Research Article

ROLE OF UNANI FORMULATION & DALK (MASSAGE) IN THE MANAGEMENT OF WAJA UZ ZAHR (BACKACHE): A COMPARATIVE OBSERVATIONAL STUDY

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ABSTRACT

Background: Back pain is one of the most common and costly health problems in developed countries, where more than half of adults suffer from this condition each year & 70% to 80% suffer from it at some time in their lives. Patients with back pain are often dissatisfied with standard medical care, especially in comparison to care provided by alternative providers. Objective: This clinical trial needs to know the effect of regimental therapy like message with Roghan-e-Ferfune with the combination of oral Unani drug Habb-e-Suranjan in the management of back pain. Method: The patients for present study were selected from the Ilaj bit tadbeer section of As-Salam Hospital. Total 36 patients were selected for the study. The patients were randomly divided into three groups. One group was given analgesic and muscle relaxant, second group Habb-e-Suranjan and third group Habb-e-Suranjan and message with Roghan-e-Ferfune. Result & Discussion: After one week of treatment it was observed that the group treated with analgesic/muscle relaxant and group treated with Habb-e-Suranjan and Roghan-e-Ferfune has equal recovery rate. In second group only 25% favorable results. Conclusion: It is concluded that Unani formulation is Safe and effective and has no side effects like group A, however this mode of treatment should be applied on other type of backache, with large sample size and at multiple centers.

Key words: Waja uz zahr, Dalk, Wajaul Mafāsil

INTRODUCTION

Waja uz zahr (Backache) is an important clinical, social, economic and public health problem.1 Backache affects approximately 60-85% of adults during some point in their lives.

Waja uz zahr is considered a type of Wajaul Mafāsil which has been described by almost all the eminent Unani physicians.2 Though, it is a type of Waja ul Mafāsil, the causes and management is almost same.

Backache affects people of all ages from children to the elderly. The 2010 Global burden of disease study estimated that Low backache is among the top 10 disease and injuries that accounts for the highest number of DALY’s (Disability Adjusted Life Year) worldwide. The lifetime prevalence of backache is estimated at 60-70% in industrial countries. Prevalence increases and peaks between the Ages of 35-55yrs.3

In India backache prevalence has been found from 6.2% to 92% with increase of prevalence with age and female preponderance.1 Cost of Backache in the United States is ~$100 billion annually; it is the 2nd most common cause of visiting a physician in the United State. 70% of people will have backache at some point in their lives. Lumbar disc disease, Spinal stenosis, Trauma, Lumbar Spondylosis, Immune disorder, Osteoporosis etc are the forms of backache.4

Lumbar spondylosis is characterised by disc degeneration and osteophytosis, and is more prevalent among the middle aged and elderly.5 Degenerative spine changes are remarkably common in population studies. Symmons et al study of individual aged 45-64 years identified 85.5% of participant to demonstrate osteophytes with in the lumbar spine.6

Pain management often includes the use of physical therapy (exercise therapy, transcutaneous electrical nerve stimulation - TENS, lumbar support, massage therapy etc.), pharmacotherapy (non-steroidal anti-inflammatory drugs, opioid, muscle relaxants etc.), injection therapy (epidural steroid injection, facet injections etc.), and surgical treatment.7

Akbar Arzani, have described low backache as Dard-i-Pusht with different causes that are; Su-i-Mizaj barid, Balgham kham, Kasrat-i-Jima, Zof-i-Garda, Intila-i-rag-i-Azim, Riyah, Masharikat-i-Raham 8,9

Zakariya Raz (Rhzas) described all possible causes related to wajauz zahr. He described that the main cause of production of pain in joint is basically accumulation of abnormal humours inside the joint spaces and these abnormal humours are formed from abnormal chyme.2

Thus, we can say that low backache is a multifactorial disease. The main cause is considered the accumulation of abnormal Balgham in the joint structures of lumbar region, which leads to
Su-i-Mizaj (abnormal temperament) giving rise to the pain and tenderness in this joints.  

Unani system of medicine is a traditional system of medicine. Widely practiced in South Asian countries, especially in Indian sub-continent by Greek and Arabic physician called Greeko-Arabic medicine. There are three mode of treatment like Ilaj bil ghiz (dietotherapy), Ilaj bil dawa (pharmacotherapy), Ilaj bit tadabeer (regimental therapy). In this trial combination of Ilaj bil dawa & Ilaj bit tadabeer was practiced.

MATERIAL AND METHODS

The patients for present study were selected from the Ilaj bit tadabeer section of As-Salam Hospital, Akkalkuwa Dist. Nandurbar Maharashtra. Study was carried out as per Declaration of Helsinki. Total 36 patients were selected for the study; informed consent was taken before enrollment.

Inclusion criteria
- Patient developing backache during exercise stretching, exertion, playing, heavy weight lifting and longtime driving.
- Patient with a short history of backache (2-5 days) were included in the study.

Exclusion criteria
- Complicated patients with bony deformity, tuberculosis, CA, fracture and any related systemic diseases.
- Very weak and old age patients.
- Patients with uncontrolled diabetes & HTN
- Female subjects
- Abnormal X-ray.

Treatment module

The patients were divided into three groups,
- Group A was given analgesic with muscle relaxant 3 times a day.
- Group B was given Habb-e-Suranjan (Table 1) two tablets twice a day.
- Group C was given Habb-e-Suranjan two tablets twice a day (Hamdard laboratory) & Dalk (massage) was done on the back with Roghan-e-Ferfune (Table 2) for 7 days and outcomes were measured.

Table 1: Ingredients of Habb-e-Suranjan

<table>
<thead>
<tr>
<th>Unani name</th>
<th>Botanical name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibr Saqatari</td>
<td>Aloe barbadensis</td>
<td>40 darhum</td>
</tr>
<tr>
<td>Post Halila Zard</td>
<td>Terminalia chebula</td>
<td>20 darhum</td>
</tr>
<tr>
<td>Suranjan sheerin</td>
<td>Colchicum luteum</td>
<td>20 darhum</td>
</tr>
</tbody>
</table>

Table 2: Ingredients of Roghan-e-Ferfune

<table>
<thead>
<tr>
<th>Unani name</th>
<th>Botanical name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rai ka tel</td>
<td>Brassica nigra</td>
<td>1 liter</td>
</tr>
<tr>
<td>Lahsun</td>
<td>Allium sativum</td>
<td>250 gm</td>
</tr>
<tr>
<td>Dhatura</td>
<td>Datura alba</td>
<td>10 Pieces</td>
</tr>
<tr>
<td>Kuchla</td>
<td>Semecarpus anacardium</td>
<td>20 gm</td>
</tr>
<tr>
<td>Suranjan</td>
<td>Colchicum automale</td>
<td>20 gm</td>
</tr>
<tr>
<td>Talkh</td>
<td>Euphorbia resinifera</td>
<td>10 gm</td>
</tr>
</tbody>
</table>

Method of preparation

Mix unpeeled Lahsun, Kuchla, Datura and crushed Suranjan into oil and heat it till all the substances burn completely. Then add Neemkob (semi-crushed) Ferfune into lukewarm oil, after cooling the oil filter and put it into bottles.

OBSERVATION AND RESULTS

After one week of treatment it was observed that the group treated with analgesic and muscle relaxant and group treated with Habb-e-Suranjan and Roghan-e-Ferfune has equal recovery rate as the patients respond from the day first of treatment and 75% patients were reported relief from pain on day 4 and whereas rest of the patients got relief on day 5&6 [VAS for Pain]. However, in the group treated with Habb-e-Suranjan only 25% patients reported complete recovery after completion of the 7 day of treatment. The patients treated with analgesic and muscle relaxant, however reported some flatulence and upper GIT discomfort. No side effect was noticed on other groups.

Table 3: Recovery from pain (in days) [Average VAS Score]

<table>
<thead>
<tr>
<th>Day</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>7</td>
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</tr>
<tr>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

DISCUSSION

Backache is human condition and majority of population experience backache in any part of their life. In present study the patients who develops back pain due to heavy work, exercise, heavy weight lifting etc were selected. Drugs in Allopathic system of medicine have many side effects ranging from upper GIT discomfort to renal failure. In this scenario any new agent, which gave relief to the patient without any side effects is considered as safe and effective treatment for backache. In Unani system of medicine various single drugs and compound formulation are available which are used for the painful condition of joints and back. Apart from this Dalk, which is one of the integral parts of the Unani therapy is also applied in the study. The patients were put on oral treatment and were applied Roghan-e-Ferfune in the procedure of Dalk, in the present study. Patients were divided into three groups. Group A on analgesic and muscles relaxant and group B on Habb-e-Suranjan and group C was put on Habb-e-Suranjan and Roghan-e-Ferfune.

After the completion of study, it was observed that group A & C has almost equal relief on pain and group B has shown less relief on pain. It is also seen in the study that the patients on analgesic develop dyspepsia and upper GIT discomfort, whereas other two groups do not show such types of complaints. The promising results shown by Unani formulation are due to analgesic, anti-inflammatory and muscles relaxant property of the Habb-e-Suranjan and Roghan-e-Ferfune.

CONCLUSION

It is concluded that Unani formulation is Safe, effective with optimum results and no side effects; however, this mode of treatment should be applied on other type of backache, with large sample size.

REFERENCES

9. Arzani A. Tibbe Akbar (Translated by Hkm Mohammad Husain). Deoband: Faisal publications; 615-517.

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