



Available online through

www.jbsoweb.com

ISSN 2321 - 6328

## Research Article

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

Iftikhar Ahmad <sup>1</sup>, Saima Saleem <sup>1</sup>, Irfan Ahmad <sup>2</sup>, Junaid Nazir <sup>3\*</sup>, Aysha Ansari <sup>4</sup>, Saquib Husain <sup>5</sup>

<sup>1</sup>PG Scholar Dept. of Tahaffuzi wa samaji tib NIUM Bangalore, India

<sup>2</sup>HOD Dept. of Mahiyat Amraz, State Unani medical college, Himmatganj, Allahabad, India

<sup>3</sup>PG Scholar Dept. of Jarahat, NIUM Bangalore, India

<sup>4</sup>PG Scholar Dept. of Ilaj bil tadbeer, NIUM Bangalore, India

<sup>5</sup>Professor, Dept. of Moalijat, AGUMC Akkalkuwa, Maharashtra, India

\*Corresponding Author Email: [jndandroo@gmail.com](mailto:jndandroo@gmail.com)

Article Received on: 25/10/18 Accepted on: 18/11/18

DOI: 10.7897/2321-6328.06592

#### 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 massage 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 tadabeer* 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 massage 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 Mafasil

#### INTRODUCTION

*Wajauz Zahr* (Backache) is an important clinical, social, economic and public health problem.<sup>1</sup> Backache affects approximately 60-85% of adults during some point in their lives.

*Wajauz Zahr* is considered a type of *Wajaul Mafasil* which has been described by almost all the eminent *Unani* physicians.<sup>2</sup> Though, it is a type of *Waja ul Mafasil*, 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.<sup>3</sup>

In India backache prevalence has been found from 6.2% to 92% with increase of prevalence with age and female preponderance.<sup>1</sup> 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.<sup>4</sup>

Lumbar spondylosis is characterised by disc degeneration and osteophytosis, and is more prevalent among the middle aged and elderly.<sup>5</sup>

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.<sup>6</sup>

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 injection etc.), and surgical treatment.<sup>7</sup>

*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-Gurda*, *Imtila-i-rag-i-Azim*, *Riyah*, *Masharikat-i-Raham*<sup>8,9</sup>

*Zakariya Razi* (Rhazes) 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.<sup>2</sup>

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.<sup>7</sup>

*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 Greeco-Arabic medicine. There are three mode of treatment like *Illaj bil ghiza* (dietotherapy), *Illaj bil dawa* (pharmacotherapy), *Illaj bit tadabeer* (regimental therapy).<sup>10</sup> In this trial combination of *Illaj bil dawa & Illaj 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*<sup>11,12</sup>**

Unani name	Botanical name	Quantity
<i>Sibr Saqutari</i>	<i>Aloe barbadensis</i>	40 darhum
<i>Post HalilaZard</i>	<i>Terminalia chebula</i>	20 darhum
<i>Suranjansheerin</i>	<i>Colchicum luteum</i>	20 darhum

**Table 2: Ingredients of *Roghan-e-Ferfune*<sup>12</sup>**

Unani name	Botanical name	Quantity
<i>Rai ka tel</i>	<i>Brassica nigra</i>	1 liter
<i>Lahsun</i>	<i>Allium sativum</i>	250 gm
<i>Dhatura</i>	<i>Datura alba</i>	10 Pieces
<i>Kuchla</i>	<i>Semecarpus anacardium</i>	20 gm
<i>Suranjan Talkh</i>	<i>Colchicum autumnale</i>	20 gm
<i>Ferfune</i>	<i>Euphorbia resinifera</i>	10 gm

### 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]**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day7
Group A	9	7	7	4	3	2	0
Group B	9	8	7	7	6	5	5
Group C	9	8	7	3	3	2	0

(0 - No pain, 10 unbearable pain)

## 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

1. Bindra S, AGKS, AIB. Epidemiology of low back pain in indian population: A Review. International Journal of Basic and Applied Medical Sciences 2015; 5 (1):166-179.

2. Razi. Kitabul Hawi. Vol 11th. New Delhi: CCRUM; 2004:75-85, 114.
3. Kaplan W et al. Priority medicines for Europe and the World 2013. World Health Organization; 2013:1-3.
4. Kasper D L., Fauci A.S., Hauser S.L., Longo D.L., Jameson J.L., Loscalzo J.L. Harrison's manual of medicine. 19th edition. McGraw-Hill Education; 2016:207, 209, 210.
5. Tsujimoto R et al. Prevalence of lumbar spondylosis and its association with low back pain among community-dwelling Japanese women. BMC. 2016; 17: 493.
6. Middleton K. Fish D.E. Lumbar spondylosis: clinical presentation and treatment approaches. PMC. 2009; 2(2) :94-104.
7. Ansari MAQ. A Prospective study of lumbar spondylosis treated with short wave diathermy. India journal of applied research. 2015; 5(6) :761-763.
8. Khan MA. Akseer Azam (Urdu Translation by Hk Mohd Kabeeruddin). New Delhi: Idara Kitabul shifa; 2011: 836-845
9. Arzani A. Tibbe Akbar (Translated by Hkm Mohammad Husain). Deoband: Faisal publications; 615-517.
10. Kabeeruddin HM. Kulliyat-e-qanoon. New Delhi: Ejaz publication; 190- 94.
11. Arzani A. Qarabadeen-e-qadri (urdu translation). New Delhi: CCRUM.2009: 614-615.
12. Ahmed F, Nizami Q, Aslam M. Classification of Unani Drugs. Delhi: Maktaba Eshaatul Qura'n Delhi: 25-34.

**Cite this article as:**

Iftikhar Ahmad *et al.* Role of Unani formulation & Dalk (massage) in the management of Waja uz zahr (backache): A comparative observational study. J Biol Sci Opin 2018;6(5): 100-102.

<http://dx.doi.org/10.7897/2321-6328.06592>

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

Disclaimer: JBSO is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the contents published in our Journal. JBSO cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JBSO editor or editorial board members.