An Overview of Waja-ur-Rukbah (Knee Osteoarthritis) with Reference to Waja-ul-Mafasil and its Regimenal Management (Ilaj bit tadbeer) in Unani System of Medicine

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ABSTRACT

Pain in joints is a major clinical problem since ancient times. Inflammatory or non-inflammatory joint disorders have been described elaborately by eminent Unani physicians under one caption of Waja-ul-Mafasil, which stands for pain in joints. On the basis of clinical presentation, osteoarthritis looks very similar to Waja-ul-Mafasil Balghami. One of the most common forms of osteoarthritis is Knee Osteoarthritis (KOA), which can be translated as Waja-ur-Rukbah. Osteoarthritis, a chronic painful disorder, is primarily treated with non-steroidal anti-inflammatory drugs (NSAIDs) that have a large number of adverse effects, while its management has multidirectional approach in Unani system of medicine. Waja-ur-Rukbah is managed with Istefragh (evacuation) followed by Tadeel (rejuvenation), Taqwiyat (strengthening) of the joint and joint structures and Taskeen (analgesia). Istefragh is achieved by specific poly-herbal Unani formulations i.e. Munzij-Mushil Therapy followed by normalization of temperament (Tadeel-e-Mizaj) of affected joint and adjacent structures by employing various regimenal modalities such as Hijama (cupping), Dalk (massage), Irsal-e-Alaq (leeching), Hammam (Turkish Bath), Takmeed (Fomentation), Natul (Irrigation), Qai (Vomiting), Huqna (Enema), etc. Taskeen and Taqwiyat are achieved by employing either drugs or regimenal modalities. This overview will address Waja-ur-Rukbah and its regimenal management.

Keywords: Istefragh; Tadeel; Tanqiya; Hijama; Dalk


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Introduction

_waja-ul-Mafasil_ is an Arabic term which denotes pain in joints, especially the joints of upper or lower limbs. Few specific terms have been suggested by Unani scholars according to the joint involved such as _Waja-ul-Katif_ (shoulder pain) _Waja-ul-Mirfaq_ (elbow pain), _Waja-ul-Khasira_ (hip pain), _Waja-ul-Kaab_ (ankle pain), _Waja-ur-Rukbah_ (knee pain), _Waja-bain-al-Asabe_ (inter-phalangeal Joints pain), _Waja-ur-Raqba_ (cervical spondylosis), _Niqris_ (gout – great toe pain), _Waja-uz-Zahr_ (low backache) and _Irq-un-Nasa_ (sciatica) when pain starts from hip and spreads down the length of leg. Risk factors, causes, clinical presentation of _Waja-ur-Rukbah_ are similar as osteoarthritis described in modern medicine. Osteoarthritis is a disease of olden times which is a leading cause of chronic disability between 4th and 5th decade of life, estimated as second most common rheumatological problem and is most frequent joint disease with overall prevalence in India in the range of 20.5% to 68%. A cross sectional study on burden and determinants of KOA in 2018 in India showed prevalence of KOA among respondents was 27.1% with dominant risk factors like over age (>50 years), female gender, illiteracy, lower socioeconomic class, positive family history of OA, tobacco usage, diabetes mellitus, hypertension. Worldwide, it is estimated that 9.6% of men and 18% of women of 60 or older probably have symptomatic KOA.

Aetiology and predisposing factor

According to Unani medical encyclopaedia, causes of Waja-ul-Mafasil are classified into two major categories. 

A. Asbab-e-faila (subjective factors):

Pathology due to Sue Mizaj Sada or Maddi directly presents in the articular sites and causes accumulation of mawad-e-fasida (morbid humours) in the joints.

B. Asbab-e-munfaila (risk factors):

These are the secondary factors which indirectly affect the articular region and make the joint susceptible to accept the mawad-e-fasida resulting in organic and functional changes in the joints.

Jurjani defined Waja-ul-Mafasil as a consequence of accumulated secreted morbid materials in the joints which produces Waram (inflammation) and pain. He divided the causes for accumulation of morbid materials in the joints into two types.

A. Sabab-e-Asliya (Actual cause)

B. Sabab-e-Arziya (Temporary cause)

_Sabab-e-Asliya (Actual cause):_ It includes three factors

a. Excessive joint movement
b. Special anatomical joint structure
c. Deficient Quwwat-e-Hazimawa Dafea (digestive and expulsive power) in the joints

_Sabab-e-Arziya (Temporary cause):_ It includes risk factors similar to conventional system of medicine.

a. Lack or absence of exercise
b. Naqs-e-Ghiza in terms of quality or quantity as well as timing of intake

c. Excessive intake of sweets, cold and moist diet
d. Taking alcohol or inebriant materials

e. Performing exercise and intercourse just after meal
f. Excessive cold and catarrh

g. Sudden cessation of a habitual Istifragh (evacuation)
h. Diversion of excessive abnormal humours

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towards the joint during the improper treatment of intestinal colic

i. Increasing age
j. Sufferer with chronic diseases
k. Males after marriage and females after menopause
l. Mosum-e-Rabi (spring season) followed by Mosum-e-Kharif (autumn season)
m. Sometimes heredity pattern was observed in this disease
n. Over exhaustion, hard work, vigorous exercises, excessive sunlight exposure and tiredness exaggerate the disease

Mahiyat-e-Marz (Pathogenesis)

Joints are more susceptible organs to get accumulated with morbid matters due to

i. Spacious structure as compared to other organs
ii. Barid Yabis Mizaj (cold and dry temperament)
iii. Weak Quwwat-e-Hazima wa Dafea (digestive and excretory powers)
iv. Gravity factor

The most usual causative material for the development of Waja-ul-Mafasil is Balgham-e-Kham (raw phlegm) produced due to abnormal Istihala (metabolism) at the second and third stages of digestion (Hazm-e-Kabidi and Hazm-e-Urooqi). Dynamic physical movements in the joints stimulates the hararat-e-gharizya (innate heat), which migrates stagnated mavad-e-fasida (morbid matter) from the interstitial spaces of the body towards the joint cavity. On the other hand joint has property of absorbing and attracting the body fluids due to adequate space, and the Mizaj-e-Barid (cold temperament) of the associated tissues of the joint (like bone, cartilage, tendons and ligaments). Thus, the morbid material collected in the joint spaces is not eliminated properly, which gradually affects the joints. The Balgham-e-Tabiee (normal phlegm) has Barid-Ratab Mizaj (cold moist temperament), already present in the joints.

Excessive accumulation of Balgham-e-Kham (raw phlegm) in the joint structures, which already have Barid-Yabis Mizaj, synergises the Barudat (coldness) in the joints and joint structures. This Sue Mizaj Barid Mukhtalif manifests in the form of pain in the joints and joint structures.

Accumulated Mawad-i-Fasida (abnormal matter) will also produce pressure and inflammatory symptoms like pain, stiffness, swelling, redness, etc. Destruction of cartilage and disability result due to increased disease duration.

Types of Waja-ul-Mafasil

Waja-ul-Mafasil is classified as follows which is shown in tables 1-7.

Waja-ul-Mafasil Murakkab (Involvement of compound/mixed humours)

Single Khilt as well as a combination of two or more Akhlat may cause Waja-ul-Mafasil. A mixture of Balgham/Safra, and Sauda/Safra are relatively more common than Balgham/Sauda. Waja-ul-Mafasil Murakkab due to a combination of Balgham-e-Ghaleez and Safra is assumed to be the worst variety.

Waja-ul-Mafasil Reehi (Pneumatic)

It is a rare type of Waja-ul-Mafasil, where pain is mild, shifting in nature, with more distension than heaviness

Tashkhees (Diagnosis)

The diagnosis can be made through following points

Δ Onset of pain (gradual, abrupt, sudden) with or without heaviness
Δ Swelling (mild, moderate, severe)
Δ Change in skin colour over the joint (whitish, reddish, yellowish, bluish-black)
Δ Lams (tactile sensation/touch), Nabz (pulse),

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Table 1. Based on presence or absence of Akhlat-e-Fasida (Morbid Humours)

| Waja-ul-Mafasil Sada | Waja-ul-Mafasil Maddi |

Table 2. Based on Mizaj (Temperament)

| Waja-ul-Mafasil Har (Hot) | Waja-ul-Mafasil Barid (Cold) |
| Waja-ul-Mafasil Raṭab (Wet) | Waja-ul-Mafasil Yabis (Dry) |
| Waja-ul-Mafasil Har Raṭab (Hot and Wet) | Waja-ul-Mafasil Har Yabis (Hot and Dry) |
| Waja-ul-Mafasil Barid Raṭab (Cold and Wet) | Waja-ul-Mafasil Barid Yabis (Cold and Dry) |

Table 3. Based on the type of Madda (Material) involved

| Waja-ul-Mafasil Damvi (Sanguineous) | Waja-ul-Mafasil Safravi (Bilious) |
| Waja-ul-Mafasil Balghami (Phlegmatic) | Waja-ul-Mafasil Saudavi (Melancholic) |
| Waja-ul-Mafasil Reehi (Pneumatic) | Waja-ul-Mafasil Ufooni (Infectious) |

Table 4. Based on the number of Khilt (Humour) involved

| Waja-ul-Mafasil Mufrad (due to involvement of single Khilt) | Waja-ul-Mafasil Murakkab (due to involvement of more than one Khilt) |

Table 5. Based on the severity and duration of the disease

| Waja-ul-Mafasil Had (Acute) | Waja-ul-Mafasil Muzmin (Chronic) |

Table 6. Based on the joint involvement

| Waja-ul-Mirfaq (Elbow Joint Pain) | Waja-ul-Warik (Hip Joint Pain) |
| Waja-ul-Kaab (Ankle Joint Pain) | Waja-ul-Rukbah (Knee Joint Pain) |
| Ireq-un-Nasa (Sciatica) | Nqris (Gout) |
| Waja-bain-al-Asabe (Inter Phalangeal Joint Pain) | Waja-ul-Eqab (Heel Pain) |
| Waja-ul-Qatn (Low Back Pain) | Hudbah (Spinal Deformity) |

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Boul (urine), Baraz (stool)
Δ Signs/symptoms of the involved khilt
Δ If shifting pain is mild without heaviness and with severe distension, it indicates involvement of Riyah.

**Usool-e-Ilaj** (Line of Management)\(^{1,6,13}\)

In initial stage, Waja-ul-Mafasil can be treated easily, but if it persists for a longer period, it becomes difficult to treat \(^{1,6}\).

**Izala-e-Sabab** (Removal of cause)

**Istifragh** (evacuation of morbid material): Treatment of patient should be based on the concept of *Tanqia Mawade Raddiya* (evacuation of morbid matter), *Tadeel Mizaj* (rejuvenation of temperament), and *Taqwiat-e-Mafasil* (strengthening of joints). *Taniya* (evacuation) is achieved by *Munzij-wa-Mushil* therapy (concoction and purgation) and *Tadeel Mizaj* is by various drugs and regimen modalities such as *Idrar* (diuresis), *Taareeq* (diaphoresis) *Qai* (emesis), *Fasd* (venesection), *Hijama* (cupping), *Huqna* (Enema), *Irshal-e-Alaq* (leech therapy), *Dalk* (Massage), *Nutool* (irrigation), *Abzan* (sitz bath), *Amal-e-Kai* (cuaterization), *Hammam* (medicated bath) *Pashoya* (footbath), *Riyazat* (exercise), and *Takmeed* (fomentation) etc.

*Taqwiyat-e-Mafasil* (strengthening of the joint): It is achieved by various *Ghizai tadabeer*, regimen modalities as well as single and compound drugs.

**Taskeen-e-Alam** (analgesia): It is advisable to use oral as well as local application drugs for relief of pain having medicinal properties such as *Musakkin* (analgesic), *Muhallil* (resolvent), *Qabiz* (astringent), *Raade* (Repellent), *Murakhkhi* (local relaxant) *Mukhaddir* (anaesthetics), *Munawwim* (hypnotics).

**Regimenal Therapy**


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**Table 7. Alamat (Clinical Features)**

<table>
<thead>
<tr>
<th>Characters</th>
<th>Waja-ul-Mafasil</th>
<th>Waja-ul-Mafasil</th>
<th>Waja-ul-Mafasil</th>
<th>Waja-ul-Mafasil</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Balghami (Phlegmatic)</td>
<td>Damvi (Sanguineous)</td>
<td>Safravi (Bilious)</td>
<td>Saudawi (Melancholic)</td>
</tr>
<tr>
<td>Onset</td>
<td>Gradual</td>
<td>Abrupt</td>
<td>Sudden</td>
<td>Slow</td>
</tr>
<tr>
<td>Nature of Pain</td>
<td>Throbbing</td>
<td>Severe</td>
<td>Excruciating</td>
<td>Mild</td>
</tr>
<tr>
<td>Swelling</td>
<td>Marked</td>
<td>More marked</td>
<td>Marked</td>
<td>Moderate</td>
</tr>
<tr>
<td>Touch</td>
<td>Soft &amp; Cold</td>
<td>Soft &amp; Warm</td>
<td>Hard &amp; Warm</td>
<td>Hard &amp; Cold</td>
</tr>
<tr>
<td>Skin over the joint</td>
<td>whitish</td>
<td>Reddish</td>
<td>Red ting to yellowish</td>
<td>Bluish-Black</td>
</tr>
<tr>
<td>Aggravating Factors</td>
<td>Cold</td>
<td>Heat</td>
<td>Heat</td>
<td>Cold</td>
</tr>
<tr>
<td>Relieving Factors</td>
<td>Heat</td>
<td>Cold</td>
<td>Cold</td>
<td>Heat</td>
</tr>
</tbody>
</table>

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Hijama (Cupping)

Hijama (Cupping therapy) is a simple, safe, tolerable, effective, economic and time-saving regimenal modality which is helpful in the treatment of aches and pains of limbs, head, neck, shoulders and back and has a potential to enhance the quality of life. Cupping therapy is classified as dry and wet cupping. Dry cupping is performed by applying cups over the skin creating negative pressure inside the cups through various methods including fire, manual pump or electrical suction and leave it up to 10-15 minutes which increases the blood and lymph circulation to the affected area, relieves painful muscle tension, effectively treats pain and also enhances a patient's quality of life and wellbeing. In wet cupping, few superficial scarifications are made for evacuation of causative pathological substances from the interstitial spaces and blood circulation. Various clinical studies showed that dry cupping and wet cupping both were effective in the management of pain, stiffness, swelling and muscle weakness due to KOA.

Statistically significant improvement in pain, morning stiffness, joint swelling, restriction of movements, tenderness and muscular weakness after dry cupping in osteoarthritis/arthritis were reported. Efficacy of wet cupping in knee osteoarthritis was also reported. Studies reported the effectiveness of leech therapy in patients of KOA.

Irsal-e-Alaq (Leech Therapy)

Irsal-e-Alaq or Medicinal leech therapy or hirudo therapy is a type of bloodletting procedure using blood sucking leeches which are attached to the skin with the purpose to gain the therapeutic benefits of secreted leech saliva while feeding. More than 20 leech salivary molecules and their modes of action have been identified such as analgesic, anti-inflammatory, platelet inhibitory, anticoagulant, and thrombin regulatory functions, as well as extracellular matrix degradative and antimicrobial effects. It is commonly practiced procedure in regimenal therapy used for local evacuation of morbid humours using waja-ul-mafasil. The effectiveness of this therapy may also be credited to the Mussakin (sedative) and Muhallil (anti-inflammatory) actions of saliva of leeches. Studies reported the effectiveness of leech therapy in patients of KOA.

Fasd (Venesection/Phlebotomy)

Fasd is one of the classical regimenal procedures in Unani system of medicine in which small incision with knife or scalpel is given to the superficial vessel and blood containing mawad-e-fasida (morbid material) is allowed to flow out that removes excess normal humours in the same proportion as present in the blood vessels or abnormal humour or both. It is also known as Phlebotomy, venepuncture, drawing of the blood, or taking blood for cleansing. Purpose behind this is evacuation and diversion of morbid humours from the body that helps in reducing congestion, swelling and acute pain in as often being seen in sciatic condition. This objective will be achieved through specified veins for different ailments. This therapy is indicated in various musculoskeletal and other disorders.

Qai (emesis)

It is a simple and effective method of removing the istehalati-akhlat-e-raddiya (metabolic morbid humours) not only from the stomach but also from whole body through oral route by generating anti peristaltic movement with specific Advia-e-Muqiyyat (emetics) for the purpose of treatment. Emetics work by producing gastric irritation, which stimulates the CNS or vomiting centre and causes reverse peristalsis. This regime has been
used by Unani physician from ancient times to treat certain body ailments like headache migraine, junoon (mania), melancholia, gastrointestinal disease, hepatic, kidney, skin disease, joint disorder, fever and others. Efficacy of Qai, Munzij-wa-Mushil-e-Balgham and dalk with Roghan-e-Chobchini in Waja-ur-Rukbah (knee osteoarthritis) was evaluated and reported that regimen is safe and effective with significant improvement in KOA.

**Huqna (enema)**

Huqna is a procedure of introducing a medicated liquid into the rectum and colon through the anus for various therapeutic purposes such as cleansing the bowels, stimulating the evacuation of bowels, etc. Enema is avoided in extreme hot and cold weather, and in those persons having hot or cold temperament, during pregnancy, cough, sneezing, febrile and in weak persons. It should also be avoided by continuous and repeated use.

**Dalk (Massage)**

In this procedure, affected part of the body is rubbed with hands using medicated oil by deploying different techniques which result in physiological, psychological therapeutic effects over the body and in diseased conditions to achieve the therapeutic, restorative and preventive goals. Unānī physicians included dalk in the category of Riyazat, on the basis of action. Dalk dissolves and removes Akhlat-e-fasida (morbid humours), liquefies the Rutubat-e-badan (body fluids), produces heat (Latif Hararat) in the body which removes baroodat (coldness) and dissolve reehi-mawad (gas) and strengthens the muscles, ligaments and tendons. It is helpful in evacuation and diversion of adhered viscous morbid matter accumulated inside the joints that alleviate the pain, reduces swelling, excretes waste product (fuzlat-e-badaniya) that is formed at the end stage of digestion (hazm-e-akhir). It is contraindicated in, chronic inflammation, pyosis, all types of fever, cardiovascular morbidities, thrombosis, Metastases, Bruise, Haemophilia, open wound, malignant growth, calcification. Massage is indicated in Tendinitis, Tenosynovitis, Fibrositis, Muscular spasm, Ligament sprain, Postsurgical scar, Postburn contracture, pre and postoperative scars in plastic and reconstructive surgery, Bell’s palsy, Poliomyelitis, neurotmesis, Guillain–Barre syndrome. Massage is indicated in Tendinitis, Tenosynovitis, Fibrositis, Muscular spasm, Ligament sprain, Postsurgical scar, Postburn contracture, pre and postoperative scars in plastic and reconstructive surgery, Bell’s palsy, Poliomyelitis, neurotmesis, Guillain–Barre syndrome. Massage is indicated in Tendinitis, Tenosynovitis, Fibrositis, Muscular spasm, Ligament sprain, Postsurgical scar, Postburn contracture, pre and postoperative scars in plastic and reconstructive surgery, Bell’s palsy, Poliomyelitis, neurotmesis, Guillain–Barre syndrome.

**Roghaniyat (Oils)**

Roghaniyat (Oils) used in Waja-ul-Mafasil are Roghan-e-Baboona, Roghan-e-Dhatura, Roghan-e-Surkh, Roghan-e-Suranjan, Roghan-e-Gule Aak, Roghan-e-Malkangni, Roghan-e-Haft-e-Barg, Roghan-e-Kuchla, Roghan-e-Hina, Roghan-e-Zanjabeel, Roghan-e-Shibbat. Efficacy of massage in knee osteoarthritis is reported in clinical studies. A study was conducted on 'Effect of Dalk-e-Layyan Kaseer with Roghan-e-Shibbat in slowing the progress of Waja-ul-Unuq (cervical pain)'. The regimen was found highly significant both statistically and clinically in relieving acute and chronic cervical pain.

**Nutool (Irrigation)**

Nutool is a procedure of continuous pouring or dripping of medicated oil or decoction or infusion of herbs over different parts of the body surface from pre-fixed height for a fixed period of time. Ibne Sina mentioned that Nutool is the best treatment for resolution of inflammation or...
correction of altered body temperament and for providing strength to the affected organ, to relieve the pain. This therapy is useful in treating several body illnesses like CNS ailments (headache, amnesia, melancholia, epilepsy, vertigo, sleeplessness), eye disorder, musculoskeletal problems, sinusitis, kidney disease, hepatic disease, and others as mentioned in Unani textbooks. Nutool is useful commonly in anxiety, pain, depression, hypertension, sleeplessness and nervousness. Clinical studies conducted on sleeplessness, which revealed the effectiveness of this therapy.

Takmeed (Fomentation)

Takmeed is a therapeutic procedure of application of har (hot) or barid (cold) material over the body for therapeutic purposes. It has a number of therapeutic effects such as pain alleviation, muscle spasms relaxation, improvement in circulation, reduction in inflammation and improvement in the absorptive process from the body surface, promotion of perspiration, stimulation or inhibition the cutaneous nerve endings according to applied temperature. It is indicated in joint, spinal disorder, geriatric, kidney bladder disorder, gastrointestinal disorder, brain disorder, and others. In a meta-analysis, the assessors concluded that thermotherapy can be used as needed by the patients of rheumatoid arthritis as a palliative and adjunct therapy combined with exercises.

Hammam (Turkish bath)

Hammam can be defined as a type of bath in which bather sweats freely in a set of three-room structure, maintained at progressive higher temperature started from Barid-Ratab room then Har-Ratab room and finally Har-Yabis room. It is frequently used regimenal therapy which produces temperamental effect on the body according to chamber used. In normal healthy person cold bath (Ghusl-e-barid) is preferable and hot bath is usually applied for cure of disease. This therapy involves series of water-based treatment for body cleaning.

To achieve good results, patient is allowed to sweating in steam bath for 20 minutes followed by shifting of patient to massage room for massage therapy for specific duration, then patient enters in hammam room, where patient is supposed to sit in tub filled with medicated water of herbs for particular duration. If person feels restless, then procedure should be stopped. Finally, the patient moves to normal room for relaxation and is kept under observation for 15-20 minute for recording vitals parameters. Hammam decocts the morbid fluids, opens skin pores, softens and dissolve the morbid fluids, halt the dysentery, reduces the fatiguing, releases excess perspiration, reduces the viscosity of humours, improve the quality of health, eliminate waste products through skin.

Hammam should be avoided on an empty stomach and is strictly prohibited in persons having safrawi mizaj, during pregnancy, fever and asthenia. It is advised 3 hours after taking meals. The temperature of water used for hammam-e-har (hot bath) should be between 92-97°F and for Turkish bath, the temperature should be 130°F. Prolonged stay in hammam should be avoided, as it causes restlessness.

Hammam is indicated in skin diseases, kidney diseases, gastrointestinal disease, spleen and hepatic problems, rheumatoid arthritis, gout, sciatica, cervical and lumbar spondylitis, CNS disorders like paralysis, muscle wasting and many others.
Zimad/ Tila (Medicated Paste/Liniments)

Zimad is a semisolid medicated preparation of botanicals used for local application over body surface.

Tila is medicated oil or liquid used externally with slow massage of body parts that absorbs medicine through skin. It is lesser in viscosity then lotion. Both zimad and tila has significant use in regimental therapy and are used for therapeutic purposes such as inflammation, swelling, sedation and anaesthesia, dissolution and diversion of morbid materials from congested area.

Conclusion

Knee osteoarthritis is not defined as such in the Unani literature as in conventional medicine, but discussed under a broad term Waja-ul-Mafasil which includes entire joint disorders such as inflammatory, non-inflammatory, infectious, metabolic and other musculoskeletal disorders. The treatment approach focuses on restoring the normal temperament, regulate the Khilt (humor) imbalance through Imalaa (diversion of morbid material) and Istitraagh (evacuation of morbid material) and to minimize morbidity and impairment. Such goals are achieved effectively by integrating both non-pharmacological and pharmacological treatment approaches. Taking into account the adverse effects of conventional medicine, it can be inferred that the Unani treatment uses an efficient treatment approach which is affordable and free of health risks to a full extent. Comprehensive literary analysis of Waja-ul-Mafasil, its definition, detailed classification, etiology, and multidimensional approach for management gives evidence to the real sense that Unani scholars handled this age-old disease carefully despite the constraints that existed at that time, which has been recorded in Unani medicine's contemporary literature. To verify these arguments, numerous academic institutions are conducting the research studies on specific Unani formulations and regimen. The marvellous point of this strategy lies in the use of regimental therapies using fewer medications, which seems to be a blessing for disease prevention, control and cure in terms of being easy to conduct, cost-effective and at the same time free of any negative effects. As an adjuvant treatment, regimental therapies greatly reduce discomfort and have a profound impact on improving the quality of life Therefore, once it enters a broader portion of the healthcare sphere and eventually helps the society, the purpose of this review will be entirely achieved.

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