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Review Article

Waja‘al-mafāṣil in Unani medicine: pathophysiological perspectives of mizāj and akhlāṭ and therapeutic approaches

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ABSTRACT

Waja‘al-Mafāṣil (musculoskeletal disorders) is a group of ailments that includes muscles, bones, a group of nerves, ligaments and tendons. It is a kind of degenerative disorder that mostly occurs due to not following Asbāb Sitta Ḍarūriyya in their day-to-day life. The designation of diseases according to involvement of their respective organs: Niqris (Gout), ‘Irq al-Nasā (sciatica), Waja‘al-Warik (pain of hip joint) and Waja‘al-Mafāṣil (joint pain), having different manifestations of the same pathological entity. The etiopathogenesis of such diseases mainly revolves around the overwhelming of Akhlāṭ in the joint spaces. This build-up results in obstruction and distension, leading to pain. The most common etiological factor is Balgham (phlegmatic humour) or a mixture of Balgham and Ṣafrā’ (phlegm and yellow bile), and sometimes it may happen due to Khilṭ Sawda. The Balgham (phlegm) is often abnormal, thick, and purulent. With prolonged stagnation, this matter becomes increasingly viscous, sometimes hardening to the extent that it resembles stone. The works related to Waja‘al-Mafāṣil were meticulously reviewed, examined, scrutinised, scanned and summarised based on classical texts and published data in many reliable sources. Unani medicine has rich potential, and it has been focused on since the medicine was in a very primitive stage. It caters for prevention, protection, promotion, and empowerment, and performs the imbibed function. The available information emphasises to explore and develop a protocol for validation of existing knowledge in understanding the underlying pathology and the diagnosis of musculoskeletal conditions with their protocol of treatment.

Keywords: Mizāj, Unani pathological aspects, Waja‘al-Mafāṣil, Musculoskeletal disorders, Arthritis

INTRODUCTION

Waja‘al-Mafāṣil/ (Musculoskeletal disorders) have a major impact on society in terms of morbidity, long-term disability and economics. As populations increase and age, payment for medical care and indirect costs from loss of earnings will increase. Waja‘al-Mafāṣil have a great economic impact on society, and the costs of these are escalating problems.[1]

A major update to the Global burden disease published in 2017 reported the prevalence of musculoskeletal complaints as 1,312,131.3 thousand, the annual incidence as 334,744.9 thousand and the disability-adjusted life years (DALYs) lost due to these diseases as 135,881.3 thousand years. DALYs due to musculoskeletal complaints have progressively increased over time, by 38.4% from 1990 to 2017 (within this period, by 19.9% from 2007 to 2017).[2]

In India Waja‘al-Mafāṣil is one of the most common joint disorders, impacting millions of individuals worldwide. In India, it affects 15% of the population (around 180 million).[3]

In Unani system of medicine almost all the renowned physician discussed about sign and symptoms, etiology, pathogenesis and principles of treatment of Waja'al-Mafāṣil in detail.

Waja'al-Mafāṣil refers to pain which occurs in the joints of the body; it is not restricted to any specific organ or joint but is widespread and can affect both upper and lower limbs and their respective joints. Or due to accumulation of Fuḍlāt (waste material) in small or large joints, which causes pain, can be referred as Waja'al-Mafāṣil. According to this, Waja'al-Mafāṣil is usually Māddī (associated with substance) in nature. According to the Unani literature, arthritis can be linked to several types of Waja'al-Mafāṣil based on predisposing factors, aggravating factors, and joint involvement patterns.[4] Management principles vary amongst different types of Waja-ul-Mafasil. Such as Sū'-i-Mizāj Sāda (simple morbid temperament), Waja'al-Mafāṣil Damawī (sanguineous arthritis), Waja'al-Mafāṣil Ṣafrāwī (bilious arthritis), Waja'al-Mafāṣil Balghamī (phlegmatic arthritis), Waja'al-Mafāṣil Sawdāwī (melancholic arthritis), Waja' al-Mafāṣil Rīḥī (gaseous type), Waja'al-Mafāṣil Murakkab (polyarthritis), Waja 'al-'Unuq (neck pain), Waja'al-Ẓahr (Backache), Waja'al-saqain (pain and weakness in the calf muscle).[5,6]

LITERATURE RESEARCH

Based on classical Unani literature and contemporary scientific sources this study is a narrative review. A comprehensive analysis of classical literature, including Kamil al-Sana, Firdaus-ul-Hikmat, Mualijat-al-Buqratiya, Al-Qanoon Fil-Tib, Kitab al-Hawi fit-tibb, Kitāb al-Mansoori, Bara-us'sah, Tibbe Akbar, etc., was done to explore the philosophy, remedies, and interventions for acute conditions. Electronic resources such as ScienceDirect, PubMed, Scopus, Elsevier, Web of Science, Research Gate, and Google Scholar were searched

ETIOLOGICAL FACTORS AND PATHOGENESIS

In Unani medicine, it is categorized into two types Marad Mufrad and Marad Murakkab. Since the Mizāj is the indicator of health, and the objective of medical science is to promote health, provide health, protect health, empower health and perform for health.[7,8] It is believed that certain existential factors: Sabab Maddi, Sabab Faili, Sabab Suwari and Sabab Tamami are necessary not only for existence but also for the smooth functioning of the body. Among the aforementioned Sabab Maddi: Arkan, Akhlat, Arwah and Aza is the basic one reaffirming health. The nature of disease is in three ways: Sui Mizaj, Sui Tarkeeb and Tafarruq Ittisal.[8] For Marad Murakkab, two more varieties are required, either without matter or with matter. Musculoskeletal disorders are mostly related to the latter because these are the result of the inappropriate following of Asbab Sitta Daruriya and Ghayr Daruriya. These essential factors are considered under Sabab Faili that influences Sabab Maddi and Sabab Suwari: Mizaj, Tarkeeb and Surat. Mizaj and Akhlat are the crucial factors that influence the structure and architecture of the body. The Sui mizaj Sadhij or Maddi occur either whole body or any of the vital organs of the body through Harr, Barid, Ratb and Yabis Mizaj and Rihi (gaseous matter). Sui Mizaj Sadhij is attributed directly to Aza Mutashabih tul Ajza and accidentally to Aza Ali. Maddi group of diseases exhibit the manifestations of the related dominance of Khilt, and sometimes it happens with waram or without waram.[4,9]

The fundamental cause of joint disorders in Unani medicine is the inherent weakness of the joints. This weakness may result from a sū'-i-mizāj mustaḥkam (sustained derangement of temperament), excessive physical exertion, or trauma. Joints are naturally delicate structures, frequently engaged in movement, located far from the heart, and characterized temperamentally by coldness and poor digestive strength. The joints are particularly prone to the build-up of harmful substances (mawād fāṣida), especially since these are often redirected away from the vital organs (A'ḍā' Sharīfa). The commonly affected organs are muscles, bones, ligaments, tendons, nerves and blood vessels etc.[5,10]

According to Jālīnūs (Galen), joint pain (Waja'al-Mafāṣil) commonly affects individuals who lead a sedentary lifestyle, have poor digestion, frequently consume Nabīdh (type of non-intoxicating fermented drink) on an empty stomach, take excessive sugar, and indulge in frequent sexual activity and excessive use of the Ḥammām (bath).[10-12]

Mafāsil or joints are originated for producing easy movements of the body organs, and the fluids present in it make as a lubricant that protects from the friction of the bones even ligaments and tendons also protected from dryness. Excessive movements of the body organs the fluid present in spaces gets resolved and entire Mafasil heated ultimately gets fatigue. It means the exertion is nothing but consumption of Rutubat and heating of joints. The physical movements of the body drain the fluid in spaces in two ways. 1) it trembles the fluid then the fluid moves towards the joints 2) Movement produces heat and heat attract the fluid towards itself like the flame of lamp attract the oil.[4,5]

Causes for retention of Fuḍlāt (waste material) in the joints-

Asbaab asliya

The structure of the joints is porous, due to which they easily accumulate Fuḍlāt (waste material) in them. Excessive movement increases Ḥarārat (heat) and heat absorbs mawad, due to which there is an accumulation of waste material in the joints. Joints lack Quwwat Hāḍima (digestive faculty) and Quwwat Dāfi'a (expulsive faculty) because for the function of Haḍm (digestion) and indifā'(expulsion) Ḥarārat (heat) and Ruṭūbat (moistness) are necessary. Primarily, the structure of joints is made of Bārid (cold) organs such as cartilage, tendons, and ligaments, which are Bārid Yābis (cold and dry) in

temperament. Due to this, there is a lack of Ḥarārat (heat) which is needed for the function of Haḍm (digestion).[5,6]

Asbaab Aarzi

Discontinuation of regular physical activity leads to stagnation of waste material and its accumulation in the joints. Weak or delayed digestion (ḍuʿf al-hazm). Disorder in dietary habits (sū'-i-tartīb). Increased consumption of alcohol, which causes weakness in the joints, leading to increased absorption of waste material. Sluggishness in the movements. Exercise soon after taking meals. Inclination and accumulation of maddā towards the joints from the brain due to zukām wa nazla (cold and catarrh) or discontinuation of istifrāgh (evacuation), as in post-menopausal age, women are more prone to develop Wajaʻal-Mafāṣil due to cessation of Ḥayḍ (menstruation) through which waste materials were being evacuated.[5,6]

The following descriptions are the most common musculoskeletal disorders with their Unani perspective of pathophysiology, with their corresponding treatment approaches.

CLINICAL FEATURES IN DIFFERENT TYPES OF WAJA 'AL-MAFĀṢIL

Joint pain caused by Sū'-i-Mizāj Sāda (simple morbid temperament)

When joint pain arises from a simple morbid temperament be it hot, cold, or dry and is localized to the joints or generalized throughout the body, it typically presents with the following features:

The pain develops slowly and insignificantly over time with absence of heaviness or swelling (waram) and the colour of the affected area remains the same as the rest of the body. Upon palpation (malmas), the local temperature and texture of the skin indicate the underlying imbalance, whether heat, cold, or dryness.[6,13]

Wajaʻal-Mafāṣil māddi

Usually, the occurrence of Wajaʻal-Mafāṣil is due to disturbance in haḍm Dom (secondary digestion) and Haḍm Som (tertiary digestion).[10] So, it is necessary to improve haḍm (digestion) and ensure Talṭīf-i-Ghidhā' (easily digestible nutritious diets).

Waja 'al-Mafāṣil Damawī (sanguineous arthritis)

This form is caused by an excess of Dam (sanguineous humour). The affected area shows redness and swelling. Patient feels a sense of Tamaddud (distension), throbbing, and the affected site feels warm on palpation. Although there is heat but it is milder as compared to ṣafrāwī type. It is common in individuals with Ḥārr Raṭb (hot and moist) temperament. It is frequently observed in well-built individuals, usually during their youth, and tends to appear more often in the fasl-i-rabīʿ (spring season) because there are overwhelming of Akhlat. The condition may also be triggered by an excessive intake of food and drink that increases the production of blood.[6,14,15]

Wajaʻal-Mafāṣil Ṣafrāwī (bilious arthritis)

This type of joint pain is caused either by Dam ṣafrāwī (bilious blood) or Safrāʾ khāliṣ (pure yellow bile) While Wajaʿ al-Wafāṣil and Niqris due to pure bile are relatively rare since bile, owing to its thinness, heat, and volatility, is rapidly dissipated and does not remain confined to the joints nonetheless, it does occasionally occur. There is yellowish discoloration of the skin at the site, Severe burning pain, A rapid pulse, Dark or fiery-coloured urine. Pain is superficial. There is minimal swelling, tension, or redness, especially in the case of pure bile. The patient experiences relief from cold remedies. This type typically affects individuals with weak constitutions and warm, dry temperaments. It is frequently accompanied by fever.[6,14,15]

Waja 'al-Mafāṣil Balghamī (phlegmatic arthritis)

The affected area appears pale or whitish, there is minimal inflammation or heat, A prominent sense of heaviness is felt in the joint. Pain is moderate but persistent. Because the phlegmatic matter is heavy and dense, it settles into deeper tissues and resists outward diffusion, causing mild, diffuse swelling that is soft to the touch and similar in colour to the surrounding skin. Other symptoms of increased phlegm in the body are frequently present, as is a history of dietary or lifestyle choices that produce phlegm.[6,11,13,14]

Waja 'al-Mafāṣil Sawdāwī (Melancholic arthritis)

This type is rare and caused by sawdāʾ (black bile). The Pain and Tamaddud (tension) are Low-grade, Swelling, if present, tends to be hard and indurated, the skin over the joint may appear dark or dusky in colour, The Mādda (matter) is scarce and barid (cold) in temperament, The affected part is characteristically dry, The Patient feels relief with harr ratb (warm and moist) therapies.[6,14,15]

Wajaʿ al-Mafāṣil Rīḥī (gaseous type)

This type is caused by the accumulation of pathogenic gas (rīḥ), Marked by pronounced tension (tamaddud) and bloating, Pain is shifting in nature, frequently migrating from one joint to another, these pains are typically cramping, erratic, and are relieved by warm fomentation and anti-flatulent interventions.[6,15,16]

Waja 'al-Mafāṣil Murakkab (polyarthritis)

This type results from the combination of two or more humours, most commonly bālghām (phlegmtic humour) and ṣafrāʾ (bilious humour).

Symptoms cannot be fully resolved by simple hot or cold treatment. A remedy beneficial for one humour may

aggravate the other, leading to unsatisfactory outcomes. Accurately identifying the main humour involved is crucial since effective therapy relies on choosing the right strategy based on this difference. The alleviation obtained through treatment is frequently just partial.[6]

Waja 'al- 'Unuq (neck pain)

According to Unani medicine, cervical spondylosis, also known as Waja 'al 'Unuq (neck pain), is a form of Waja'al-Mafāṣil (arthritis) and is brought on by disorders of the surrounding structures or spasms of the neck muscles. Most often is neck pain.[17]

Waja 'al-Ẓahr (Backache)

Pain of the back can be superficial or deep; it can be due to derangement of cold temperament, predominance of phlegm, physical exertion, incorrect sitting posture, increased sexual activity, weakness of the kidneys, premenstrual pain, labour pain, etc.[18] It can be caused due to Sū'-i-Mizāj Bārid Sāda (simple morbid cold Temperament), and sometimes, Khām Balgham (immature phlegm). Because the Ẓahr (back) is denser and colder than all the other organs due to the presence of the spinal cord, bones, and the presence of nerves and ligaments, and due to less muscle mass with limited movement in that region.[10-12,14]

Waja 'al-Saqain (pain and weakness in the calf muscle)

The first and foremost cause for this is Ḍu'f al-Haḍm (delayed digestion), especially of Haḍm Som (tertiary digestion). Other causes include increased appetite or consuming a diet before the previous diet has been digested. Nuqs Taghdhiya (undernutrition) or obstruction in the pathway of nourishment causes pain and weakness in the calf muscles.[19]

UṢŪL-I- 'ILĀJ (PRINCIPLES/ LINE OF TREATMENT)

Principle line of treatment in Waja'al-Mafāsil can be set forth in the following manner:

To relieve symptoms and signs analgesia

Oral as well as local use of analgesic and sedative drugs. Anti-inflammatory drugs and measures.

Ta'deel-e-Mizāj (correction of deranged temperament)

Tanqiya-e-Maddā/Istifrāghāt-e-Maddā (evacuation of morbid material) via Fasd (venesection), Hijamā (cupping), Mundij-wa-Mus'hil therapy (concoction and purgatives), Mo'arriqat (diaphoretics), Muddirāt (diuretics) and Muqqiyāt (emetics).

Strengthening of Quwat-e-Mudabbira-e-Badān (medeatrix nature), Tābreed (cold sponging) Nutool (Pouring of decoction of drugs) Bukhoor (Vaporization) Abzān (Sitz bath) Riyadāt (Exercises).[20]

WAJA 'AL-MAFĀṢIL SŪ'-I-MIZĀJ SĀDA

Waja'al-Mafāṣil due to Sū'-i-Mizāj Sāda (simple morbid temperament) occurs occasionally whereas, due to Sū'-i-Mizāj Māddī (morbid temperament associated with substance) it is common.[10,19]

If it is due to Sū'-i-Mizāj Sāda it can be treated with 'Ilāj bi'l Ḍidd (heterotherapy) such as in Sū'-i-Mizāj Ḥārr (morbid hot temperament) sharbat lemo, Sikanjabīn (oxymel), and other Mubarridāt (cooling agents) should be used.

And if the pain is due to Bururdat (coldness), harr Tadabir (hot therapies) should be used, such as massaging the site of pain with hot oils, hot fomentations, etc.[19]

WAJA 'AL-MAFĀSIL BALGHĀMī

In Unani medicine refers to a particular kind of arthritis. And Balghām specifies that the condition is linked to an excess or imbalance of the Balgham (phlegmatic humour).

The treatment initially begins with Tanqiya-i-Mawad (cleansing of the morbid matter). For this purpose, Gulqand Asli, along with Joshanda (decoction) prepared with Saunf and Zeera, should be administered in the morning on an empty stomach. After this about an hour later, Aab Nuqood should be given as a substitute for food.[21]

During this time, examination of Baul (urine) has to be done. The signs of Nuḍj (concoction) in the urine appear after three or four days. For this, the Rusub e Baul (precipitate of the urine) has to be observed specifically. The sign of complete Nuḍj is that the precipitate is white, round, and settled at the bottom of the urine. If the signs of Nuḍj appear, then use Ma'al usool with Roghan e Arand for a week or 7 days, after 7 days, for the next three days, use Turbud and Ayarij Fiqra, 4.5 grams each, along with honey. Ma'al usool should be given for another three days after this. And on the fourth day, use Gulqand Asli.[5,22]

After this, Mushil (purgation) should be used. For this purpose, habb e shitraj or habb e Mumtin can be used. After Mushil, Mudir Baul (diuretic) should be given. This helps in Tanqiya-i-Madda.[5,22]

For local application: Roghan-e Arand, Roghan-e Qust, Roghan-e haft barg.[19]

Dietary recommendations

Talṭīf-i-Ghidhā' (easily digestible nutritious diets). For the phlegmatic one, a hot diet is advised, such as gram water,

khuska with mũng Dāl or wheat naan; dry fruits like Pista, raisins.

WAJA 'AL-MAFĀṢIL DAMAWĪ (SANGUINEOUS ARTHRITIS)

The general line of treatment according to classical texts: Tanqiya-i-mawad (evacuation of causative matter), Taskīn-i-Alam (analgesia) and Taqwiyat-i-Mafāṣil (strengthening of joints).

The treatment initially begins with Tanqiya-i-Mawad (cleansing of the morbid matter). For this purpose, performing Faṣd (venesection) from the Bāsilīq (basilic vein) is beneficial as it evacuates the excess matter according to site, which reduces its tension, leading to alleviation of pain. After this, Nuḍj (concoction) must be administered, For Nuḍj: Give morning, before the meal Mudir sheer like, Sheera e Kahu, Sheera e Maghaz tukhm kaddu, Sheera e Tukhm-i-Kāsnī , Sheera e Khār Khask, Sheera e Tukhm-i Kharpaza.[19]

During the Nudj, urine should be observed for signs of Nuḍj every 3-4 days, especially its precipitate, which should be round, smooth, and settled at the bottom.

In this case, Mushil Safra (purgative) can be given. Like Haleela jaat and Suranjan.

If the disease is in the initial stage, strong Mukhaddir (anaesthetics) or Bārid Zimād (cold ointments) should be avoided. Because these drugs solidify and thicken the Mādda (matter) due to which it is tough to dissolve. Until the disease is in the stage of Ibtidā' (onset) and Tazayyud (increment), Zimād such as Sandal, Gul e Surkh, fofil, Mamisa, Aqaqia, which are Rad'i-Mawād (repelling) and Qābiḍ (astringent), along with Sirka (vinegar) or Aab Kishneez Sabz should be used. After using these, if there decreases in the pain and Hararat at the site of pain, add Muhalil (resolvent) drugs such as Ard jau, Khatmi, Banafsha and Aklil ul Mulk.

Sometimes Waja'al-Mafāṣil Damawī is associated with fever. In this condition, Arq Mako 120 ml with 6 grams of Khaksi and Tukhm khayarin, boil, and add 23 ml of Sharbat e Banafsha improve the condition.

After Tanqiya-i-Mawad (cleansing of the morbid matter), Safoof Suranjan 6 grams with 120 ml of Arq Shahatra should be used.[4,19]

Dietary recommendation

Ghidhā' laṭīf-i- (easily digestible foods) The diet should be recommended as per the humour involved diet of cold temperament should be advised in sanguineous one such as meat of bird, goat kid, chick soup, sour pomegranate water, fruits like sour apple, pomegranate, guava, grapes, vegetables like, Kaddu, Mung, Palak, and Cholai should be used.[22]

WAJA 'AL-MAFĀṢIL ṢAFRĀWĪ (BILIOUS ARTHRITIS)

In this type initially vomiting must be induced with Sikanjabin Buzoori Sada. Tabrid (cooling of body) and Taskin is important for Waja'al-Mafāṣil Ṣafrāwī. Apart from this barid (cold) and Qābiḍ (astringent) Zimad is beneficial. Such as, Kadu, Kafoor, Kahu, mixed with either Sirka or Aab Kishneez Sabz, or Ispaghool mixed with Sirka is also useful in reducing pain.

After achieving complete Nuḍj (concoction) Mushil-i-Ṣafrā' (purgative of yellow bile) such as, using Matbooq Haleela for Tanqiya-i-Mādda. Mudir(diuretic) should be used after Ishal (purgation) such as Kasni, Khayarin with Shaarbat Buzoori Barid.

When the Mādda is Ṣafrāwī khoon (bilious blood) Tanqiya has to be done with Haleela zard, Haleela Kabuli, Afsanteen, Shahatra, Tamar Hindi, Alu bukhāra, Maweez Munaqqa.

If pain and irritation are increased, Musakkin-i-Alam (analgesic) drugs should be used. Such as, zimād' made from Isapghool Musalim with Sirka. This zimād help in reducing pain and irritation. Apart from this, using Suranjan and Khand Safaid, both 10.5 grams each with water, is beneficial.[4]

Dietary recommendation

Diets containing Barid temperament, such as Masoor Dāl, fruits like Amrood (guava), sour apple, sour pomegranate, etc, should be given.[19]

WAJA-E-MAFASIL SUADAVI

The treatment initially begins with Tanqiya-i-Mawad (cleansing of the morbid matter). In this condition Joshanda Afteemoon is very beneficial after that give the Mushil Suada.

After Tanqiya-i-Mawad. Suranjan 3gm with Ma'jun Nijah 10gm and Gulaab or with Ma'jun Chobchini, Ma'jun ushba is very beneficial.

For local application: according to shaikh, grind Maghz Tukhm Arand along with cow's ghee and honey to make a zimād (paste), and then apply it on the site. This Zimād (local application) is very beneficial in Salabat e Mafasil anbd Tahajur e Mafasil.[19]

WAJA 'AL-MAFĀSIL MURAKAB

According to Unani literature is frequently induced by material composed of mixture of Balgham (phlegm) and Ṣafrā' (yellow bile) or Sawdā' (black bile) and Ṣafrā' (yellow bile). It arises due to abnormalities in the qualitative, quantitative, or both aspects of the above-mentioned humours.

For Nujd, suranjan 1gm, Mastagi 1gm, Bozidaan 1 gm mix with Gulqand 10-12 gm, Morning before the meal.

After this about an hour later, Sheera e Kahu, Sheera e Maghaz tukhm kaddu, Sheera e Tukhm-i-Kāsnī, Sheera e Khār Khask, Sheera e Tukhm-i Kharpaza should be given with Sharbat e Bazuri Mutadil 30 ml.

After this Majun Suranjan and Majun Ushba is very beneficial.[19]

IRQ AL-NASĀ (SCIATICA)

It is usually due to Damawī (sanguineous humour). And if the signs of Ghalaba'-i-Dam (predominance of sanguine humour) are present, the treatment initially begins with Tanqiya-i-Mawad (cleansing of the morbid matter). For this purpose, the initial treatment is to do Faṣd (venesection). Venesection of the Basilic vein should be done first, followed by Faṣd of the 'Irq al-Nasā (sciatic vein).[5,21,23]

If it is due to Bālghām (phlegmatic humour), follows the same treatment plan as Waja e Mafasil Balghami for Tanqiya-i-mawad After this, Habb Shitraj should be used as Mushil. Externally massaging with Roghan Bindal is useful. There are a few drugs that are useful in both 'Irq al-Nasā (sciatica) and Waja'al-Mafāṣil (arthritis), like Majoon chobchini with Arq chobchini, Safoof Suranjan with Arq Shahitra, Majun Suranjan, Habb Suranjan, Habb e Azaraqi, Majoon ushba, etc.[5]

NIQRIS (GOUT)

First search for actual cause and then evacuate the morbid matters from the body by using various means such as purgatives, diuretics, diaphoretics etc. In excess of Safra, emetics should be given first. Sikanjabin, Ab jao (barley water), Ab Muli (raphanus juice) are used for this purpose. Mundij-i-Safra is used, then after Nudj purgation should be done by Zulal Alubukhara, Zulal Tamarhindi, Sibr, Saqmonia etc. Jalinus has advised the use of diuretics and anti-inflammatory in gout, sheera e mudir is very beneficial in this condition.[21-23]

If pain is very severe, Qāwi Bārid and Qābid (Very cold and very astringent) medicines should be avoided as it causes Madda to solidify and accumulate in joint which increases in severity of disese, in this situation Anti-inflammatory drugs like Bura Armani along with mako is applied locally or Sirka (vinegar) has been advised locally by many Unani scholars along with Kafoor (camphor) and isapgol (Isubgula mucilage).[19,22]

Habb-i-Suranjan should be given. According to Ibn Sina, purgation of phlegm should be given along with black bile like, haleela siyah, haleela kabuli because if it is given alone then it will give temporary relief and will take Madda back to organs and pain will recur.

In Niqris balghami follows the same treatment plan as Waja e Mafasil Balghami.

According to Razi Majun e Harmas is very beneficial in Niqris.[19,22]

ILAJ BIL GHIDA (DIETOTHERAPHY) APPLIED IN GENERAL FOR WAJA 'AL-MAFĀṢIL

Usually, the occurrence of Waja 'al-Mafāṣil is due to disturbance in haḍm Dom (secondary digestion) and Haḍm Som (tertiary digestion). So, it is necessary to improve the Haḍm (digestion).[24]

'ILAJ BI'L TADBIR (REGIMENAL THERAPY) WHICH IS USED IN DIFFERENT TYPES OF WAJA 'AL-MAFĀSIL

Inkibāb (Vapour bath)

With vapours of the decoction of Aklil ul Mulk, Babuna, is very beneficial in Irq al-Nasā and Waja 'al-Mafāsil Balghāmī.

Fasd

Fasd (Bloodletting) and Hijāma' us shart (wet cupping) is beneficial in Waja 'al-Mafāsil Dāmvi and irqun nisa dāmvi.

Hijāma bilā Shart

Hijāma bilā Shart (dry cupping) can used in Waja'al-Mafāsil Balghāmī to divert the accumulated morbid humours from the affected joints. and Hijāma bin Nār (fire cupping) is beneficial in waja e mafasil balghami and Irq al-Nasā to divert the accumulated morbid matter.[23]

Qāi

Qāi (Emesis) is very helpful in Waja e Mafasil Ṣafrāwī and Waja'al-Wārik (hip joint pain).

Idrār

Idrār (Diuresis) should be performed in Waja'al-Mafāsil Muzmin. Sheera e Kahu, Sheera e Maghaz tukhm kaddu, Sheera e Tukhm-i-Kāsnī, Sheera e Khār Khask, Sheera e Tukhm-i Kharpaza.

Nutool

Nutool (Irrigation) is beneficial in waja e mafasil saudavi.

Tākmeed

Tākmeed (Hot fomentation) is the process which keeps the body or parts of the body warm. It is a therapeutic application which is basically used to relieve pain and

stiffness. It is beneficial in Irq al-Nasā (sciatica), waja e mafasil balghami and saudavi, Nakhoona (*Astragalus hamosus* L.), Baboona (*Matricaria chamomilla* L.), Khardal (*Brassica nigra* L.) and Marzanjosh (*Origanum majorana* L.).

Zimād

Zimād Isapghool Musalim with Sirka or Kaai (algae) and mixing with Aab kishneez is beneficial in Waja e Mafasil Ṣafrāwī.

Amāl e-Kāi

Amāl e-Kāi (cauterization) should be performed at the affected site in 'Irq al-Nasā If Hijāma bin Nār (fire cupping) is not beneficial.[11,24]

COMMONLY USED DRUGS IN WAJA E MAFASIL

Mufradat (Single drugs) which is commonly used in waja e mafasil

Suranjan (*Colchicum luteum* L.), Asgandh (*Withania somnifera* L.), Bozidan (*Tanacetumum belliferum* L.), Filfil Siyah (*Piper nigrum* L.), Turbud (*Operculina terpethum* L.), Zanjabeel (*Zingiber officinale* L.), Sana Maki (*Cassia augustifolia* L.), Mako (*Solanum nigrum* L.), Haleela Siyah (*Terminalia chebula* L.), Kasni (*Chicorium intybus* L), Badiyan (*Foeniculum vulgare* L.), Gul-e Surkh (*Rosa Damascus* L.), Elva/ Sibr (*Aloe barbadensis* L.), Lufah (*Atropa belladona* L.), Muqil (*Commiphora mukul* L.), Qunturyoon (*Centauria centaurium* L.), Qust (*Saussurea lappa* F.), Saqmonia (*Convolvulus scammonia* L.) and Shahatra (*Fumaria parviflora* L.). [23,25]

Murakkabāt

Murakkabāt (Compound) drugs, which is commonly used in Waja e Mafasil. In respective of khilt.

Ma'jun Suranjan, Safuf Suranjan, Habb-e Suranjan, Habb-e-Gul-i Akh, Habb-e-Asgandh, Ma'jun Jograj Gugul, Habb-e Azraqi, Habb-e-Muntan, Habb-e-Sheetraj, Habb-e-Kuchla, Iyarij Faeqra, Jawarish Jalinoos, Jawarish Safarjali, Ma'jun Azraqi, Ma'jun Chobchini, Ma'jun Najah, Ma'jun Ushba, Tiryaq-e-Kabir, Tiryaq-e- Arba' and Tiryaq-e-Farooq.[15,25]

Mussakināt

Mussakināt (Analgesics) should be used both locally as well as systemically for pain relief. Afiyun, Kahu, Kaddu, Ajwain khurasani etc.

Local application

Roghan-e-Malkangani, Roghan-e-Suranjan, Roghan-e Chahar Barg, Roghan-e Haft Barg, Roghan-e-Surkh, Roghan-e-Qust, Roghan-e- Marzanjosh, Roghan-e-Baboona, Roghan-e-Zaitun, Roghan-e-Auja, Roghan-e-Chobchini, Roghan-e-Balsan, Roghan-e Jundaebedastar, Roghan-e-Gul-e-Aakh, Roghan-e-Kuchla, Roghan-e-Mom, Roghan-e-Hanzal and Roghan-e-Sosan.[16]

DISCUSSION

With a major social and economic impact, musculoskeletal illnesses remain one of the world's leading causes of morbidity and disability.[3] Unani medicine offers an alternate perspective, grounded in the ideas of Mizāj (temperament), Akhlāt (humours), and Asbāb Sitta Ḍarūriyya (six important parts of life), whereas modern medicine mostly explains these ailments in terms of degeneration, inflammation, and biomechanical stress.[26] From Jālīnūs to Ibn Sīnā and succeeding doctors, Unani academics developed a thorough understanding of these illnesses centuries ago, as the current review demonstrates. The focus on the role of abnormal Balgham and Ṣafrāʾ in joint illnesses is one of the important features of Unani pathology.[10] These explanations align with current knowledge of uric acid in gout, crystal deposition and inflammatory mediators that cause joint discomfort. The Unani belief that joints are naturally barid yabis (cold and dry) in temperament, with weak Quwat Hāḍima (digestive faculty), is comparable to the contemporary understanding of cartilage and ligaments with inadequate blood supply and limited ability for healing. Unani medicine places a strong emphasis on Taqwiyat alMafasil (joint strengthening), Musakkin-i-Alam (analgesic), and Tanqiya (evacuation of morbid matter).[19,22]

Conceptually, these ideas are in line with current therapy objectives of eliminating the cause, reducing inflammation, and regaining function. Suranjān (Colchicum luteum), which is extensively discussed in Unani texts, are still relevant today. Moreover, routine treatments like Takmīd (fomentation), Inkibāb (steam therapy), and Ḥijāma (cupping) are similar to supportive and physiotherapeutic modalities utilized in modern rehabilitation.[19] There are still difficulties despite these similarities. While contemporary medicine relies on quantifiable biochemical and radiological indicators, Unani descriptions are frequently qualitative and rely on humoral imbalances. It takes methodical investigation to validate Unani notions through clinical and experimental trials in order to bridge these two frameworks. Integrating Unani practices into evidence-based care of musculoskeletal disorders will require standardized Unani formulations, active chemical identification, and controlled clinical studies.[25]

CONCLUSION

Unani medicine provides comprehensive view point on musculoskeletal disorders with an importance on the interaction of Mizāj, Akhlāt, lifestyle, and environmental factors. The concept of individualized medicine can be seen in the thorough classification of joint pains into Damawī, Balghamī, Ṣafrāwī, Sawdāwī, and Rīḥī varities.

Many of its therapeutic approaches, including regimenal therapy, dietary changes, and use of certain drugs for reducing pain and evacuation of morbid matter, are still valid today and resembles contemporary therapies. By enhancing modern biomedical techniques in accordance with Unani principles, this review highlights the necessity of integrative methods. Future research should focus on validating Unani formulations, exploring their molecular mechanisms, and developing standardized treatment protocols. By doing so, Unani medicine can preserve its traditional knowledge for future generations and significantly reduce the prevalence of musculoskeletal disorders globally.

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