



Available online through

www.jbsoweb.com

ISSN 2321 - 6328

## Research Article

### CLINICAL EFFICACY OF CERTAIN UNANI TREATMENT IN THE MANAGEMENT OF WAJA-UR-RUKBA (KNEE- OSTEOARTHRITIS): A COMPARATIVE OBSERVATIONAL STUDY

Aysha Ansari <sup>1</sup>, Saima Saleem <sup>2\*</sup>

<sup>1</sup>PG Scholar, Dept of Ilaj bit tadabeer, National institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bengaluru, India

<sup>2</sup>PG Scholar, Dept. of Tahaffuzi wa samaji tib, National institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bengaluru, India

\*Corresponding Author Email: saimasaleem068@gmail.com

Article Received on: 10/01/19 Accepted on: 26/01/19

DOI: 10.7897/2321-6328.071101

#### ABSTRACT

Background: Most common limiting mobility of the elderly is joint diseases, especially knee osteoarthritis. It is a very pain full condition. Affects millions of people worldwide. In Unani system there is lots of mode of intervention for the management of Waja-ur-Rukba (Knee Osteoarthritis). Patients with this disease are often dissatisfied with standard medical care, especially in comparison to care provided by alternative care providers. Aim & Objective: This clinical trial need to know the efficacy of Unani treatment regimental therapy procedure with oral Unani formulation in the management of Knee Osteoarthritis. Method & Material: The patients for present study were selected from the OPD section of NIUM Hospital Bangalore in the year of 2018. Total 20 patients were selected for the study. Patients randomly divided into two groups. Taken written inform consent to the patients. One group taken analgesic and muscle relaxant second group taken Habb-e-muqil and massage with Roghan-e-Haft Barg upto 7 days. And the intensity of pain will be recorded with help of Vas Scale of pain pre and post treatment. Result & Discussion: After One week of treatment it was observed that the group treated with analgesic and muscle relaxant and group treated with Habb-e-muqil and Roghan-e-Haft barg has equal recovery rate. But the group B was more satisfied with their treatment. Conclusion: It is concluded that Unani formulation is Safe and cost effective and has no side effects like group A, however this mode of treatment should be applied on other type of Osteoarthritis, with large sample size.

**Keywords:** Osteoarthritis; waja-ur-rukba; Unani treatment; habb-e-muqil; Roghan-e-haft barg.

#### INTRODUCTION

Osteoarthritis is a disease of abnormal joint biomechanics with slow deterioration of articular cartilage. Osteoarthritis of the knee is one of the most common and debilitating areas of joint degeneration.<sup>1</sup> Knee Osteoarthritis targets the patella-femoral and medial tibio-femoral compartments of the knee joint.<sup>2</sup> Its high prevalence, most common limiting mobility especially in the elderly, and the high rate of disability related to disease make it a leading cause of disability in the elderly<sup>3</sup>. Clinically, the condition is characterized by joint pain, tenderness, limitation of movement, crepitus, occasional effusion, and variable degrees of local inflammation<sup>4</sup>. Conventional treatments for Osteoarthritis include pain medication (non-steroidal anti-inflammatory drugs and cyclooxygenase-2 inhibitors), exercises, hot and cold therapy, corticosteroid injections and eventually, surgery to repair the joint. Despite conventional treatment, Osteoarthritis is often progressive and frequently leads to chronic pain and disability<sup>5</sup>. There are several modes of treatment available for the osteoarthritis at present. However, there is no cheap, effective and side effect less treatment for Osteoarthritis which can alleviate symptoms and cure the disease. Further, none of them is completely free from side effects or cheap and effective. Hence, there is an increased demand to discover cheap, effective and less toxic drug makes a need to validate the time-tested traditional drugs scientifically for their therapeutic efficacy.

As far as Unani System of Medicine is apprehensive, Waja- ur-Rukba (Knee) is not revealed at all in any traditional script, but

the term Waja -ul-Mafasil (Osteoarthritis) has been used frequently to characterize joint pain. It encompasses all types of joint pain such as Niqris (gout), Waja- ul-Warik (ischial pain), Irqunnisa (sciatica), Waja-ur-Rukba (Knee Osteoarthritis ) etc.<sup>6</sup> So Waja -ur-Rukba (Knee Osteoarthritis) is considered a type of Waja-ul-Mafasil (Osteoarthritis) which has been described by almost all the eminent Unani physicians. Most of the Unani physicians like Buqrat (Hippocrates 460-377 B.C.) Jalinoos (Galen 129 AD), Rabban Tabri , Majusi , Razi and Ibn Sina have explained about Waja -ul-Mafasil (Osteoarthritis) on the basis of quantitative and qualitative derangement of Akhalt (humours).<sup>7</sup> Zakariya Razi described that the main cause of production of pain in joint is basically due to the accumulation of abnormal humours inside the joint spaces and these abnormal humours are formed from abnormal chyme.<sup>6</sup> Thus, we can say that main cause is considered the accumulation of abnormal Balgham (Phlegm) in the joint structures which leads to Sue-i-Mizaj (distemperament) giving rise to the pain and tenderness in the joints. When this condition develops due to the involvement of abnormal Balgham (Phlegm), it is known as Waja' al-Mafasil Balghami (Phlegmatic Osteoarthritis). Its clinical presentation is very much resembling with the chronic osteoarthritis of modern medicine, which can affect different joints of body.

When it develops in knee joint and causes knee pain, then it is known as Waja- ur-Rukba (knee Osteoarthritis). Waja- ur-Rukba has been treated by eminent Unani physicians since ancient times. They have described four modes of treatment i.e. 'Ilaj bil Tadabeer (regimental therapy), 'Ilaj bil Dawa (pharmacotherapy),

'Ilaj Bil Ghiza (dietotherapy) and 'Ilaj bil Yad (surgery) for the management of Waja- ur-Rukba (Knee Osteoarthritis).<sup>8</sup> Among them, 'Ilaj bil Tadbir is one in which various regimens like Dalk (massage), Fasd (venesection), Dimad (paste), Takmid (fomentation), Irsal-e-Alaq (leeching) and Hijama (cupping) etc. are used to provide relief to the patient. From the above enumerated regimens, Dalk (massage) is one which is believed to provide relief to the patient of Waja- ur-Rukba by evacuating the Mawad-i-Fasida (morbid matters).<sup>7</sup>

Unani system of medicine is the traditional system of medicine. This is widely practiced in the Indian sub-continent and around in world. There are four mode of treatment which is mentioned above.<sup>8</sup> In this trial combination of Ilaj bil Tadabeer and Ilaj bil Dawa was used.

## MATERIAL AND METHOD

The patients for present study were selected from the OPD section of NIUM Hospital. Total 20 patients were selected for the study and written inform consent were taken. In the year of 2018.

### Inclusion criteria

- Patient age above 30 both male and female.
- Patient developing Knee joint pain during walking, bending, exercise, exertion, playing.
- Patient having clinical and radiological findings with unilateral or bilateral knee Osteoarthritis.
- Patient with a short history of knee pain (2-6 days) were included in the study.

### Exclusion criteria

- Very weak and old age patients.
- Complicated patients with bony deformity, tuberculosis, CA, fracture and any related systemic diseases.
- Patients with diabetes, HTN and any CVD.
- Female patients and Lactating mother.
- Patients who has abnormality detected in X-ray and blood investigation.

### Plan of work

The patients were divided into two groups. Group A was given analgesic with muscle relaxant 3 times a day. Group B was given Habb-e-Muqil (Table 1) 2 tablets two times a day supplied by Hamdard wakf laboratory. And Dalk (massage) was done on both the knee joint of the patient with Roghan-e-Haft Barg (Table 2). And the patients were given 7 days treatment and were observed for the recovery for pain with the help of Vas Scale of Pain. Figure1, (Table 3).

## 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-Muqil and Roghan-e-Haft Barg has equal recovery rate as the patients respond from the day first of treatment and 75% patients were reported relief from pain on day 3 and whereas rest of the patients got relief on day 5&6.

However, the patients treated with analgesic and muscle relaxant, however reported some flatulence and upper GIT discomfort. Whereas the group put on Dalk and Habb-e-Muqil have no such side effects. Due to this reason patients are more satisfied with the Unani treatment as compare to standard one.

**Table 1: Ingredients of Habb-e-Muqil<sup>9,10</sup>**

Unani name	Botanical name	Quantity
Muqil	<i>Commiphora mukul</i>	85 g
Post-Halela Zard	<i>Terminalia chebula</i>	60 g
Post-e-Halela Kabli	<i>Terminalia chebula</i>	60 g
Halela Siyah	<i>Terminalia chebula</i>	60 g

**Table 2: Ingredients of Roghan-e-Haft Barg<sup>9,10</sup>**

Unani name	Botanical name	Quantity
Aab-e-Barg-e-Aak	<i>Calotropis gigantean</i>	1 kg
Aab-e-Barg-e-Bakayin	<i>Melia azedarach</i>	1 kg
Aab-e-Barg-e-Bedanjeer	<i>Ricinus communis</i>	1 kg
Aab-e-Barg-e-Dhatura	<i>Datura stramonium</i>	1 kg
Aab-e-Barg-e-Sambhalu	<i>Vitex negundo</i>	1 kg
Aab-e-Barg-e-Sahajana	<i>Moringa oleifera</i>	1 kg
Aab-e-Barg-e-Thuhar	<i>Euphorbia nerifolia</i>	1 kg
Raughan-e-Kunjad	<i>Sesamum indicum</i>	6 kg

### Method of preparation<sup>11</sup>

Crushed all the above six ingredients. Collect the Arq (liquid) from the crushed ingredients. And mix it into Roghan-e-Kunjad and heat it till all the water content burn completely. After cooling the oil filter and put it into bottles. And then use according to the need.

**Table 3: Recovery from pain (in days) According to Vas Scale of Pain**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day7
Group A	10	7	6	5	4	3	0
Group B	10	7	6	4	4	2	0

(0-No Pain, 10- unbearable Pain)

## DISCUSSION

Knee Osteoarthritis is human condition and majority of population experience knee joint pain in any part of their life especially in elderly life. In present study the patients who develops knee 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 like nausea, abdominal pain or abdominal discomfort, fatigue 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 Knee pain. In Unani system of medicine various single drugs and compound formulation are available which are used for the painful condition of joints and especially knee joint. 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-Haft Barg in the procedure of Dalk, in the present study. Patients were divided into two groups. Group A on analgesic and muscles relaxant and group B was put on Habb-e-Muqil and Roghan-e-Haft Barg.

After the completion of study, it was observed that group A & Group B has equal relief period and but the patient more satisfied with Unani treatment as compare to the standard treatment.

It is also seen in the study that the patients on analgesic develop dyspepsia and upper GIT discomfort, whereas other groups do not show any such types of complaints.

The Unani formulation are shown good result due to analgesic, anti-inflammatory, muscles relaxant and purgative property of the Habb-e-Muqil and Roghan-e-Haft Barg.

## 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 joint pain, with big study size.

## REFERENCES

1. Shapiro SA, Kazmerchak SE, Heckman MG, Zubair AC, O'Connor MI. A prospective, single-blind, placebo-controlled trial of bone marrow aspirate concentrate for knee osteoarthritis. *The American Journal of Sports Medicine*. 2017; 45(1): 82-90.
2. Haslett C, Chilvers ER, Boon NA, Colledge NR. *Davidson's Principles and Practise of Medicine*. 19<sup>th</sup> edition. Churchill Livingstone. An Imprint of Elsevier Limited, London, 2010; 1086.
3. Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo JL. *Harrison's Manual of Medicine*. 19<sup>th</sup> edition. McGraw-Hill Education (?), 2016; 2226-23.
4. Shifa M, Fahamiya N, Siddiqui MA. Study on Knee Osteoarthritis with a Unani Poly Herbal Formulation: A

- Series of case studies. *International Journal of Research in Ayurveda and Pharmacy*. 2017; 7(4): 102-104.
5. Perlman AI, Sabina A, Williams AL, Njike VY, Katz DL. Massage therapy for osteoarthritis of the knee: A randomized controlled trial. *Archives of Internal Medicine*. 2006; 166(22): 2533-38.
  6. Razi Z. *Kitab al-Hawi*. Vol 11<sup>th</sup>. Central Council for Research in Unani Medicine, New Delhi, 2004; 75.
  7. Khan MA. Ikseer Azam (Urdu Translation by Hk Mohd Kabeeruddin). New Delhi. Idara Kitabus Shifa; 2011:836-838
  8. Sina I. *Kulliyate Qanoon* (Urdu translation by Mohammad Kabeeruddin). New Delhi. Ejaz Publishing House, 2006; 238-39.
  9. Anonymous. *National Formulary of Unani Medicine*. Part-1. New Delhi: CCRUM; 2006. 27,194.
  10. Ahmed F, Nizami Q, Aslam M. *Classification of Unani Drugs*. Delhi: Maktaba Eshaatul Qura'n 4159- Urdu Bazar Jama Masjid; 25-34.
  11. Arzani A. *Qarabadeen-e-qadri* (urdu translation). New Delhi: CCRUM; 2009. 614-615.

## Cite this article as:

Aysha Ansari and Saima Saleem. Clinical efficacy of certain Unani treatment in the management of Waja-ur-rukba (knee-osteoarthritis): A comparative observational study. *J Biol Sci Opin* 2019;7(1):4-6.

<http://dx.doi.org/10.7897/2321-6328.071101>

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.