]. Derangement of temperaments occurs due to simple/ single quality change. Therefore, there is no involvement of humours, only quality (*Kaifiyat*) of humours is altered causing only functional disturbance in the joints. This *Soo-e-Mizaj Sada* can be^[1,4].

Soo-e-Mizaj Haar Sada (Simple hot derangement of temperament)

Soo-e-Mizaj Barid Sada (Simple cold derangement of temperament)

Soo-e-Mizaj Ratab Sada (Simple moist derangement of temperament)

Soo-e-Mizaj Yabis Sada (Simple dry derangement of temperament)

Derangement of temperament also occurs with involvement of morbid material or involving with dual/ complex change. It is called as *Soo-e-Mizaj Maddi*. Here is involvement of morbid humors, resulting in both quantitative (*Miqdar*) and qualitative (*Kaifiyat*) changes in joints thus causing pathology. This may be^[1,4]:

Soo-e-Mizaj Damvi (Sanguineous derangement of temperament)

Soo-e-Mizaj Balghami (Phlegmatic derangement of temperament)

Soo-e-Mizaj Safravi (Bilious derangement of temperament)

Soo-e-Mizaj Saudavi (Melancholic derangement of temperament)

Ehtibas-e Maddah (retention of morbid materials) takes place in the joint spaces causing pathology in the joints. Retention of *Reeh* (pus) may also take place in the joints. Ibn-e Sina has described that the *Kham Akhlat* (immature humours), which cause the pathology of the joints, are the waste products of 2nd and 3rd phase of digestion i.e. *Hazm-e Kabidi* and *Hazm-e Urooqi*. This *Kham Akhlat* got accumulated in the joints due to defaulted natural *Istifragh*. Excessive movements produce more heat and it attracts the morbid material to the joints. The cavity in joints provides space for its accumulation. Since joints tissues like bone, cartilage, etc. that are of cold temperament the *Maddah* could not be digested by them and gets accumulated. Besides, joints also get affected by psychological turmoil i.e. anger, sorrow, stress etc. and become weak. This acceptance of insult might be primarily due to genetic composition or secondary due to trauma. *Soo-e-Mizaj* also dilates the potential space of the synovium, thus morbid material get collected in it and eventually produces the weakness of the joint^[1,2,7].

Asbab-e Munfa'ila are the factors indirectly affecting the joint, making the joint susceptible to accept the accumulation of morbid material causing pathology in the joints. This may be due to congenital or acquired dilatation of the natural passages or formation of a new natural passage. Congenital weakness or susceptibility of the joint to accept the morbid humours and joints situated anatomically in lower position, may contribute to this acceptance^[8]. Therefore, knee joint and ankle joints affected more when comparing to other joints. Other predisposing factors are sedentary life style, lack of physical exercises, irregular diet, incomplete digestion, unhealthy eating habits, excessive intercourse, coitus on full stomach, excessive use of joints causing absorption of humours in the joints as movements attract *Maddah*, mental/psychological stress, genetic predisposition^[1,6,7]. Further certain types are more prevailed in young adults as compared to elderly and children^[4,8]. Avicenna's opinion is that males are affected more than females. *Razi* said *Khareef* (autumn) season followed by *Rabee* (spring) are favorable seasons for the development of joint diseases^[4]. According to *Ibn-e-Sina* this disease may be inherited, usually from paternal side^[8] and susceptibility of individual varies among different races^[4].

Excessive sun exposure, tiredness and vigorous exercises aggravate the disease, especially when there is *Imtila* (congestion of humours in the body)^[4,8], intestinal colic if treated imprecisely it may cause *Waja-ul-Mafasil* due to surge of *Fasid Mawad* (morbid humours) to joint spaces^[4,8].

Stopping of *Istifragh* (eradication of morbid material), which was habitually done. Obese people with *Imtila* (congestion of morbid humours) are more prone to become affected by this disease. Further, alcoholism, excessive cold and catarrh, exposure to cold and excessive bathing particularly in the evening or at night will lead to formation of *Fasid Mawad* (bad matters)^[4,6,8]. Gonorrhoea and syphilis may also predispose the patients to become arthralgia^[5].

Clinical features

Clinical features are depending upon the type of humour involved in causation of the disease. These features are important in the diagnosis of the joint diseases. Clinical features of *Waja-ul-Mafasil Damvi* (Sanguineous arthritis) are onset of the disease is sudden and the features are usually severe, joints are swollen, skin over the affected joint is reddish and hot on palpation, joints are usually tender, pain on movement and joint mobility is decreased, symptoms and signs are alleviated on exposure to cold and by taking cold things, other general clinical features of sanguineous disease and history of factors responsible for the production of sanguineous temperamental derangement.

Clinical features of *Waja-ul-Mafasil Safravi* (Bilious arthritis) are onset is sudden and acute, severe signs and symptoms, swelling is less as compared to *Waja-ul-Mafasil Damvi*, Skin overlying affected joint is yellow and hot to touch, itching may be over the joints and all over the body, usually symptoms are relieved by exposure to cold and cold temperament things, there will be a history of factors responsible for the production of temperamental derangement.

Waja-ul-Mafasil Balghami (Phlegmatic arthritis) is the most common form of *Waja-ul-Mafasil* and onset of the clinical features is slow and features are not severe usually mild to moderate, joint pain increases on movement, skin overlying affected joint is pale in color and soft on touch, mild tenderness and swelling in affected joints, symptoms aggravate on exposure to cold and by taking cold things, clinical features such as pain and swelling are relieved by exposure to heat and by taking hot things and there will be a history of factors leading to temperamental change.

Waja-ul-Mafasil Saudavi (Melancholic arthritis) is a rare form and severe form of *Waja-ul-Mafasil*. Usually occurs as a late sequel of other types of *Waja-ul-Mafasil*, as other types may be converted into this form due to burning of humours into *Sauda*. Skin over affected joint looks dark and dry, affected joint is hard and there is mild tenderness, history of factors responsible for production of *Sauda* leading to temperamental derangement and also there will be systemic changes showing predominance of *Sauda* in the body.

In Unani literature, there is no any clear cut definition or description for modern diagnosis of arthritis, but on exploring the literature deeply, Osteoarthritis (OA) and other types of arthritis can be correlated with variants of *Waja-ul-Mafasil*. Osteoarthritis share similar predisposing factors, aggravating factors, pattern of joint involvement *Waja-ul-Mafasil Barid*. Akbar Arzani has classified *Waja-ul-Mafasil* into *Dardba Varm* (Pain with inflammation) and *Dardvo Varm* (Pain without inflammation). Hence, later one (pain without inflammation) be equated to osteoarthritis (OA) as it is primarily a non-inflammatory disorder. The concept of non-inflammatory type *Waja-ul-Mafasil* was very much known in ancient times. It is clear from the statement of Hippocrates that cold water is beneficial for the inflammatory type of *Waja-ul-Mafasil*. It shows that he was well aware of this non-inflammatory type of arthritis^[4]. Razi has also mentioned that swelling will develop gradually but the affected joint may not show any oedema, inflammation, or redness. Modern literature also mentions the OA as the most common cause of arthritis. *Waja-ul-Mafasil Barid* has alarming resemblance to osteoarthritis as the signs and symptoms of *Balghami* and *Saudavi* types are more similar to

OA^[4,5,6,8]. Hence, it can be said that OA closely resembles to *Waja-ul-Mafasil Barid*. When considering other types such as septic arthritis, rheumatic arthritis, rheumatoid arthritis . have the clinical features which resemble the clinical features of *Waja-ul-Mafasil Har* (either *Damavi* or *Safravi*).

Management

According to Unani system of Medicine, the principles of management of different varieties of *Waja-ul-Mafasil* differ with each other. In simple temperamental derangement (*Waja-ul-Mafasil Sada*), there is minimal or no involvement of morbid humours at all. Therefore, only *Ta'deel-e-Mizaj* (restoring the normal temperament) is required. For that simple measures such as cooling or heating may only require. Whereas in case of arthritis due to morbid materials (*Waja-ul-Mafasil Maaddi*), *Tanqiya* (elimination) of the concerned morbid humour is required. This could be done through *Imaala* (diversion) and/or *Istifraagh* (evacuation). In case of *Damavi* (sanguineous) type of *Waja-ul-Mafasil*, venesection (*Fasd*) should be performed; followed by emesis (*Qai*) and purgation (*Is'haal*) are recommended. In cases of *Balghami*, *Safravi* and *Saudavi*, evacuation of morbid material is done by purgation but it should be preceded by Concoction (*Nuzj*). It is called as *Munzij Mushil* therapy. In *Waja-ul-Mafasil Muzmin*, Diuresis (*Idrar*) should be performed. Analgesics (*Mussakinat*) should be used both locally as well as systemically. Cupping (*Hajamat*) is done for pain relief, whereas wet cupping can be used for both pain relief and evacuation of morbid material^[4,6,7,8,9].

General measures such as cleansing and elimination of morbid material (*Tanqiya-e- Mawad-e-Fasid*), diversion of morbid material (*Imala-e Mavad*), relieving of pain (*Taskeen –e-Dard*), resolution of inflammation (*Tahleel-e Varm*), strengthening of joints and nerves (*Taquvviyat-e-Mafasil wa Asab*) could be used in the treatment along with the correction of deranged temperament (*Ta'deel-e Mizaj*).

Unani system of medicine prescribes certain single drugs that could be beneficial in *Waja-ul-Mafasil*. First and the best among them is *Surinjan* (*Colchicum luteum* Baker)^[5,6,9]. Anti-arthritic property of *Colchicum luteum* has been identified through various experiments.^[10] Others drugs are *Asgand* (*Withania somnifera*)^[4,11], *Bozidan* (*Tanacetum umbelliferum*)^[1,4,6], *Filfil Siyah* (*Piper nigrum*)^[6,7], *Turbud* (*Operculina turpethum*)^[2,4], *Khardal* (*Brassica nigra* Linn)^[5], *Zanjabil* (*Zingiber officinale*)^[1,6,12], *Sana Maki* (*Cassia augustifolia*)^[4,5,12], *Mako* (*Solanum nigrum*)^[2,6,11], *Haleela Siyah* (*Terminalia chebula*)^[2,4,12], *Kasni* (*Chicorium intybus* Linn)^[2,4,6], *Badiyan* (*Foeniculum vulgare*)^[2,4,9] and *Gul-e-Surkh*

(*Rosa damascus*)^[4,5]. Further there are several Unani compound formulation that can be used in arthritis. They are *Habb-e-Surinjan*^[2,6,7,11], *Habb-e-Asgand*^[13], *Habb-e-Azraqi*^[2], *Habb-e-Najah*^[1], *Habb-e-Surinjan*^[2,6,7,11], *Itrifal-e-Sagheer*^[5], *Jawarish-e-Jalinoos*^[2,11], *Jawarish-e-Safarjali*^[7], *Majoon-e-Azraqi*^[2,5], *Majoon-e-Chobchini*^[2,11], *Majoon-e-Jograj Gogul*^[11], *Majoon-e-Surinjan*^[2,5,11], *Majoon-e-Ushba*^[2,5,11], *Qurs-e Mafasil Jadeed*^[14]. External application such as *Roghan-e-Baboona*^[2,4], *Roghan-e-Datura*^[5], *Roghan-e-Gul-e-Aakh*^[2,5], *Roghan-e-Hena*^[5], *Roghan-e-Mom*^[5], *Roghan-e-Mujeth*^[12], *Roghan-e-Qust*^[2,6,12], *Roghan-e-Sosan*^[2,4,6,9], *Roghan-e-Surinjan*^[2,6], *Roghan-e-Surkh*^[14], *Roghan-e-Tambaku*^[12] can be applied. As *Surinjan* is highly beneficent in all types of arthritis, it can be used both externally as well as internally. Patient should be advised to refrain from meat as it is harmful in *Waja-ul-Mafasil*.

Conclusion

Waja-ul-Mafasil is clearly defined by the Unani medicine, which comprises all types of joint disorders. As per the review it can be concluded that the all types of joint disorders can effectively be correlated with the *Waja-ul-Mafasil*. Especially, osteoarthritis could be correlated with *Waja-ul-Mafasil Barid* as both resemble similar clinical features. Further, Unani system of medicine identified the aetiopathogenesis for the joint disorders and laid down the proper treatment as well. Therefore, when planning the management of a joint disease, the affliction, cause and management could be properly aligned for an effective outcome. Every Unani physician needs to have a good understanding on these facts to become a good physician and researchers can use these facts for their future researches as well.

Conflict of Interest: None

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