

**A COMPREHENSIVE OVERVIEW OF THE MOST FREQUENTLY UTILIZED  
REGIMENAL THERAPIES (TADABEER) FOR MANAGING JOINT PAIN IN THE UNANI  
SYSTEM OF MEDICINE: A CRITICAL REVIEW****Fasihuddeen<sup>1\*</sup>, Nusrat Parveen<sup>2</sup>, Mohammad Tausif<sup>3</sup> and Saima Sharfuddin<sup>4</sup>**<sup>1</sup>P.G. Scholar, Department of Ilaj-Bit-Tadbeer, S.U.M.C & H.A.H.R.D.M Hospital Himmatganj Prayagraj Uttar Pradesh.<sup>2</sup>Professor, Department of Ilaj-Bit-Tadbeer, S.U.M.C & H.A.H.R.D.M Hospital Himmatganj Prayagraj Uttar Pradesh.<sup>3</sup>Medical Officer, Department of Ilaj-Bit-Tadbeer, S.U.M.C & H.A.H.R.D.M Hospital Himmatganj Prayagraj Uttar Pradesh.<sup>4</sup>P.G Scholar, Department of Ilaj-Bit-Tadbeer, H.S.Z.H Government Unani Medical College Bhopal, Madhya Pradesh.**\*Corresponding Author: Fasihuddeen**

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**ABSTRACT**

Joint pain (*Waja-ul-Mafasil*) is a significant clinical concern that may present with or without inflammation. Researchers and healthcare professionals are continuously striving to identify the most effective treatment approaches for managing joint pain. *Unani* scholars have historically advocated for the use of various *Tadabeer* (regimenal therapies) in addressing joint disorders. The aim of this critical review is to evaluate the claims made by *Unani* practitioners and to analyse clinical studies assessing the effectiveness of *Dalk* (massage) and *Hijama* (cupping therapy) in joint pain management. This review includes references from classical *Unani* texts, peer-reviewed journal articles, and randomized controlled trials (RCTs) that specifically investigate the application of *Dalk* and *Hijama* for joint pain relief. Several published studies highlight the effectiveness of these *Unani* therapies, demonstrating significant improvements in patients. However, while some clinical trials have reported positive outcomes, their effects were observed to be short-term in certain cases. Therefore, there is a need for well-designed, rigorous, randomized, controlled, and blinded studies with larger sample sizes and extended follow-up periods. Such research, conducted by skilled clinicians and investigators is essential to firmly establish the efficacy of *Dalk* and *Hijama* in the management of musculoskeletal disorders (MSDs).

**KEYWORDS:** *Waja-ul-Mafasil, Hijama, Dalk, Imala, Humour, Musculoskeletal Disorders.***1. INTRODUCTION**

In modern times, researchers and healthcare professionals worldwide have shown significant interest in alternative medicine.<sup>[1]</sup> Among these, the *Unani* System of Medicine stands out due to its deep-rooted historical background, having been practiced across various cultures and regions. This system is dedicated to discovering the most effective approaches for promoting a healthy lifestyle.<sup>[2]</sup> The eminent *Unani* scholar *Ibn-e-Sina* (980-1037 AD) outlined a structured framework for treatment, categorizing it into three essential methods. The first approach involves *Tadbeer* (Regimen) and *Taghzia* (Nutrition) followed by *Advia* (Medicinal Drugs) as the second, and finally, *Amal-e-Yad* (Surgical Procedures) as the third. This classification underscores the *Unani* system's holistic perspective, emphasizing non-invasive treatments before resorting to medicinal and surgical interventions.<sup>[3,4]</sup>

*Ilaj-bit-Tadbeer* is a fundamental treatment approach in the *Unani* system of medicine, recommended as the primary line of therapy before considering other methods when necessary. This approach encompasses various therapeutic techniques, including *Fasd* (venesection), *Hijama* (cupping therapy), *Dalk* (therapeutic massage), *Hammam* (Turkish bath), *Irsal-e-Alaq* (leech therapy), *Ishal* (purgation), *Qai* (emesis), *Riyazat* (exercise), *Tareeq* (diaphoresis), and *Nutool* (irrigation), among others. The term *Tadbeer* originates from Arabic, meaning a systematic regimen or structured plan, while *Ilaj* refers to treatment or therapy. Hence, *Ilaj-bit-Tadbeer* translates to treatment through regimens. This therapeutic approach focuses on employing various procedures to regulate or modify *Asbab-e-Sitta Zarooriya* (the six essential factors) to restore health in individuals suffering from ailments and to sustain well-being in healthy individuals.<sup>[5]</sup> *Hijama* is a regimenal therapy commonly practiced by *Unani* physicians and

various other healthcare practitioners. In modern times, glass, plastic, or bamboo cups are used to generate suction on specific areas of the skin for therapeutic purposes. *Hijama-Bila-Shart* (Dry Cupping) – In this method, cups are placed on intact skin, and suction is applied using either fire or a suction pump, creating a vacuum without extracting blood. *Hijama-Bish-Shart* (Wet Cupping) – This technique involves making small incisions on the skin before placing the cups, allowing blood to be drawn out through the negative pressure.<sup>[6,7]</sup>

Throughout the history of medicine, *Dalk* has been utilized not only by those suffering from ailments but also by healthy individuals for therapeutic, restorative, and preventive purposes. In the *Unani* System of Medicine, *Dalk* is regarded as a form of *Riyazat* (exercise). Renowned *Unani* physicians have recommended *Dalk* for both preventive and curative purposes for various physical conditions.<sup>[8]</sup> *Dalk* can be described as a form of physical manipulation applied by a skilled practitioner using the palms and fingers on the body's surface. The technique is performed in different ways to help dissolve *Akhlat-e-Fasida* (impure humours) and support the *Quwa* (faculties) for therapeutic and preventive benefits.<sup>[9]</sup> It is commonly used to relieve pain associated with musculoskeletal disorders, cancer, to aid in rehabilitating sports injuries, reduce stress, enhance relaxation, alleviate anxiety and depression, and contribute to overall well-being.<sup>[9]</sup>

Musculoskeletal disorders (MSDs) represent a global health issue that significantly impacts individuals' well-being and imposes a substantial burden on society.<sup>[10]</sup> Common MSDs include conditions like osteoarthritis, rheumatoid arthritis, cervical spondylosis, and lumbar spondylosis, among others. These disorders are a leading cause of disability among working adults, resulting in human suffering, work absenteeism, and a decline in productivity.<sup>[12,13]</sup> Inflammatory joint disorders, such as rheumatoid arthritis, are primary contributors to joint pain in younger individuals, while older adults typically experience pain due to degenerative conditions like osteoarthritis.<sup>[11]</sup> MSDs often stem from multiple factors and risk elements.<sup>[14]</sup> Many of these disorders prove to be resistant to existing treatment methods.<sup>[12,15]</sup>

In the *Unani* System of Medicine, *Waja-ul-Mafasil* refers to pain in the joints, particularly the larger joints. The pain is often given specific names depending on the affected joint or area. For example, when pain originates in the hip and radiates down the leg, it is termed *Irq-un-Nasa* (sciatica), and pain in the foot or big toe is referred to as *Niqris* (gout).<sup>[16,17,18]</sup> According to Akbar Arzani, *Waja-ul-Mafasil* is joint pain that may or may not be accompanied by inflammation, which is linked to the presence of *Sue-Mizaj Sada* or *Maddi*.<sup>[19]</sup>

## 2. METHODOLOGY

*Hijama* (cupping therapy) and *Dalk* (massage therapy) are among the most commonly practiced regimenal

therapies in the *Unani* system of medicine for the treatment of *Waja-ul-Mafasil* (joint pain). In light of their significance, these two therapies were included in this review. Peer-reviewed journal articles and randomized controlled trials (RCTs) that primarily focused on the use of these regimenal modalities for joint pain were selected for this review. Search terms such as joint pain, musculoskeletal disorders, and various regimenal therapies including *Dalk*, (massage), *Hijama*, *Hijamat*, (cupping therapy), *Irsal-e-Alaq*, (leeching), *Hammam*, (sauna bath), *Takmeed*, (steam fomentation), *Nutool*, (irrigation) combined with joint pain or *Waja-ul-Mafasil* were used for the literature search. The *Unani* literature was drawn from classical medical texts, including *Kitab al-Hawi fit Tibb* by Razi, *Alqanoon Fit Tibb* by Ibne Sina, *Tibb-i-Akbar* by Akbar Arzani, *Aksir-i-Azam* by M. Azam Khan, *Zakhira Khawarizam Shahi* by Ismail Jurjani, *Makhzan-e-Hikmat Kamil* by Jeelani, and *Gina Muna* by Al-Quamri. Relevant published works, both reviews and RCTs, were sourced using freely accessible online platforms.

## 3. RESULT

In *Al-Hawi*, Razi discussed the treatment for *Irq-un-Nasa* (sciatica), stating that "if thick and hardened pathological material accumulates in the hip, *Hijama* (cupping therapy) becomes essential".<sup>[20]</sup> In *Gina Muna*, Jalinoos stated that *Hijama* (cupping therapy) is highly effective when the cause of joint pain is the accumulation of *Khilt-i-Ghaleez* (thickened humors). *Qusta* recommended *Dalk* (massage therapy) for back pain, using a compound oil formulation such as *Roghan-i-Zaitoon* (olive oil) and *Aab-i-Karela* (bitter gourd juice). He further suggested that if heat needs to be applied to a specific area, *Dalk* should be performed.<sup>[21]</sup>

### 3.1 Effectiveness of *Dalk* (Massage Therapy) in Joint Pain Management

*Dalk* (Massage) is a highly effective therapeutic technique aimed at regulating the *Harkat-wa-Sukūn-i-Badnī* (movement and stillness of the body), which is one of the *Asbāb-i-Sitta zarooriya* (Six Essential Factors) in the *Unani* system. It is regarded as a type of physical activity or *Riyazat*.<sup>[3,4]</sup> Adam I. Perlman et al. conducted a randomized dose-finding trial to assess the effectiveness of massage therapy for knee osteoarthritis. Their findings revealed significant improvements in the WOMAC Global score for the 60-minute massage group compared to the usual care group after 8 weeks. Additionally, the WOMAC subscales for pain and functionality, as well as the visual analogue pain scale, showed significant improvements in the 60-minute massage group.<sup>[22]</sup> Dorothea A. Atkins carried out a randomized controlled trial to examine the effects of self-massage on knee osteoarthritis. The study found significant differences between the groups on WOMAC pain, stiffness, function subscales, and overall WOMAC scores ( $p < 0.050$ ), though no significant changes were observed in the range of motion.<sup>[23]</sup> Karen J. Sherman et al. Conducted a randomized study on the effects of

therapeutic massage for persistent neck pain. The results showed that participants experienced clinically significant improvements on the Neck Disability Index (NDI). The study concluded that massage therapy is both safe and beneficial for treating chronic neck pain.<sup>[24]</sup>

### 3.2 Effectiveness of *Hijama* (Cupping Therapy) in Joint Pain Management

Farhadi K et al. conducted a randomized controlled trial to assess the effectiveness of *Hijama-bish-Shart* (wet cupping) for non-specific low back pain. The study revealed a significant reduction in pain among participants who received wet cupping therapy.<sup>[25]</sup> Similarly, Hanan S.A & Eman S.E reported a highly statistically significant improvement in lower back pain and daily activities following *Hijama-bish-Shart*. They recommended its use for reducing both pain and disability in lower back conditions.<sup>[26]</sup> In another study, Jong-In Kim et al. carried out a randomized, waiting-list controlled, open-label pilot trial to evaluate the efficacy of *Hijama-bish-Shart* (wet cupping) for persistent non-specific low back pain. The study showed a decrease in the Numerical Rating Scale (NRS) for pain in the wet cupping group (-16.0), compared to the waiting-list group (-9.1), although no significant statistical difference was found between the two groups ( $p=0.52$ ). However, the McGill Pain Questionnaire revealed significant differences in pain intensity, with the wet cupping group showing greater improvement ( $p<0.01$ ), along with less reliance on acetaminophen.<sup>[27]</sup> In a separate trial, Khan A. A et al. Explored the impact of *Hijama-Bila-Shart* (dry cupping) on the management of knee osteoarthritis. After 11 sessions of dry cupping, significant improvements were noted in pain, swelling, stiffness, and overall disability.<sup>[28]</sup>

Furthermore, Michael Teut et al. conducted a randomized controlled exploratory trial to evaluate the efficacy of pulsatile dry cupping for knee osteoarthritis. They reported a significant improvement in the WOMAC global score for the cupping group, with a mean of 27.7 compared to the control group ( $p=0.001$ ), although no significant improvements were found in the WOMAC sub-scores for pain and stiffness.<sup>[29]</sup>

Finally, Romy Lauche et al. Examined the effects of *dry cupping* therapy on pain levels and mechanical pain threshold in individuals with chronic non-specific neck pain. The study found significant improvements in pain scores among the treatment group compared to the waiting-list control group after cupping therapy.<sup>[30]</sup>

### 4. DISCUSSION

The Global Burden of Disease 2010 Study indicates that musculoskeletal disorders rank as the fourth largest contributor to health burdens globally, responsible for 21.3% of years lived with disability.<sup>[31]</sup> In his book *Al-umdah-fil-jarāhat, Ibn-ul-Quf* describes *Hijāma* in detail, stating that it should be considered when morbid material needs to be removed from the superficial areas of the

body.<sup>[32]</sup> Several studies on *Hijama* for pain management have been compared with various control interventions, with a focus on cutaneous nociception, which aligns with the claims made by Unani physicians. While only a few rigorous clinical trials have been conducted to evaluate *Hijama* as a standalone treatment for joint pain, the evidence from both clinical studies and *Unani* literature supports its positive impact. The findings suggest that *Hijama* is effective compared to other treatment options. *Dalk* is one of the oldest therapeutic techniques used to alleviate pain.<sup>[33,34]</sup> Due to its effectiveness in pain relief and functional recovery, it has become a widely recognized and accepted treatment for musculoskeletal disorders.<sup>[35,36]</sup>

### CONCLUSION

The majority of interventional studies utilizing *Hijama* or *Dalk* for pain relief have shown notable improvements. An approach that emphasizes a healthy lifestyle along with regimetal modalities like *Hijama* and *Dalk* is crucial for restoring and maintaining function, improving long-term participation and offering a management plan rather than a cure. However, only a few studies have evaluated the efficacy of *Dalk* and *Hijama* for musculoskeletal disorders (MSDs), and most of these studies are either uncontrolled or have methodological limitations. While these therapies show a short-term effect in managing joint disorders, it is still believed that *Hijama* and *Dalk* can play a strong role in the management and long-term prevention of MSDs. However, it cannot be concluded that these therapies are superior to other treatment modalities, as the results of previous studies have been mixed. Therefore, we recommend rigorous, controlled, randomized, blinded studies with long-term follow-ups and large sample sizes, conducted by trained clinicians or researchers, to establish the effectiveness of *Dalk* and *Hijama* in managing MSDs.

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