

**ROLE OF EVACUATION (ISTIFARGH) WAJA‘AL-MAFĀŞIL IN THE TREATMENT OF
WAJAUŁ MAFASIL IN UNANI SUSTEM OF MEDICINE****¹*Maqbool Ahmad Khan, Mohd Tariq*, Mohd Naime and ²Jamal Akhtar**¹Central Research Institute of Unani Medicine, Lucknow.²Central Council for Research in Unani Medicine, New Delhi.***Corresponding Author: Dr. Mohd Tariq**

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ABSTRACT

The Unani System of Medicine is the oldest documented system of medicine in the world. It covers almost all ailments of the human body and provide the much needed relief to the mankind in today's life where technology and the resultant complications have taken the center stage in ailing the mind as well as different internal organs and outer parts of human body. Istifargh (Evacuation) is one of the most important parts of the six essentials (*Asbab e sitta Zarooriya*) of Unani medicine. It consists of every drop of blood and every organ of the body. As the human body is comprised of cells and cell require continuous formation of new cells and evacuation of dead cells from the body. Likewise different fluids which are essential for the life need consistent reshuffle and maintenance in human body. Istifargh is one important technology and terminology which covers all required extractions of waste products from the body and it has been advocated by almost all ancient Unani physicians such as Buqrat (460 BC-370 BC), Jalinoos (129 AD- 200 AD) down to HkmMohd Akbar Arzani (1722 AD), Hkm Abdul Aziz (1855 AD-1911 AD) to HkmAjmal Khan (1868 AD-1927 AD) Indian origin physicians of Unani medicine. The details will be discussed in the paper.

KEYWORDS: Istefrag, Munzij and Mus-hil Therapy, Unani Medicine.**INTRODUCTION**

Evacuation (Istifargh) is one of the most important as well as earliest methods adopted by unani physicians for treating the mankind. The father of Medicine Hippocrates (Buqrat) himself based his treatise on Ihtebas (Retention) and Istifargh (evacuation) as this is in complete agreement with the basic theory of Unani medicine that is called Akhlaat are humour's theory.^[1]

Buqrat has been quoted by Rhazez (Raazi)^[1] as under "If you want to evacuate the whole body do it with fasad (venesection) and a few doses of mushil drugs.

Jalinus^[2,3,4] (Galen) who has been extensively quoted by Raazi has not only advocated evacuation but has described various methods like fasad (venesection) Hijama (cupping) and Qai (vomiting) and the drugs that can be used to minimize the pain and maximize the benefits of the treatment.

Razi^[3,4,5] has dedicated the largest part of the 6th volume of his book Al hawi to describe the method, mechanism and drugs as well as bad effects and good effects of Istifargh. He has discussed the sayings of pioneers of Unani medicine and giving his own opinion as and when required. The subject is so dear to him that he has deputed 214 pages of his book to discuss various types of

evacuation which may be employed by a physician like Ishal (loose motion) Qai (vomiting) fasad (venesection) Baul (Urination) Araq (Sweating) etc. Raazi^[6,7,8] has given maximum importance to Munzij & mushil treatment beside external application of zamad (paste) Massage (oil application) in the treatment of Wajaul Mafasil (Joints pains).^[9] He described Hanzal (Indrain) as a drug which eases the putrefied balgham (Phelgum) from Joints and state suranjan, Buzeedan and Maahizohra as beneficent drugs of joints pain. Raazi^[10] has described farbiyoon as most suitable drug for evacuation of Balgham from Hip and spinal joints. Ushuq and Sakbeenaj have been mentioned by Raazi in the treatment of Wajaul Mafasil. Raazi^[11,12] a great scholar as he was covered every aspect of Istifargh with such aplomb that one is bound to be surprised by his energy knowledge and writing. The Central Council for Research in Unani Medicine, New Delhi which is doing the pioneering work in the field of clinical research has been conducting one such clinical research on Munzij Mushil theory and its effect on the joints pain at CRIUM, Lucknow.

CLINICAL OBSERVATION

Munzij Mushil Therapy followed by oral coded drugs along with Dalk (Massage) and Takmeed (Fomentation) was put to trial by CCRUM, New Delhi at CRIUM,

Lucknow to ascertain the potential of M. M. Therapy as well as that of Dalk and Takmeed on patients of WajaulMafasil (Arthritis).

DISCUSSION

A total of 44 cases of either sex (20 male and 24 females) were admitted in Indoor Patients Department of CRIUM, Lucknow for treatment with M. M. Therapy followed by coded drug with Dalk and Takmeed having swelling, Tenderness, Morning stiffness etc. The chronicity of disease varies from 1 to 15 years. The age of patients ranged from 17 years to 75 years. All patients were subjected to Pathological, Biochemical and Radiological examination before and after treatment. It was observed that R.A. factor was found positive in 12 cases and negative in 32 cases whereas CRP was found positive 29 cases and negative in 15 cases. Munzij Therapy was given for 15 days and Mushil was administered for 5 days. Therefore, coded drug WM 3 was given alongwithDalk (local application of WML7) and Takmeed (Fomentation) with WML 4 on all affected joints, the duration of treatment with coded drug plus Dalk (Message) and Takmeed (Fomentation) varies between 30 days to 90 days. Regular Clinical, Pathological and Biochemical follow up was performed at an interval of 30 days to assess the progress of treatment accordingly. Age and Sex-wise response showed that out of 46 cases who completed the treatment 25 (54.35%) were females and 21 (45.65%) were males of 25 females a total of 16 partially relieved and 9 got no

relied while out of 21 males 2 got relieved, 15 partially relieved and 4 got no relief. Age-wise classification showed that maximum 16 (34.78%) patients were treated in the age group of 31-40 year followed by 10 (21.74%) in the age group of 51-60 years. All findings are given in chart 1-8 and Table 1-8 respectively.

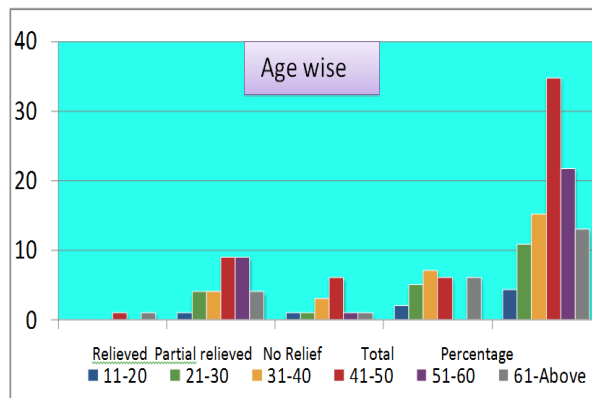


Chart No. 1: Showing Age-Wise Response To Treatment.

Table no. 1 Showing Age-Wise Response To Treatment.

Age Groups In Years	Response				Percentage
	Relieved	Partial Relief	No Relief	Total	
11-20	--	01	01	02	4.35
21-30	--	04	01	05	10.87
31-40	--	04	03	07	15.22
41-50	01	09	06	06	34.78
51-60	--	09	01	00	21.74
61-Above	01	04	01	06	13.04
Total (%)	02 (4.35)	31 (67.39)	13 (28.26)	46	100

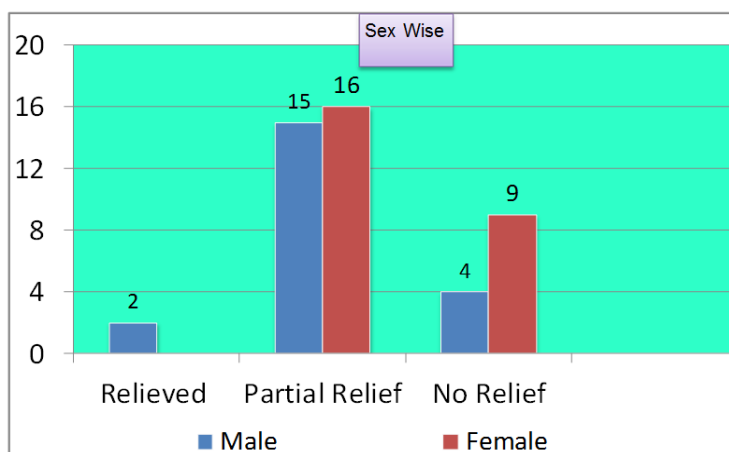


Chart No. 2: Showing Sex-Wise Response of Treatment.

Table No. 2: Showing Sex-Wise Response of Treatment.

Age Groups In Years	Response				Percentage
	Relieved	Partial Relief	No Relief	Total	
11-20	--	01	01	02	4.35
21-30	--	04	01	05	10.87
31-40	--	04	03	07	15.22
41-50	01	09	06	06	34.78
51-60	--	09	01	00	21.74
61-Above	01	04	01	06	13.04
Total (%)	02 (4.35)	31 (67.39)	13 (28.26)	46	100

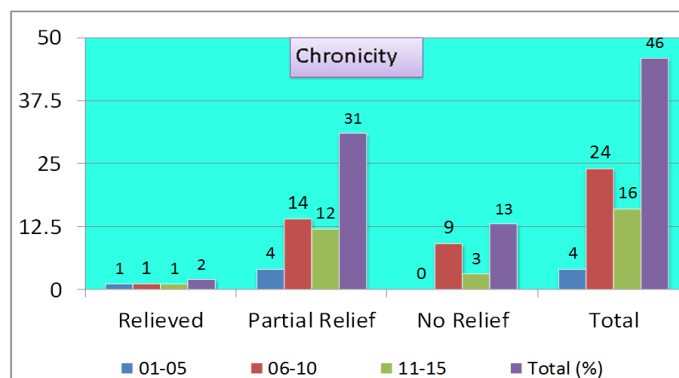


Chart No. 3 Showing Chronicity of Disease and Response To Treatment.

Table No. 3 Showing Chronicity of Disease and Response To Treatment.

Chronicity (In Years)	Response			
	Relieved	Partial Relief	No Relief	Total
01-05	01	04	--	04 (8.70)
06-10	01	14	09	24 (52.17)
11-15	01	12	03	16 (34.78)
Total (%)	02 (4.35)	31 (67.39)	13 (28.26)	46 (100)

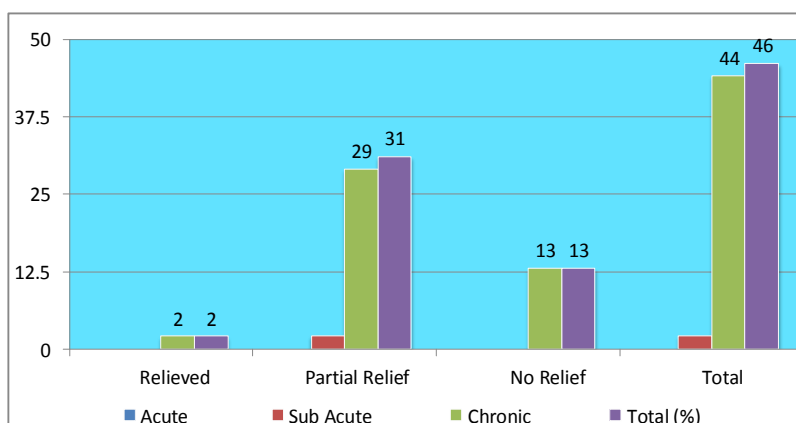


Chart No. 4: Showing Stage Wise Response Totreatment.

Table No. 4 Showing Stage Wise Response To The Treatment.

Stage	Response			
	Relieved	Partial Relief	No Relief	Total
Acute	--	--	--	--
Sub Acute	--	02	--	2 (4.35)
Chronic	02	29	13	44 (95.96)
Total (%)	02 (4.35)	31 (67.39)	13 (28.26)	46 (100)

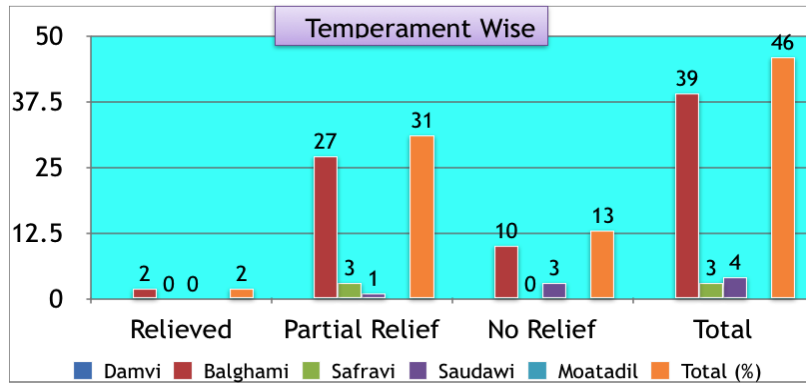
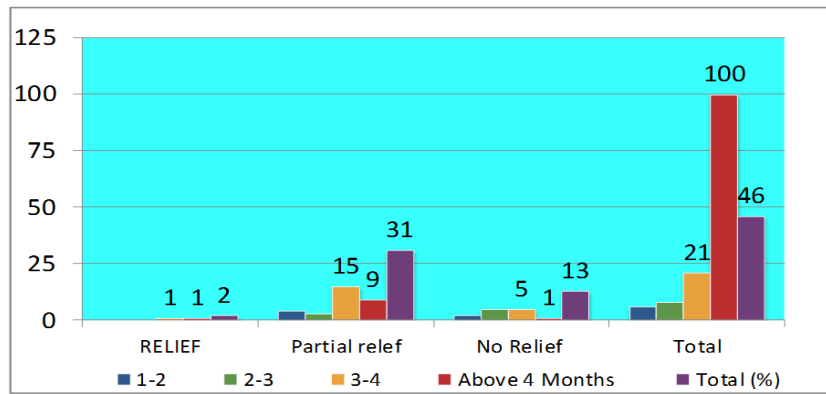


Chart NO. 5 SHOWING TEMPERAMENT-WISE RESPONSE OF TREATMENT

Table no. 5 Showing Temperament-Wise Response of Treatment.

Temperament	Response			
	Relieved	Partial Relief	No Relief	Total
Damvi	--	--	--	--
Balghami	02	27	10	39 (84.78)
Safravi	--	03	--	03 (6.52)
Saudawi	--	01	03	04 (8.70)
Moatadil	--	--	--	--
Total (%)	02(4.35)	31(67.39)	13(28.26)	46 (100)



Duration of treatment in months

Chart No 6: Showing Duration And Response of Treatment.

Duration of Treatment (in Months)	Response			
	Relieved	Partial Relief	No Relief	Total
1-2	--	04	02	06 (13.64)
2-3	--	03	05	08 (17.40)
3-4	01	15	05	21 (45.65)
Above 4 Months	01	09	01	100 (23.91)
Total (%)	02 (4.35)	31 (67.39)	13 (28.26)	46 100.00

TABLE NO. 6 SHOWING DURATION AND RESPONSE OF TREATMENT

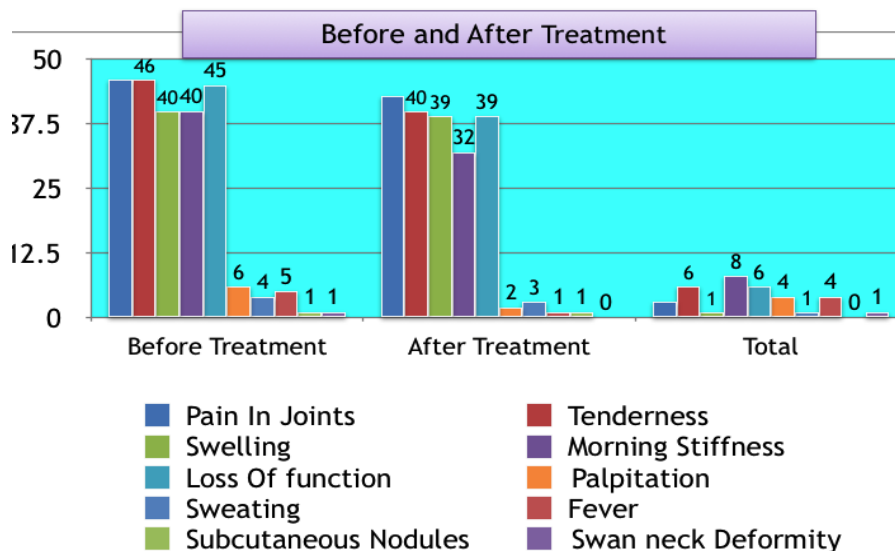


Chart NO. 7 SHOWING SIGNS AND SYMPTOMS BEFORE AND AFTER TREATMENT

Table No. 7 Showing Signs and Symptoms Before and After Treatment.

Sign And Symptoms	Before Treatment	After Treatment	Deduction (%)
Pain In Joints	46	43	3 (6.52)
Tenderness	46	40	6 (13.04)
Swelling	40	39	01 (2.5)
Morning Stiffness	40	32	08 (20.0)
Loss Of function	45	39	06 (13.4)
Palpitation	06	02	04 (66.67)
Sweating	04	03	01 (75.00)
Fever	05	01	04 (8)
Subcutaneous Nodules	01	01	0 (0.00)
Swan neck Deformity	01	--	01 (100.00)

Table no. 08 table Showing Pathological. Biochemical Andradiological Changes In Patients of Wajaul Mafasil Treated With Munzij Mushil Therapy With Takmeed And Dalk.

Parameters	Base-Line (b.t.) (mean + sd.) N0. Of cases	After treatment (mean + sd.) N0. Of cases
Hb gram%	(10.47 ±11.63) 46	10.52±1.41 (46)
E.S.R.	(57.74 ±35.48) 46	59.82±36.64 (46)
T.L.C.	7(418.97±1715.13) 46	7658.69±704.512 (46)
D.L.C.		
POLYMORPH	(66.36 ±8.03) 46	61.72±8.29 (46)
LYMPHOCYTE	30.29±7.56	34.89 ± 11.66 (46)
MONOCYTE	0.40±0.70 (46)	0.80 ±0.98 (46)
EOSINOPHIL	2.93±2.15 (46)	3.60±3.27 (46)
RA +Ve	12	10 (2 Became Negative)
-VE	34	36
CRP +Ve	32	27 (5) Became Positive)
-VE	14	19
Serum Uric Acid	3.87±1.73 (46)	4.16±1.64 (46)

CONCLUSION

On the basis of the above findings we can say that MunzijMushil therapy has shown encouraging results whereas Dalk and Takmeed have helped in relieving the severity of signs and symptoms like joints pain, swelling, Tenderness and Morningstiffness. In some

cases it has been observed that MunzijMushil has stopped the progress of sclerosis in lower extremities. The importance of Regimental Therapy in the form of Dalk and Takmeed has also been confirmed.

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