

Role of *Ilaj Bit Tadbeer* (Regimenal Therapy) in *Waja-ul-Mafasil* (Osteoarthritis): A Review

Sayyed Adnan Mohammad¹, Mujassam M²

¹Assistant Professor, Dept. of Ilaj Bit Tadbeer, Markaz Unani Medical College and Hospital, Kozhikode.

²Associate Professor, Dept. of Ilmul Saidla, Markaz Unani Medical College and Hospital, Kozhikode.

Corresponding Author: Sayyed Adnan Mohammad

ABSTRACT

Osteoarthritis is the commonest of all joint diseases. It results due to breakdown and destruction of joint tissues. The clinical picture of osteoarthritis strongly resembles with *Waja-ul-Mafasil* which has been elaborated in detail by Unani physicians. Considering the high prevalence, side effects of modern pharmacological treatment and high cost of surgical interventions with equivocal effectiveness of all treatment modalities, there is need for safe, economic and effective treatment in Unani Medicine for osteoarthritis. Unani System of Medicine has *Ilaj Bit Tadbeer* (Regimenal Therapy) as one of the modes of treatment. The Regimenal Therapy works on the principle of modifying or modulating the six essential factors (*Asbaab-e-sittah zarooriya*) for maintenance of health and prevention from diseases. Nowadays Regimenal Therapy holds an important place in Unani Medicine particularly for musculoskeletal and nervous disorders. The focus of this paper is to discuss and summarize the role of *Ilaj bit Tadbeer* in the management of *Waja-ul-Mafasil*.

Key Words: Osteoarthritis, *Waja-ul-Mafasil*, Unani System of Medicine, *Ilaj Bit Tadbeer*, Regimenal Therapy

INTRODUCTION

Osteoarthritis (OA) is the most common form of arthritis which is a major cause of pain and disability in older people.^{1,2} It is wear and tear of joints.^{3,4} OA is an important cause of disability and the second most common musculoskeletal problem in the world (30%) after back pain (50%).^{5,6} According to study, 90% of all people have radiographic features of OA in weight bearing joints by age 40.^{7,8} More than 50% of people over the age of 65 years have radiological features of OA.⁹ The term "Osteoarthritis" comes from three Greek words "osteo-, arthr- and -itis" meaning bone, joint, and inflammation respectively.^{10,11} The terms osteoarthrosis and degenerative joint disease are sometimes used interchangeably along with osteoarthritis.^{12,13,14} Osteoarthritis is 'a chronic disorder of synovial joints in which

there is progressive softening and disintegration of articular cartilage accompanied by new growth of cartilage and bone at the joint margins, cyst formation and sclerosis in the subchondral bone, mild synovitis and capsular fibrosis.'¹⁵

2. MATERIAL AND METHOD

2.1. Concept of *Waja ul Mafasil* in Unani Medicine

The clinical picture of Osteoarthritis strongly resembles with *Waja-ul-Mafasil* which has been elaborated in detail by Unani physicians. Hakim Azam Khan defined *Waja-ul-Mafasil* as "pain occurring in joints which is not restricted to one joint but the joints of both upper and lower limbs." The pain present in a specific joint has specific name e.g. *Niqris*, *Waja-ul-Warik*, *Waja-ur-Rukba* etc.¹⁶ Hakim Akbar

Arzani described *Waja-ul-Mafasil* as ‘pain in joints, with or without ‘warm’. He further explained it as pain occurring in hip joint is *Waja-ul-Warik*, pain radiating from hip joint to leg as *Irqunnasa* and pain occurring in great toe as *Niqris*.¹⁷ The great Arab physician Razi mentioned *Niqris*, *Irqunnasa* and other joint pains as single disease i.e *Waja-ul-Mafasil*. He further described pain in hips as *Irqunnasa* and pain in feet as *Niqris*.¹⁸ Ibn-e-Sina too has described *Niqris* and *Irqunnasa* in *Waja-ul-Mafasil* along with other joint pains.¹⁹

2.2. Types of Waja ul Mafasil:

According to Unani physicians, *Waja-ul-Mafasil* can be broadly categorised in 7 types based on *Mizaj* and *Akhlat* involved:^{16,17}

1. *Waja-ul-Mafasil Saada*
2. *Waja-ul-Mafasil Damwi*
3. *Waja-ul-Mafasil Safravi*
4. *Waja-ul-Mafasil Balghami*
5. *Waja-ul-Mafasil Saudawi*
6. *Waja-ul-Mafasil Reehi*
7. *Waja-ul-Mafasil Murakkab*

1. ***Waja-ul-Mafasil Saada:*** If *Waja-ul-Mafasil* is due to *Su-e-Mizaj Saada*, it is called *Waja-ul-Mafasil Saada*. In this type, there is no involvement of morbid matter or *Khilt*. It may be *Haar(Hot)*, *Baarid(Cold)* or *Yabis(Dry)*.
2. ***Waja-ul-Mafasil Damwi:*** It results due to excess of *Damwi Khilt*.
3. ***Waja-ul-Mafasil Safravi:*** It is produced by excess *Safra*.
4. ***Waja-ul-Mafasil Balghami:*** *Khilt-e-Balgham* produces knee pain.
5. ***Waja-ul-Mafasil Saudawi:*** It is caused by *Khilt-e-Sauda*.
6. ***Waja-ul-Mafasil Reehi:*** *Madda-e-Reehi* causes *Waja-ul-Mafasil*.
7. ***Waja-ul-Mafasil Murakkab:*** It occurs due to mixture of two or more *Akhlat* usually *Balgham* and *Safra*.¹⁷

2.3. Modern Treatment for Osteoarthritis

The modern treatment of osteoarthritis focuses on minimizing pain,

optimizing function and reducing disability using a combination of non pharmacological, pharmacological and surgical therapies. Non pharmacological therapies include patient education and joint protection measures. Pharmacological therapy includes Non-steroidal Anti-inflammatory Drugs (NSAIDs). They can cause gastric and renal toxicity, especially in the elderly. Intra-articular steroids are administered in patients with knee OA having effusion. Repeated steroid injections may damage the cartilage further. Surgical management includes joint replacement in end stage joint disease. Other surgical therapies have varying grades of efficacies.⁵

2.4. Role of Ilaj Bit Tadbeer

Waja-ul-Mafasil Haar: If *Waja-ul-Mafasil* is caused by *Su-e-Mizaj Haar*, *Sharbat-e-Lemoon*, *Sikanjabeen Rummani* and other types of *Mubarridat* are used.^{16,17} If there is risk of *Safra* entering the joints, *Safra* can be evacuated by *Istifragh*.¹⁶

Waja-ul-Mafasil Baarid: Hot regimes and drugs of *Haar* temperament are used. If risk of *Balghami Khilt* is suspected, *Balgham* should be evacuated by administration of *Mus'hil* (Purgative) or enema can be given.¹⁶

Waja-ul-Mafasil Yabis: It is not found usually. But if present, *Murattib* regimes are used both internally and externally.¹⁶

Waja-ul-Mafasil Damwi: If no other contraindications found, *fasd* (venesection) of basilic vein should be done on affected side followed by *Tabreed*.¹⁶ or *fasd* of opposite side is opened.²⁰ Then complete *Nuzj* is given followed by *Mus'hil* (purgative) with *Joshanda* (decoction), prepared from *suranjan*, *shahitra*, *imlee*, *aalu bukhara*, *maveez munaqqa*, *halela* and *maghz amaltas*.²⁰ *Mudirrat* (diuretics) like *sheera kahu*, *sheera kasni*, *sheera khayarain*, *sheera tukhm kharpaza*, *sheera kharkhasak*, *sheera maghz tukhm kadu* are given.¹⁶ When the disease is in initial stage,

zimad (paste) or *tila* (liniment) containing *sandalain*, *gule surkh*, *aqaqiya* like *Rad'e* (derivative) and *Qabiz* (astringent) drugs are used along with *sirka* and *aabe kishneez sabz*.^{16,20} In advanced stage, *zimad* containing *muhallil* (resolvent) drugs is used. e.g. *banafsha*, *khatami*. Later more strong *muhallil* drugs are added. e.g. *nakhuna*, *babuna*. *Suranjan* is also added in all *zimad* and *mus'hil* compounds.²⁰ When there is severe pain, *afiyun* 7gram, *aarid jau* 70gram, *khatami* 35 gram mixed with *arq-e-makoh* and *zimad* is applied.¹⁶

Waja-ul-Mafasil Safrawi: Here also we can go for *fasd*. Then *joshanda halela* and other *mus'hile safra* are administered.²⁰ *Qai* (emesis) is also beneficial if matter is *safrawi*.¹⁶ Here *tabreed* and *taskeen* are more focused, *baarid* (cold) and *qabiz* (astringent) *zimad* is applied.^{16,20} *Jarada kadu*, *kafoor*, *kahu*, mixed in *sirka* and *aabe kishneez sabz*. *Zimad* is prepared and applied.¹⁶ *Asapghol*, *sirka*, *post kadu*, *aabe khayar*, *aabe sadabahar*, *aabe kahu*, *aabe kafoor* are used for *zimad wa tila*.²⁰

In *Waja-ul-Mafasil Haar*, *mubarrid* and *murattib* food, fruits and drugs are advised. Moderate exercise is prescribed. *Abzan* in lukewarm water is done first, followed by cold water.¹⁶

Waja-ul-Mafasil Balghami: *Joshanda* of *Shibt* and *Aslussoos* is mixed with honey and *Qai* (emesis) should be induced.^{16,20} or *Tukhm shibt* 12gram, to be boiled in water and *sikanjabeen* is added to induce *Qai*.²¹ After that, *Munzij-e-Balgham* is administered.^{16,20} OR *Aslussoos*, *Tukhm-e-Kasni*, *Maveez Munaqqa*, *Tukhm-e-Kharpaza*, *Tukhm-e-Khatami*, *Suranjan*, *Boozidan* is given in the form of decoction along with *Gulqand*. *Anisoon*, *Badranjboya*, *Parsiyaoshan* and *Favvah* are added. After signs of *Nuzj* are observed, *Mus'hil* of *Balgham* is administered or *Sana*, *Turbud*, *Zanjabeel*, *Barang Kabli* and *Khayar Shambar* are added in *Munzij* (Concoctive).¹⁶ *Mus'hil* containing drugs specific to joint pain are included like

suranjan, *boozidan*.²⁰ After evacuation of morbid matter, *Majun Suranjan*, *Majun Ushba*, *Majun Azaraqi* is to be taken orally.¹⁶ After that, *muhallil* and *mulayyin zimad* containing *nakhuna*, *babuna*, *soya*, *khatami*, *murr*, *ailwa*, *jund bedastar*, *farfiyun*, *luab tukhm hulba*, *luab tukhm katan* are used. *Haar raughaniyat* (oils) like *Roghan arand*, *Roghan qust*, *Roghan badam talkh* are used for massage.²⁰ Massage is done with *Roghan-e-Dhatura*, *Roghan-e-Hina* and *Roghan-e-Auraq* etc.¹⁶ In case of severe pain, *barge hina khushk* 12gram, *sabun desi* 12 gram, to be mixed in *sirka* (vinegar) and *zimad* is prepared. This *zimad* is to be applied over the joint and *barge arand* is tied. Or, *Roghan kuchla*, *Roghan gule aak*, *Roghan qust* or *Roghan surkh* is massaged over the joint.²¹

Waja-ul-Mafasil Saudawi: *Sauda* is evacuated with the help of *fasd*.²⁰ *Munzij-e-Sauda* is given followed by *mus'hil*.^{16,20} For *Nuzj*, *aslussoos*, *bekhe kibr*, *bisfaij*, 5grams each, *badranjboya*, *makoh*, *badyan* 7grams each, *suranjan* 4grams, *gulqand* 35gram.¹⁶ *Muhallil* and *mulayyin zimad* is applied. *Babuna*, *aarid hulba*, *tukhm katan*, *muqil* 7grams each, *anjeer* 7no, each drug is powdered and mixed with goat fat, *Roghane zaitoon* and *Roghane gau* and *zimad* is prepared.^{16,20} *Haar* and *ratab* fats and *roghan* is applied.²⁰ Massage with *haar raughaniyat* (oils) is done. *Abzan* and *nutool* are advised. Moderate exercise is performed before meal.¹⁶ *Nutool* with hot water is performed. *Babuna*, *marzanjosh*, *pudina*, *zoofa* and *hulba* can be added to make *joshanda*.²⁰

Waja-ul-Mafasil Murakkab: It is mainly due to involvement of *Balgham* and *Safra* or *Sauda* and *Safra*.¹⁶ *Munzij* containing *suranjan shireen* 5gram, *gule banafsha* 7gram, *chiraita* 7gram, *unnab* 5 no, *makoh* 5 gram, *beekhe badiyan* 5gram, *shahitra* 7gram, *aftimoon vilayati* 5gram, *bisfaij* 5gram, *maveez munaqqa* 9 no, *badiyan* 7gram, to be soaked in water overnight and decoction is prepared in morning and

consumed with *gulqand*.²¹ On 10th day, *gule surkh* 7gram, *sana makki* 7gram, should be added in above drugs. These drugs should be soaked overnight and in morning *joshanda* is prepared and *maghz faloos* 60gram, *turanjabeen* 48gram, *gulqand* 48gram, *shakar surkh* 48gram, *sheera maghz badam* 5 no are added in it. If even after administration of *mus'hil*, morbid matter is remained, *Habbe Ayarij* should be added in subsequent *mus'hilat*.²¹ *Zimad* containing *nakhuna*, *babuna*, *khatami*, *shibt*, *sibr*, *luab hulba* and *tukhm katan* is applied. Massage can be done with *Roghane hina*, *Roghane bedanjeer*, *Roghane gul*.¹⁶

Waja-ul Mafasil Reehi: *Munzija-e-Balgham* followed by *mus'hil* with *suranjan* is administered. *Haar mudirrat* (diuretics) like *anisoon*, *badiyan*, *tukhm kasoos* and *zeera siyah* are given with *sharbat buzoori haar*. Massage should be done with *muqawwi* and *muhallil raughaniyat* like *Roghane babuna*, *Roghane shibt*. *Roghane dhatura* is applied and *barge arand* or *barge dhatura* or *barge aak* is tied to the joint.¹⁶

3. CONCLUSION

In view of high prevalence, side effects of modern pharmacological treatment and high cost of surgical interventions with less effectiveness of all treatment modalities, *Waja-ul-Mafasil* can be managed effectively with the help of *Ilaj bit Tadbeer* (Regimenal Therapy). The efficacy of various Regimenal therapies has been proved by scientific studies. However, more research is needed not only to prove the safety and efficacy but to validate the mechanism of action of these therapies also.

Acknowledgement: None

Conflict of Interest: Nil

Source of Funding: None

REFERENCES

1. Colledge NR, Walker BR, Ralston SH. Davidson's Principles and Practise of

- Medicine. 21st ed. Edinburgh: Churchill Livingstone Elsevier; 2010: p1084
2. Franssen M, Bridgett L, March L, Hoy D, Penserga E, Brooks P. The epidemiology of osteoarthritis in Asia. International Journal of Rheumatic Diseases. 2011 May 1; 14(2): 113-21.
3. Natarajan MV. Textbook of Orthopaedics and Traumatology. 7th ed. New Delhi: Wolters Kluwer Health; 2011: p98
4. Maheshwari J, Mhaskar VA. Essential Orthopaedics. 4th ed. New Delhi: Jaypee Brothers Medical Publishers; 2011: p287
5. Munjal YP, Sharma SK, Shah SN, Agarwal AK, Handa R, Das SK, et al. API Textbook of Medicine. Vol 2. 9th ed. Mumbai: The Association of Physicians of India; 2012: p1818-1821.
6. Malhotra R, Bhan S. The Bone and Joint Decade 2000-2010: The Indian Perspective. The National Medical Journal of India. 2001; 14(5): 260-262
7. Papadakis MA, McPhee SJ, Rabow MW. Current Medical Diagnosis and Treatment. 54th ed. New York: McGraw Hill Education; 2015: p809
8. Kelley WN, Devita VT, DuPont HL, Harris ED, Hazzard WR, Holmes EW et al. Textbook of Internal Medicine. Vol 1. Philadelphia: J.B. Lippincott Company; 1989: p981-985
9. Anandacoomarasamy A, March L. Current Evidence for Osteoarthritis Treatments. Therapeutic Advances in Musculoskeletal Disease. 2010; 2(1): 17-28
10. <https://medical-dictionary.thefreedictionary.com/osteoarthritis>
11. <https://en.wikipedia.org/wiki/Osteoarthritis>
12. Das KV. Textbook of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008: p732
13. Entitlement Eligibility Guidelines Osteoarthrosis / Osteoarthritis <http://www.veterans.gc.ca/pdf/disp/en/eeg/osteoarthrosis-sep2016.pdf>
14. Radha MS, Gangadhar MR. Prevalence of Knee Osteoarthritis Patients in Mysore City, Karnataka. Int J Recent Sci Res. 2015 Apr; 6(4): 3316-20.
15. Solomon L, Warwick D, Nayagam S. Apley's System of Orthopaedics and Fractures. 9th ed. Boca Raton: CRC Press; 2015: 87,572

16. Khan MA. Akseer-e-Azam (Al Akseer). (Urdu translation by Mohd. Kabeeruddin). New Delhi: Idara Kitabus shifa; 2011: p836-849
17. Arzani A. Tibb-e-Akbar. Deoband: Faisal Publications; YNM: p617-18
18. Razi ABMBZ. Kitab-ul-Hawi. Vol 11th. New Delhi: CCRUM; 2004: p75,76.
19. Sina I. Al Qanoon Fit Tib. (Urdu translation by GH Kanturi). New Delhi: Idara Kitabus Shifa; YNM: p217-219, 1119-1124
20. Samarqandi N. Tarjuma Sharh-e-Asbab.(Urdu translation by Rizwan KA). Part III. 1st ed. New Delhi: CCRUM; 2010: p397-405
21. Khan HA. Haziq. New Delhi: Idara Kitabus-Shifa; 2002: p535-36

How to cite this article: Mohammad SA, Mujassam M. Role of *ilaj bit tadbeer* (regimenal therapy) in *waja-ul-mafasil* (osteoarthritis): a review. *Int J Health Sci Res.* 2021; 11(12):48-52. DOI: <https://doi.org/10.52403/ijhsr.20211207>
