



Brief Concept of Waja ul Mafasil and its Management in Unani System of Medicine: A Review

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Abstract

Waja-ul-Mafasil (Osteoarthritis) also known as degenerative arthritis is a progressive joint disease, occurring in middle and later life. Osteoarthritis is a leading cause of disability worldwide despite its development in prevention, diagnosis, and treatment. A comprehensive description of Waja-ul-Mafasil is available in classical Unani literature. While going through the literature review of various compendiums written by Unani scholars, it is clear that this system of medicine had huge knowledge about its etio- pathogenesis, classification, clinical features, complications, and management in their treatises. According to the unani system of medicine their etiologies are completely based on Disturbance or alter the quality of temperament and quantity of humours which disturb homeostasis and lead to production of morbid humours. Ancient Unani scholars have been treating these ailments successfully since antiquity. The principle of treatment is restoring the normal temperament and evacuation of morbid matter through Imaala (diversion) and Istafragh (evacuation). They have also disclosed a compendium of local applications such as Roghaniyat, Zimadaat for the treatment of Waja-ul-Mafasil. In this paper, authors have tried to illuminate the holistic notion of this disease along with the treatment as mentioned in classics of Unani medicine.

Keywords: Waja ul Mafasil, Osteoarthritis, Munzij wa Mus'hil, Unani System of Medicine, Imaala, Istafragh.

INTRODUCTION

Osteoarthritis (OA) also known as degenerative arthritis is a progressive joint disease which affects joint cartilage, synovium, subchondral bone and surrounding tendons and ligaments [1]. In Unani system of medicine, OA is described as “Waja ul Mafasil” and there are many scholarly literatures by renowned unani physician who elegantly described this disease. According to *Alama Najeed ud deen Samarqandi* “Waja ul Mafasil is that pain and inflammation which is developed in the joint of the organs” [2].

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Osteoarthritis is a leading cause of disability worldwide despite of its development in prevention, diagnosis, and treatment. Osteoarthritis is the second most common rheumatologic problem and it is the most frequent joint disease with a prevalence of 22% to 39% in India [3, 4]. The joints affected with OA are mainly hip, knee and shoulder and among them knee OA are extremely prevalent. Moreover, Bilateral Knee OA is more frequent than Unilateral Knee OA. Prevalence of primary knee OA in India was 28.7% [5]. Globally Knee OA is 4th most significant cause of incapability in women and 8 in men [6].

ETIOPATHOGENESIS AND CLASSIFICATION

Ancient Unani physicians had very huge knowledge of *Waja ul Mafasil* and they very efficiently mentioned the etiology; pathogenesis; types; sign and symptoms; and principles of treatment [7–10]. *Razi, Ibn-Sina, Majoosi* and *Jurjani* in *Kitabul Hawi, Al Qanoon Fit Tib, Kamil-us-Sana* and *Zakhira e khawarzaam shahi* respectively had been discoursed the causes and classification under the heading of *Asbab e Asli* or *Asbab e Fa'ilah* (primary cause or which produce pathogenesis directly) and *Asbab e Arzi* or *Asbab e Munfa'ilah* (factors affecting indirectly) [7, 9, 11]. The classification of disease is based on etiology hence *Asbab e Asli* or *Asbab e Fa'ilah* is classified in two groups. *Waja ul Mafasil Sada* caused by *Su e Mizaj Sada* (derangement of Mizaj) which may be general (entire body) or local (particular organ) and *Waja ul Mafasil Maddi* caused by *Mawad e Faseda* (Morbid Matter). *Waja ul Mafasil Sada* are of three types *Waja ul Mafasil Har, Barid, Yabis* according to which Mizaj get affected. While *Waja ul Mafasil Maddi* are classified as *Waja ul Mafasil Balghami* (Phlegmatic), *Damwi* (sanguineous), *Safrawi* (bilious or choleric), *Saudawi* (Melancholic), *Reehi* (gaseous) and *Murakkab* (compound) according to involvement of Morbid Material [9, 11, 12, 13, 14]. The most frequently occurring type is *Waja ul Mafasil Balghami* caused by *Su e Mizaj Balgham* followed by *Waja ul Mafasil Damwi* [15, 16].

The predisposing factors like sedentary life style, *Tark e Riyazat* (cessation of physical exercise), over eating or habit of eating on full stomach, intake of water in early morning on empty stomach, alcoholism, excessive coitus or coitus on full stomach, horse riding, improper digestion, lack of exercise, sudden withdrawal or discontinuation of *Istafraagh* (evacuation) which were done routinely like *Is'haal* (purgation), *Qai* (vomiting), *Khoon e Bawaseer* (bleeding of hemorrhoids) or *Khoon e Haiz* (bleeding in the form of menstruation). In addition, all those causes which lead to formation of *Mawad e Fasida* (Morbid Material) comes under heading of *Asbab e Arzi* or *Asbab e Munfa'ilah* [8, 11].

The eminent unani physician also classified the *waja ul Mafasil* based on involvement of joint like *Irqunnasa* (sciatica) [9, 11, 17], *Niqris* (gout) [7, 9, 12, 17], *Waja ur rakba* (knee joint pain) [10, 12, 18], *Waja uz zahr* (low Back pain) [10, 12], *Waja ul warik* (hip joint pain), *Wala ul khasera* (buttock pain), *Waja us saqain* (calf pain), *Waja ul aqb* (heel pain) [12].

CLINICAL FEATURES

Su e mizaj sada: This is found rarely and starts gradually with absence of congestion and any skin colour changes at affected sites. The alteration of *Mizaj* (temperament) present at affected joints or all over the body. Diagnose with palpation of affected joint which may be *Haar, Barid* or *Yabis* according to involved temperament [7, 11].

Waja ul Mafasil Damwi (Sanguineous): Sudden and acute onset of symptoms and sign. Swelling and throbbing pain is present with redness and warmth over the affected site. Aggravated by exposure of heat and relieved by cold exposure. Generalized and localized symptoms of *Ghalba e Dam* (sanguine) are present [7, 11].

Waja ul Mafasil Safrawi (Bilious): Occasional occurring variety of *Waja ul Mafasil*. Onset is sudden, swelling, and throbbing pain more than *Damwi* type with yellow discolouration of skin is present over affected site. Aggravated by exposure of heat and relieved by cold exposure at the affected site. Generalized and localized symptoms of *Ghalba e Safra* (Bile) are present [7, 11].

Waja ul Mafasil Balghami (Phlegmatic): Frequently occurring type of *Waja ul Mafasil*, onset is gradual, soG swelling and continuous dull pain are present which get aggravated with cold exposure and relieved by hot exposure. Affected site is cold to the touch. Generalized and localised symptoms of *Ghalba e Balgham* (phlegm) are present.^{7,11}

Waja ul Mafasil Saudawi (Melancholic): Rarest form of *Waja ul Mafasil*. The pain and swelling are mild, affected areas are cold and hard on touch. Aggravated by cold exposure and relieved by hot

exposure over the affected site. Generalized and localized symptoms of *Ghalbae Sauda* (black bile) are present [7, 11].

Basic principle of treatment (*Usool-e-Ilaj*):

According to the Unani physician mentioned in their treatises, the chief causes produced pathological changes in an organ are mainly by derangement or alteration in the temperament and quantity of accumulated *Mawad-e-Fasida* (Morbid material). Hence Avicenna stated that the *Tabeeb* (physician) must know the normal temperament of the patient and the pathological temperament existing at the time of the disease to treat the disease effectively. In the Unani system of medicine for treatment or neutralizing the pathological temperament or expulsion of morbid humours from the body through therapies is opposite to its excess (*Ilaj bil zid*) [9].

The Unani system of medicine suggests a quite effective treatment of *Waja ul Mafasil*, which is totally based on the holistic approach. There are some principal methods of treatment like *Ilaj bit Taghziya wa Tadbeer* (Dieto and Regimental therapy), *Ilaj bid Dawa* (Pharmacotherapy), *Ilaj bil Yad* (Surgery). *Ilaj-Bit-Tadabeer wa ghiza* (Regimenal therapy and dietotherapy) is basic or initial regimen form to alter or normalize the factors causing disease. If this basic principle proves insufficient, *Ilaj bid Dawa* (Pharmacotherapy) may be suggested and in case of failure of these two methods use of *ilaj-bil-yad* (surgery) is recommended [19, 20]. by using these modalities, the achievement of health state will be obvious.

Ibn Sena emphasized in *Alqanoon fit tib* that the cure is most likely if the *Waja ul Mafasil* is treated at its earlier stage otherwise it is difficult to treat [9]. The main goal of treatment for patients with *Waja ul Mafasil* is to decrease morbidity and disability. The principle of management of different varieties of *Waja ul Mafasil* differs from one another and for these various measures of treatment stated in unani literature.

TREATMENTS

Waja ul Mafasil Sada: This is a less commonly occurring type of *Waja ul Mafasil* [12, 21]. It is diagnosed with short duration and absence of signs and symptoms of *Imtela* (congestion) and swelling [12]. As per Unani conventional and literal explanations it should be treated with *taadile Mizaj* (alteration of temperament) such as if pain is due to *Sue Mizaj Haar* (Excess of heat) then for *Taadile Mizaj* (alteration of temperament) cold exposure is useful for restoration of health, in the same way in case of *Sue Mizaj Barid* (Excessive cold) hot applications is useful [9, 12]. This type of *Waja ul Mafasil* caused by only derangement of temperament and by exposure of opposite temperament (*Ilaj-bil-zidd*) symptoms get relieved.

Waja ul Mafasil Damwi: *Waja ul Mafasil Damwi* is usually acute in nature and for short duration. For *Istafragh* (evacuation) of *Ghair Tabai Khilte Dam* venesection (*Fasd*) is preferred therapy mention by eminent scholars such as *Raban Tabri*, *Razi* in their literature [10, 12, 17]. Venesection of *Rag e Ak'hal* (Median cubital vein) should be performed if joints of upper limbs are affected and *Rag e Basleek* (Basilic) in case of lower limbs [9, 11, 12]. Giving Emesis is very effective aGer 2-3day of venesection with *Aab e Barg e Khayar* (Leaf extract of *Cucumis sativus*) *Sikanjabeen* and Hot water mainly in ailment of lower limb followed by *Mus'hil (purgation)* (purgation) if needed [11]. *Istafragh* (evacuation) of morbid matter should perform with *Mus'hil (purgation)s* (purgatives) containing *Haleejat* and *Suranjan* (*Colchicum luteum*) [10].

Waja ul Mafasil Safrawi: *Safrawi* type of *Waja ul Mafasil* is caused by *Khilat e Safra* but it is predominantly occur due to mixture of *Khilt e Dam* and *Safra* as *Khilt e safra* alone not able to produce disease [11]. In case of *Waja ul Mafasil Safrawi* scholars mentioned venesection should performed first followed by *Mus'hil (purgation)* (purgation) with decoction of *Haleela* aGer sign of *Nuzj (Concoction)* appear. Action of *Sard Mudeerat* cold (diuretics) like *Tukhm e Kaasni* (*Cichorium intybus*) or *Tukhm e*

Khayarain (*Cucumis sativus*) is quite effective aGer evacuation of morbid matter mentioned in Tib e Akbar a book of Akbar Arzani [11]. The use of *Garam Mudeerat* hot (diuretics) likes *Badiyan* (*Foeniculum vulgare*) and *Karafs* (*Apium graveolens*) should be avoided. *Matbookh* (decoction) *Suranjan* (*Colchicum luteum*) is also very useful for *Mus'hil (purgation)* (purgative). The duration of *Nuzj (Concoction)* for *Safra-e-Khalis* is about 3days and for *Safra-e-Ghair-khalis* is 5days [19].

Waja ul Mafasil Balghami (Phlegmatic): In Unani system of medicine *Balghami (Phlegmatic)* diseases are considered as chronic diseases. Thus, *Waja ul Mafasil Balghami* comes under the heading of chronic disease. As per the line of treatment given in Unani classical literature, *Nuzj (Concoction)* is a requisite in chronic diseases [19].and in cases of phlegmatic diseases, it is mandatory that *Mus'hil (purgation)* should be preceded with *Nuzj (Concoction)*. *Razi* have given the importance of *Munzij and Mus'hil (purgation)* therapy in their literature, and they themselves treated patients successfully with this mode of treatment [17, 20]. Numbers of *Mus'hil (purgation)* and *Munzij* formulation are mentioned in classical Unani literature for *Waja ul Mafasil Bhalgami*. Formulation of *Gul Angabeen, Sikanjabeen, Bazuri* and *Maa ul Asool* is used for *Nuzj (Concoction)* [21] and some other medicine is also used for purpose of *Nuzj (Concoction)* like *Badiyan* (*Foeniculum vulgare*), *Makoooh* (*Solanum nigrum*), *Asl us soos* (*Glycyrrhiza glabra*) *Anjeer* (*Ficus carica*) *Parsiyaoshan* (*Adiantum capillus veneris*). The duration of *Nuzj (Concoction)* for *Balghum Raqeeq* is about 5days and for *Balghum Ghaleez* is 12days [19].

Mus'hil (purgation) drugs should be started soon aGer the signs of *Nuzj (Concoction)* completion appear. If *Mus'hil (purgation)* drugs start with incomplete *Nuzj (Concoction)* the morbid matter become more thick or hard and get accumulated in joint space which is very difficult to eliminate or evacuate out and this will be responsible to make disease worse [9, 10, 21]. Unani scholars advised a Number of *Mus'hil (purgation)s* in chronic disease *Hab e Suranjan, Hab e Muntan, Hab e Sheetraj* is used as *Mus'hil (purgation)* in *Waja ul Mafasil Balghami* [11]. AGer *Munzij and Mus'hil (purgation)* therapy excess of heat generate in the body, *Tabreed* (cooling) is essential to normalize this excess of heat. *Isapgol* (*Plantago ovata*), *Sharbat e seb* (Apple juice) recommended for *Har Mizaj* (hot temperament), *Tukhm e Rehan* (*Ocimum pilosum*) for *Sard Mizaj* (Cold temperament) and for *Mautadil Mizaj* (Normal temperament) use of *Isapgol* (*Plantago ovata*) and *Tukhm e Rehan* (*Ocimum pilosum*) mentioned [20].

Waja ul Mafasil Saudawi: *Saudawi Amraz* also considered as chronic like *Balghami* diseases. The line of treatment is almost the same as *Balghami* disease. In *Saudawi* cases venesection is not recommended due to thick morbid matter which is not easily let out. But in case of thin morbid matter venesection should be performed followed by purgation with *Saudawi* purgatives like decoction of *Afimoon* (*Cuscuta Reflexa*). *Majoon Afimoon* and *Jawarish Kamooni* are helpful for evacuation of residual morbid matter.¹¹ The duration of *Nuzj (Concoction)* for *Sauda* is about 15-40 days [19].

Compound formulation (Murakkabat) for Waja ul Mafasil: *Hab e Suranjan, Hab e Asgandh, Hab e azraqi, Hab e Najah, Hab e Mafasil, Majoon Azraqi, Majoon Suranjan, Majoon Choobchini, Majoon Najah, Jawarish Jalinoos, Majoon Ushba* [22, 23].

Local application in Waja ul Mafasil: Local applications with Anti-inflammatory drugs are very effective in *Waja ul Mafasil* [9, 10, 12] like *Roghan e Baboona, Roghan e Hina, Roghan e Gul, Roghan e Shibbat, Roghan e Harmal* (*Peganum harmala*), *Roghan e Surkh, Roghan e Qust, Roghan e Zaitoon, Roghan e Farfyoon, Roghan e Marzanjoosh* etc stated by scholars in there literatures [10, 11, 12]. Other than *Roghan*, effect of *Zimadat* in local application also mentioned such as *Heena* with *Aab e Barg Baid Anjeer* in *Zemad* form, *Zemad e Ushaq*¹⁰ and other more formulations of *Zemad* written in Unani literature.

CONCLUSION

Waja ul Mafasil (Osteoarthritis) is the leading cause of disability world-wide. According to the unani system of medicine their aetiologies are completely based on Disturbance or alter the quality of

temperament and quantity of humours which disturb homeostasis and lead to production of morbid humours which are the main cause of pathological changes. The principle of treatment is restoring the normal temperament, and evacuation of morbid matter through *Imaala* (diversion) and *Istafragh* (evacuation). Modern systems of medicine manage Osteoarthritis with NSAIDs, COX-2 inhibitors and surgery but still no cure and besides these medicines are associated with serious adverse effects due to their toxic effects. The Unani system of medicines successfully treated this disease for a long time without any unwanted effects. It may be concluded Unani Medicine provides alternative therapy and might be a potential safe treatment for *Waja ul Mafasil*.

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