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ISSN 2321 - 6328

## Review Article

### A REVIEW ON THERAPEUTIC APPLICATION OF FASD (VENESECTION) IN UNANI MEDICINE

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**DOI: 10.7897/2321-6328.02123**

Article Received on: 16/12/13

Accepted on: 17/01/14

#### ABSTRACT

According to Unani medicine, Health is attributed to the equilibrium of akhlat (humours) in the body, according to their quality and quantity, while disease occurs due to disturbances in this equilibrium. Fasd is one of the methods of evacuation of morbid matter from the body for the preservation and restoration of health. Venesection is carried out when there is excess of blood in the body and patient is either at risk of developing a disease or has actually developed it. In present era it is known as phlebotomy. It has been a popular therapeutic practice since antiquity up to the late 19<sup>th</sup> century. In present paper, therapeutic applications of Fasd (venesection) in Unani medicine are discussed.

**Keywords:** Fasd, Venesection, Unani medicine

#### INTRODUCTION

Unani scholars had classified diseases, on the basis of cause into three broad categories. These are Sue- Mizaj, Sue-Tarkeeb and Tafarruq-e- ittisal. Amraz Sue Mizaj deals with the disease occurring due to abnormal change in the temperament of an organ, system or whole body. These are further subdivided into two sub-categories; Sue Mizaj sada (without morbid matter) and Sue Mizaj maddi (with morbid matter). In Sue mizaj maddi, this morbid matter may be inside the vessels, cavity, in interstitial space, in potential cavities or adherent to surface. The advocated principle of treatment in such conditions is elimination of disease causing morbid matter from the body<sup>1,2</sup>. Methods of assistance for elimination are Exercise, Massage, Venesection, Emesis, Leeching, Hijamat, Hammam etc. Among these, Fasd is one of the most important and widely practiced methods by Unani scholars<sup>2,3</sup>. The general indications of venesection are in damvi Amraaz like Shaqeeqa, Sarsam, Khunaaq, Ramad damvi, Wajaul mafasil damvi, Judri, Khafqaan, Sakta, Irqunnisa, Zatul riya, Zataul janb etc and in persons, who are prone to develop diseases due to excess of blood<sup>1,3-5</sup>. In the former it is used for therapeutic purpose and in latter it is advocated for prophylactic purpose. In modern era, venesection was begun to be questioned by European physicians and due to lack of evidence based research, it has lost its utility.

#### Bloodletting Procedure

##### Material Required

Scalpel, Gloves, Cotton, Bandage, Antiseptic lotion, Anaesthetic agent, and haemostatic drug like Sange jarahat, Dammul akhwain etc. and Emergency kit.

- Sterilization of instruments of venesection like scalpel, blade, cotton etc.
- Ask the patient to lie down, but the position can be changed according to the vessels to be incised.
- Identify the vessel which is to be venesected.
- Veins are to be made prominent with a tourniquet at a distance of 4 cm proximal to the site of incision.
- Cleansing of the site of Fasd by antiseptic solution.
- Apply anaesthetic agent at site of incision.
- Give incision according to disease and condition of patient.
- Monitor the condition of patient during the procedure. If any complication arises during bloodletting like syncope, vomiting, spasm etc. then stop the bleeding and treat the condition accordingly. While in absence of complications, Fasd should be stopped when speed of bloodletting becomes slow or when colour of blood changes from blackish to bright red or consistency of blood becomes thin.
- Finally, the whole area is then dressed and bandage.
- After venesection, patient is advised to bed rest for 6-8 hours.
- Patients are advised to avoid har foods and drugs, exercise and hammam.
- They are also advised to take light and easily digestible foods<sup>1,5-7</sup>.

The Amount of blood to be removed in venesection depends upon disease. In some diseases, profuse bloodletting is recommended while in some, minimal bloodletting is advised<sup>6,7</sup>.

**Diseases in which FASD has been indicated**

S. No.	Diseases	Veins
1.	Suda'a (Headache)	Temporal vein
2.	Warme dimagh (Meningitis)	Temporal vein
3.	Sidr (Vertigo)	Median cubital vein, Behind ear
4.	Shaqeeqa (Migraine)	Temporal vein
5.	Khunaaq (Diphtheria)	Cephalic vein
6.	Aashobe Chashm (Conjunctivitis)	Cephalic vein
7.	Rua'af (Epistaxis)	Cephalic vein
8.	Zeequn nafas (Asthma)	Basilic vein
9.	Warme lissa (Gingivitis)	Cephalic vein
10.	Warmehalq (Pharyngitis)	Cephalic vein
11.	Khafqan (Palpitation)	Basilic vein
12.	Surfa	Cephalic vein
13.	Zatur riya (Pneumonia)	Cephalic and basilic vein
14.	Shosa	Basilic vein
15.	Nafsud dam (Haemoptysis)	Cephalic and basilic vein
16.	Warme meda Har (Acute Gastritis)	Basilic vein
17.	Zibha	Cephalic vein
18.	Warme tihal	Basilic vein
19.	Niqras (Gout)	Basilic vein
20.	Ehtabase tams (Amenorrhoea)	Saphenous vein
21.	Kasrate tams (Menorrhagia)	Median cubital vein
22.	Hummae ruba	Basilic vein
23.	Bawaseer (Piles)	Basilic and Saphenous vein
24.	Waja ul mafasil (Arthritis)	Basilic and median cubital vein
25.	Juzam (Leprosy)	Haft andam
26.	Sonokhus	Basilic vein
27.	Irqunnisa (Sciatica)	Basilic and saphenous vein
28.	Wajauz zahar (Low Backache)	Basilic vein <sup>1,4,5,8-10</sup>

**Contraindication**

Blood-letting should not be performed before age 14 or after 70 years, in febrile conditions, extremely cold and hot climate, patients of amraze barida, after meal, during pregnancy, in feeble and anaemic patients, in obese and fatty persons and in weakness of stomach and liver<sup>11-18</sup>.

**CONCLUSION**

In modern era venesection has been discarded mainly on the basis of some modern pathology based studies, which is entirely different from Unani concept. So thousand years

observation of Unani physicians cannot be discarded merely on the basis of those studies, which were conducted on a small sample size. Thus, in present scenario further studies should be conducted on large sample size for scientific validation of bloodletting.

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**Cite this article as:**

Javed A. Khan, M A Siddiqui, Malik Itrat, M. Arshad Jamal. A review on therapeutic application of FASD (Venesection) in Unani medicine. J Biol Sci Opin 2014;2(1):101-102 <http://dx.doi.org/10.7897/2321-6328.02123>

Source of support: Nil; Conflict of interest: None Declared