

Review Article

A comprehensive review on the impact of cervical spondylosis on quality of life and its management through Unani system of medicine: a review

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ABSTRACT

In the Unani system of medicine, cervical spondylosis is categorized under the broad term known as Waja-ul-Mafasil, which encompasses a wide range of joint disorders including inflammatory, non-inflammatory, infectious, metabolic, and other musculoskeletal ailments. Cervical spondylosis specifically refers to the degenerative changes in the intervertebral discs and adjacent vertebrae in the cervical spine, primarily caused by age related wear and tear. Given the limitations and side effects associated with long term conventional treatments and the considerable impact of the condition on an individual's physical, mental, and social wellbeing many patients explore alternative therapies. Unani medicine offers various treatment strategies, known as Tadabeer, for managing joint related conditions. This literature review aims to evaluate the existing evidence provided by classical Unani scholars and assess clinical studies on the effectiveness of different regimenal therapies in alleviating joint pain through Unani approaches. The review was conducted using databases such as Google Scholar, PubMed, Science Direct, and Medline, along with classical Unani manuscripts accessed from the library of State Unani Medical College, Prayagraj, Uttar Pradesh, India. Considering the inadequacy of conventional medical treatments, Unani medicine presents a promising alternative through its comprehensive methods including dietary regulations, regimenal procedures, and pharmacological interventions for managing cervical spondylosis.

Keywords: Cervical spondylosis, Humors, Istifragh, Hijāma, Dalk

INTRODUCTION

Cervical spondylosis refers to osteoarthritis affecting the cervical spine and is marked by the degeneration of intervertebral discs along with the development of osteophytes (bone spurs). The condition commonly presents with symptoms such as neck pain and stiffness, and in some cases, radicular symptoms may occur due to

compression of nearby nerve structures. Although many individuals with cervical spine degeneration remain symptom free, those who do experience symptoms are generally over the age of 40. The three primary clinical manifestations associated with cervical spondylosis are neck pain, cervical myelopathy, and cervical radiculopathy. Neck pain is the most frequent complaint in cases of degenerative disc disease in the cervical region. In

contrast, acute cervical radiculopathy often presents with severe pain, which typically lessens as the condition progresses into its chronic phase. The pain may be described as sharp, burning, or intense and can radiate to the neck, shoulders, or arms, depending on the specific nerve root affected.

The cervical spine levels most commonly affected by degenerative changes are C5-C6, followed by C6-C7 and C4-C5.² Although radiographic imaging often reveals these degenerative changes, a significant number of individuals remain symptom-free.³ Studies show that signs of cervical spine degeneration are present in 25% of people under 40, 50% of those over 40, and up to 85% of individuals above the age of 60.⁴ Despite this, neck pain stands out as the most common symptom among those who do experience clinical manifestations. In the general population, the prevalence of neck pain varies widely, ranging from 0.4% to 41.5%. The annual incidence spans from 4.8% to 79.5%, and lifetime prevalence can reach up to 86.8%. According to the global burden of disease report 2015, both neck and low back pain are leading contributors to years lived with disability (YLD), highlighting their substantial impact on public health.⁵⁻⁷

In the Unani system of medicine, the condition known as cervical spondylosis is classified under the broader term Waja-ul-Mafasil, which encompasses various joint related disorders, including inflammatory, non-inflammatory, infectious, metabolic, and other musculoskeletal conditions. The word Waja in Arabic signifies pain, while Mafasil means joints.

This condition is considered a painful or inflammatory disorder resulting from the accumulation of Mawad-e-Fasida (morbid substances) in the joints,^{8,9} leading to pain and swelling. Prominent Unani scholars have traditionally described joint pain using the general term Waja-ul-Mafasil, often specifying the affected area for example, Waja-ur-Rukba for knee pain, Waja-ul-Warik for pain in the hip or ischium, Irqun-Nasa for sciatica, and Niqrir for gout.^{10,11} Similarly, when the pain is localized in the cervical spine (referred to as Fuqrat-e-Unuq), it is understood as cervical spondylosis within the Unani framework.

EFFECT OF CERVICAL SPONDYLOSIS ON QUALITY OF LIFE

Cervical pain significantly affects both the physical and mental health of individuals, leading to a decline in overall well-being. It not only disrupts the patient's personal and social life but also places a burden on their families and society. The development of cervical spondylosis is often linked to factors such as mechanical strain and aging. Contributing elements include increasing age, specific occupational demands, past injuries, and habits like smoking.¹²

This condition can accelerate the aging process, especially when compounded by coexisting health issues and reduced physical activity.¹³ Prolonged periods of poor posture are also a common contributor to the onset of cervical spondylosis. Moreover, individuals experiencing depression or low mood are more susceptible to developing this condition, as emotional distress negatively impacts overall health and quality of life.^{14,15} Among the working population, cervical spondylosis is frequently associated with muscle spasms, strains, and sprains often triggered by stress or poor posture. These issues can lead to myofascial pain, which is generally reversible through appropriate lifestyle modifications.

In older adults, degenerative changes in the cervical spine are the leading cause of neck pain. These changes are typically irreversible and often result in increased disability and a decline in quality of life. Contributing factors such as poor posture and improper ergonomics disrupt spinal biomechanics, leading to weakened neck muscles and instability in the shoulder region. This condition causes discomfort and interferes with everyday tasks like sleeping, reading, driving, and lifting heavy items. Such limitations in daily functioning negatively impact both physical and social aspects of life, often leading to heightened anxiety, fatigue, and depression, thereby contributing to mental, emotional, and physical distress.

Prevalence and Risk factors of neck pain

Approximately two thirds of people experience neck pain at some point in their lives, with the highest occurrence typically seen during middle age. However, individuals of any age or background can be affected. Certain factors, though, may elevate the risk of developing neck pain. For instance, older adults are more susceptible due to age related changes in the cervical spine, such as cervical spondylosis or herniated discs. People in occupations that involve repetitive neck movements, heavy lifting, or prolonged periods of poor posture like office workers, construction labourers, and healthcare professionals are also at increased risk.

Poor posture, a sedentary lifestyle, and a lack of regular physical activity can weaken neck muscles and lead to stiffness, making neck pain more likely. Additionally, emotional stress often results in muscle tension in the neck and shoulders, contributing to discomfort. Prolonged use of digital devices like smartphones, tablets, and computers especially when looking downward for extended periods can further strain neck muscles and joints, causing pain and stiffness.

CAUSES OF CERVICAL SPONDYLOSIS ACCORDING TO UNANI MEDICINE

According to Ali Ibn Abbas Majusi, the causes of Waja-ul-Mafasil (joint pain) are so complex that determining a single, specific factor is often not possible. Ibn Sina

emphasized the significant role of psychological factors in the development of this condition. He also noted other contributing elements such as genetic predisposition and weakness of the joints.

Ibn Sina further divided the causes of Waja-ul-Mafasil into two main categories:^{9,16} Asbab Fa'ilah (primary causes) and Asbab Munfa'ilah (secondary causes). Similarly, the renowned Unani scholar Ismail Jurjani used slightly different terminology, classifying the causes as Asbab Asli or Fa'ilah (fundamental causes) and Asbab A'rzi (incidental causes).⁸

Asbab Asli or Fa'ilah (Primary causes/fundamental causes)

Normally, the natural healing force (Tabiyat) of the joints draws in fluids whenever their levels drop. However, excessive or unnatural mechanical use of the joints can generate abnormal heat, which in turn leads to the burning or depletion of joint fluids. This phenomenon is referred to as Tahallul (dissolution), and it results in dryness within the joints.

When the expulsive power of the joint (Quwwat-e-Dafea) becomes weak, it fails to eliminate harmful substances (Ghair Tabai Fuzlat) from the joint. As a result, all components of the joint such as the capsule, tendons, cartilage, and bony projections become cold and dry. In this weakened state, they are unable to absorb or process the abnormal fluid. Consequently, this fluid becomes cold, leading to a specific type of pain.¹⁰

According to the Unani scholar Samarqandi, the Madda (substance) responsible for causing Waja-ul-Mafasil (joint pain) is characterized by a thick consistency and a white color. In contrast, Ibn Sina described this Madda as resembling pus (Reem). The humors (Akhlat) involved in the development of Waja-ul-Mafasil can include one or more of the following: Balgham (phlegm), Dam (blood), Safra (yellow bile), and Sauda (black bile or melancholic humor).

Ibn Sina also ranked these humors based on how frequently they are associated with the disease: Waja-ul-Mafasil Balghami (phlegmatic type) is the most common. Waja-ul-Mafasil Damvi (sanguine or blood-based type) is also fairly common. Waja-ul-Mafasil Safravi (caused by yellow bile) occurs less frequently. Waja-ul-Mafasil Saudavi (linked to black bile) is rare.

Asbab-e-Munfa'ilah or Aa'rzi (Secondary/incidental cause)

These factors do not directly cause joint disorders but contribute to making the joints more susceptible to the accumulation of harmful substances. This buildup can lead to both structural and functional alterations in the joints. Predisposing elements include a sedentary lifestyle, Zof-e-Meda (weak digestion), an unbalanced diet in terms of

timing, quantity, and quality, alcohol consumption, excessive sexual activity, and engaging in physical activity immediately after eating.^{17,18} Additionally, unnatural suppression of bodily excretions such as halted menstruation, lack of hemorrhoidal discharge, or suppressed sweating can also play a role. Osteoarthritis, in this context, is understood as a disorder that affects the entire joint structure.

CLINICAL PRESENTATION

The first and second cervical vertebrae can lead to discomfort in the retro-orbital (behind the eyes) or temporal (side of the head) areas, along with neck stiffness and pain in the occipital region (back of the head). This may occasionally extend to pain or tingling in the upper limbs, muscular weakness in the arms, sensations of dizziness or vertigo, difficulty with balance, and in rare cases, fainting spells, migraine attacks, or chest pain mimicking angina referred to as "false angina."

Cervical spondylosis is often associated with mild neurological signs, such as reversed supinator reflexes, restricted neck movements including forward bending (flexion), backward bending (extension), side bending (lateral flexion), and rotation. Pain is generally vague and poorly localized unless conditions like myelopathy or radiculopathy are also present.

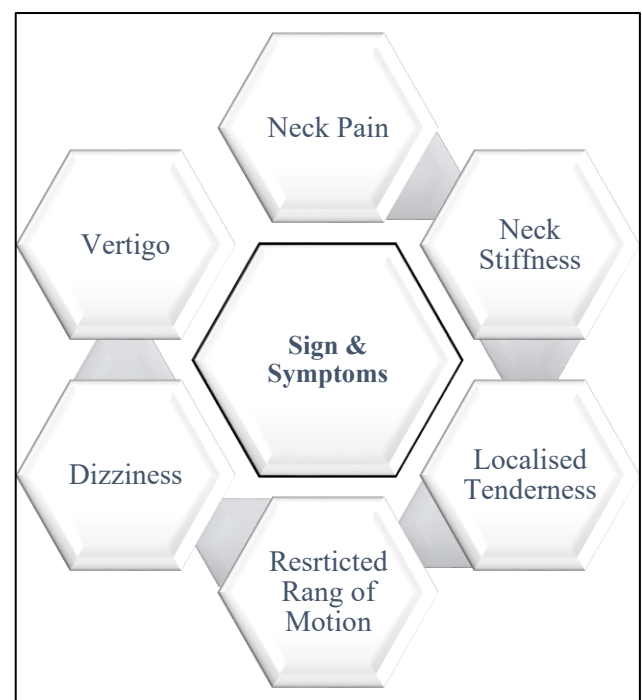


Figure 1: Sign and symptoms.

DIAGNOSIS

The diagnosis of cervical spondylosis is primarily based on the patient's clinical symptoms and physical signs, as outlined in Figure 1. One of the most common findings

during a physical exam is a decreased range of motion in the neck.¹⁹⁻²¹ For initial imaging in cases of neck and upper limb pain, plain X-rays are generally sufficient. These images often reveal degenerative changes that are commonly associated with neck pain, such as the formation of osteophytes, narrowing of the disc spaces, sclerosis of the endplates, degenerative changes in the facet and uncovertebral joints, and calcification of soft tissues. For a more detailed assessment of the brain and surrounding soft tissues, MRI remains the preferred diagnostic tool.

MANAGEMENT

Conventional management

The approach to treating cervical spondylosis depends on the patient's overall condition and the severity of the disease. The main goals of treatment are to alleviate pain, improve daily functioning, and prevent permanent damage to the nervous system. Management typically begins with conservative, non-surgical methods before considering more invasive options.

Physical therapy

Non-surgical management typically involves 4 to 6 weeks of physical therapy, including resistance and isometric exercises designed to strengthen the neck and upper back muscles. However, current evidence does not strongly support the effectiveness of other physical therapy methods such as cervical traction, heat therapy, cold compresses, ultrasound, therapeutic massage and transcutaneous electrical nerve stimulation (TENS) for treating either acute or chronic neck pain.²³

Pharmacotherapy

Medications like non-steroidal anti-inflammatory drugs (NSAIDs) systemic corticosteroids, muscle relaxants, antidepressants, and anticonvulsants are often used to manage pain. Additionally, trigger point injections can help relieve symptoms of myofascial pain, which commonly affects the neck, shoulders, and upper arms.

Surgical

Surgical intervention should be considered for patients who do not respond to conservative treatments and continue to experience significant or progressively worsening cervical myelopathy. It is also recommended for those with persistent axial neck pain or cervical radiculopathy that remains unresolved despite non-surgical management.²⁴

Treatment approach in the Unani system of medicine

In the Unani system, the management of cervical spondylosis follows the treatment principles (Usool-e-Ilaj) used for Waja-ul-Mafasil (joint disorders). This includes three main approaches: Ilaj-bit-Tadbeer (regimenal therapy), Ilaj-bil-Dawa (medicinal therapy), and Ilaj-bil-Ghiza (dietary therapy). The primary goals of treatment are to enhance the patient's quality of life, alleviate pain, and minimize disease-related complications.

Key therapeutic strategies involve Istifragh (elimination of harmful substances), Tadil-e-Mizaj (balancing the temperament), and Taqwiyyat-e-Mafasil (strengthening the joints). The abnormal humor is managed either by Istifragh-e-Madda (expelling morbid material) by Imala-e-Mawaad-e-Fasida (diverting harmful substances away from the affected site). Pain and inflammation are treated using Muhallilat (anti-inflammatory agents) and Musakkinat (pain relievers). To support muscle and nerve strength, therapies such as Muqawwiyyat-e-Asab (nervine tonics), Dalak (therapeutic massage), and various forms of Riyazat (physical exercises) are employed.

The treatment plan in Unani medicine includes various single and compound formulations, both oral and topical. Certain medicinal agents like Suranjan (*Colchicum luteum*) are used for their anti-inflammatory and resolving properties (Muhallil wa Munzij), while Chobchini (*Smilax china*) serves similar purposes. Azaraqi (*Strychnos nux vomica*) is employed as a Muqawwi Aasab (nervine tonic) to strengthen the nervous system.

Topical applications such as Roghan Babuna, Habb-e-Asgand, Roghan Suranjan, Roghan Qust, and Roghan Kuchla are commonly used. Compound formulations include Habbe Asgand for its anti-inflammatory effects (Muhallil), Habbe Azaraqi as a nervine tonic (Muqawwi Aasab), and Habb-e-Suranjan, which also acts as an anti-inflammatory agent (Muhallil).

The Unani treatment approach includes a variety of therapeutic techniques such as Hijama-bil-shart (wet cupping), Hijama-bila-shart (dry cupping), Fasd (bloodletting), Irsal-e-Alaq (leech therapy), Dalak (massage), Riyazat (physical exercises), Pashoya (foot baths), and Nutool (therapeutic irrigation). According to the renowned Unani scholar Ibn Sina in his work Al Qanoon fit Tib, restricted movement can result from vertebral misalignment, and if surrounding nerves are affected, the pain may become severe.

In such conditions, procedures like Fasd and Hijamah are considered effective.²⁹

Table 2: Regimenal therapies for cervical spondylosis in Unani system of medicine.

Name of regimenal therapy	Definition	Site of therapy
Hijama-bila-Shart (Dry cupping)	Cupping without incision.	Kahil, Akhdein Nuqra ²⁹⁻³²

Continued.

Name of regimenal therapy	Definition	Site of therapy
Hijama-bil-Shart (Wet cupping)	Cupping with incision.	Kahil refers to a point located in the interscapular area just beneath the 7 th cervical vertebra. Akhdein are situated behind both ears, while Nuqra is positioned at the posterior part of the skull, approximately four inches above nape of neck. ²⁹⁻³²
Irsal-e-Alaq (Leech therapy)	Application of medicinal leech on the affected part.	At the site of pain. ²⁹
Fasd (Venesection)	A type of bloodletting procedure where congested veins are incised.	Qaifal (cephalic vein), Akhal (medial cubital vein). ^{29,31,32}
Nutool (irrigation)	Pouring of Unani medications or lukewarm water or oil over various parts of the body.	At the site of pain. ²⁹⁻³²
Dalak (Massage)	Using hands or objects like rough cloth with or without oil, apply pressure, kneading, friction, rubbing, and pressing pounding to the affected body parts.	At the site of pain.
Imala (Diversion)	Removal of morbid material from the disease site.	Kahil, Akhdein Nuqra ^{29,31,32}
Bukhoor (Inkebab)	Medicated steam.	At the site of pain. ³³

A well-structured dietary plan is essential and should be accompanied by the avoidance of foods known to trigger or worsen the condition. According to Zakariya Razi, all types of meat are generally harmful for individuals suffering from Waja-ul-Mafasil, though meat from birds, fish, and plant-based foods are considered beneficial. He also emphasized the importance of regular physical activity and oil massages as part of the treatment.³⁴⁻³⁶

Recommended dietary items include wheat, various pulses (particularly Bengal gram), Indian millet, broad beans, French beans, spinach (*Spinacia oleracea*), onion (*Allium cepa*), beetroot (*Beta vulgaris*), carrot (*Daucus carota*), red chili (*Capsicum annuum*), black pepper (*Piper nigrum*), fig (*Ficus carica*), almond (*Prunus amygdalus*), walnut, date (*Phoenix dactylifera*), apricot, grape (*Vitis vinifera*), potato, clarified butter (pure ghee), fenugreek (*Trigonella foenum-graecum*), turnip (*Brassica rapa*), apple (*Malus sylvestris*), maize (*Zea mays*), and papaya (*Carica papaya*).^{34,35,37,38}

DISCUSSION

Cervical spondylosis is a prevalent degenerative disorder affecting both young and adult populations, primarily due to occupational and sedentary lifestyle factors.³⁹ In modern medicine, it is typically managed with a combination of pharmacological and non-pharmacological therapies. However, the long-term use of medications such as corticosteroids, NSAIDs, and muscle relaxants may result in serious side effects, while physical interventions like cervical collars and neck exercises often offer only temporary relief.⁴⁰ Moreover, there is currently no definitive treatment to reverse articular cartilage degeneration.⁴⁰ Unani medicine provides a comprehensive

and holistic alternative by focusing on the root causes of imbalance in the body. Its approach is integrative, combining diet regulation, herbal remedies, manual therapies, and lifestyle changes to manage the symptoms and improve overall patient outcomes.⁴¹ A unique aspect of Unani medicine is its emphasis on Ilaj-bit-Tadbeer (regimenal therapy), which aims to maintain health through the regulation of Asbaab-e-Sitta Zarooriya (six essential life factors).⁴² Therapies such as Fasd (bloodletting), Hijama-bil-Shart (wet cupping), Hijama-bila-Shart (dry cupping), Irsal-e-Alaq (leech therapy), Dalak (massage), and Nutool (therapeutic irrigation) are widely employed to address the underlying causative substances (Madda) of the disease.⁴³ These treatments, being non-pharmacological in nature, are generally associated with minimal side effects and are aimed at expelling abnormal humours to restore balance and health.⁴⁴ Research also indicates that individuals with sedentary habits or those who are unemployed often experience more severe symptoms, highlighting the importance of lifestyle as a therapeutic target.³⁹ Although traditional methods show promise, further scientific validation is required to confirm their long-term efficacy and broaden their acceptance in mainstream healthcare.⁴⁵

CONCLUSION

Individuals with cervical spondylosis often face a significant decline in their quality of life, underscoring the necessity for effective and holistic management approaches. While conventional medicine primarily addresses symptomatic relief, the Unani system offers a distinct and integrative model that targets the root causes of disease through lifestyle and environmental modification, along with various non-pharmacological therapies. The structured regimenal therapies in Unani

medicine not only provide pain relief but also aim to restore balance and overall well-being. Ongoing scientific research is essential to validate these therapies further and integrate them into comprehensive care models for managing cervical spondylosis.

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