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Management of *Wajaur Raqaba* (Cervical Spondylosis) by *Hijama bish-shart* (wet cupping) and *Majoon* *Azaraqi*: A case study

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Abstract

The term cervical spondylosis denotes the degeneration of the intervertebral disc and osteophyte formation. In *Unani* system of medicine, *Wajaur Raqaba* (cervical spondylosis) is treated by a number of single or compound drugs and through various regimens of *Ilaj bit Tadbeer* like *Hijama* (cupping), *Fasd* (venesection), *Dalk* (massage), etc. Among these *Hijama bish Shart* (wet cupping) is commonly prescribed to evacuate *Mawade Fasida* (morbid material), after evacuation *Unani* physicians recommended *Muqavviyat* and *Majoon Azaraqi* is commonly used as a *Muqavvi* compound drug to provide relief to the patients of *Wajaur Raqaba*. In this case study *Hijama bish Shart* (wet cupping) applied on bilateral supraclavicular fossa, total four sitting of wet cupping is done on every fifth day followed by *Majoon Azaraqi* for fifteen days. Considerable improvement both in disease process and quality of life was achieved.

Keywords: *Wajaur Raqaba*, *Hijamah bish-shart*, *Mawad e Fasida*, *Majoon Azaraqi*

1. Introduction

Cervical spondylosis can be described as the result of degeneration of the intervertebral disc, formation of osteophytes, ossification of the posterior longitudinal ligament, hypertrophy of the ligamentum flavum, sometimes degeneration leads to posterior protrusion of the annulus fibres of the intervertebral disc^[1, 2, 3]. The symptoms arise in case of cervical spondylosis is neck pain, stiffness, resulting in limitation of movement and numbness, weakness in arm, hand, and fingers so the patient becomes so what disable^[4, 5].

Modern treatment of cervical spondylosis includes use of NSAIDS, corticosteroids, cervical epidural steroid injection, surgery and certain physiotherapy regimens like TENS, traction and cervical collar etc^[3]. Though, the use of NSAIDS and corticosteroids provide significant improvement in symptoms of cervical spondylosis on short term basis, but their prolong use may induce a number of side effects. Similarly, most of the patients avoid surgery due to complications associated with it. As far as concerned with the various regimens of physiotherapy like TENS, ultrasound, superficial thermotherapy etc., definitely they relieve the symptoms of cervical spondylosis, but not up to the mark of satisfaction. Hence, there is a dire need to develop a safe and effective mode of treatment for the management of cervical spondylosis.

As far as *Unani* system of medicine is concerned, *Wajaur Raqaba* (cervical spondylosis) is not mentioned at all in any classical text, but the term *Wajaul Mafasil* has been used frequently to represent joint pain. It comprises all variety of joint pain like *Niqras* (Gout), *Wajaul Warik* (Ischial pain), *Irqunnasa* (Sciatica), *Wajaur Rakaba* (Knee pain)^[6, 7] etc. Most of the *Unani* physicians have been clearly explained the pathogenesis of *Wajaul Mafasil* on the basis of quantitative and qualitative derangement of *Humours*. Hence, on the basis of involvement of *Mawade Fasida*, *Wajaul Mafasil* could be divided into *Sada* or *Maddi*^[6]. *Wajaul Mafasil Sada* is one, in which derangement of *Humours* is of simple type, i.e. only temperament of *Humours* gets disturbed causing just functional disturbance of articular surfaces, it is of short duration, while in case of *Wajaul Mafasil Maddi* organic disturbance and quantitative changes take place in the joint spaces. When this condition develops due to involvement of abnormal *Balgham* (Phlegm), it is known as *Wajaul Mafasil Balghami*, its clinical presentation very much resembles with the chronic osteoarthritis of modern medicine, which can affect different joints of body. When it develops in *Fiqrate Unuq* (Cervical vertebrae) and causes neck pain, then it is known as *Wajaur Raqaba* (Cervical Spondylosis).

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As for as treatment of *Wajaur Raqaba* is concerned in *Unani* System of medicine it could be treated through *Ilaj bit Tadbeer* (Regimenal therapy), *Ilaj bid Dawa* (Pharmacotherapy), and *Ilaj bil Yad* (Surgery). Among them, *Ilaj bit Tadbeer* is one in which various regimens like *Hijama*, *Fasd*, *Dalk*, *Nutool*, *Inkebab* etc. are used to provide relief to the patient. From the above listed regimens, *Hijama bish Shart* is one which is commonly prescribed to evacuate *Mawade Fasida* and to provide relief to the patient of *Wajaul Mafasil*.

Materials and methods

A 28 year old male patient was admitted in the male ward of National Institute of Unani Medicine, Bengaluru with the complaints of pain in neck and left shoulder which radiates to the index and middle finger with the tingling sensation of left hand for last 8-9 months with mild headache. Patient's daily routine was restricted and was unable to do their personal work; patient also had concentration and sleeping difficulty. The patient is chronic smoker for last 10 year and he had no history of metabolic disease, hypertension and tuberculosis. On general examination, his vitals are within normal limit and no abnormality was detected through systemic examination. On physical examination, the patients head was tilted to the right side and left shoulder was elevated there is mild trophic changes of deltoid, biceps and triceps of left side were seen. The special test like neck distraction test, neck spurling test (foraminal compression) is positive. MRI report reveals diffuse C5-C6 and C6-C7 disc bulge with posterolateral protrusion impinging on left C6 and C7 nerve roots. Based on the above findings it was diagnosed as *Wajaur Raqaba* (Cervical spondylosis). Before starting the procedure patient underwent thorough examination necessary for starting the wet cupping like Hemogram with ESR, BT, CT, HIV, HBs Ag and VDRL. The procedure involved first cleaning the target area (bilateral supraclavicular fossa) with spirit then dry cupping is done for ten minutes of that area with two medium sized cup of diameter 5.5 cm, the benefit of dry cupping before starting wet cupping is that it increases circulation of that area, then the cup was gently removed and 13-15 superficial incisions were made on the same area and the same cup was applied on that part, finally the area was cleaned and dressed. Total 4 sitting was done on 0th, 5th, 10th, and 15th day. After the 4th sitting of wet cupping the patient started *Majoon Azaraqi* 6 gm. two times in a day for 15 days so the study protocol was 30 days. The patient was assessed at base line, after the completion of wet cupping i.e. at 15th day and after the course of *Majoon Azaraqi* i.e. at 30th day with the help of Neck Disability Index (Vernon and Mior Cervical spine Questionnaire).

Result

On pain intensity: Pain score was 4 (the pain is very severe at the movement) before treatment which improved to 1 at 15th day and the pain score was 0 (No pain at the movement) at 30th day after the completion of study protocol.

On Personal care: The score was 3 before treatment which improved to 1 at 15th day and at 30th day the score was 0, the patient becomes able to do their daily routine work without feeling any pain.

On Lifting: The score was 4 before the treatment which improves to 2 at 15th day and 1 at 30th day.

On Reading: The score was 3 before starting the treatment which improves to 2 at 15th day and 1 at 30th day, the patient can read as much he needs without causing any pain.

Headache: The score was 1 before the treatment which improves to 0 at 15th day and remains 0 at 30th day, with no headaches at all

Concentration: The score was 2 before treatment which improves to 1 at 15th day and 0 at 30th day,

Work: The score was 3 before treatment which improves to 2 at 15th day and 1 at 30th day.

Driving: Not applicable

Sleeping: The score was 3 before treatment which improves 2 at 15th day and 0 at 30th day.

Recreation: The score was 3 before treatment which improves to 2 at 15th day and 1 at 30th day. The average score at baseline was 57.77% which improves to 28.88% at 15th day and to 8.88% at 30th day which signifies the considerable improvement of symptoms.

Discussion

As it is known that there is no cure for cervical spondylosis and the pharmacological treatment options are very much limited, hence now a days the non-pharmacological treatment like cupping, massage, yoga etc. becomes popular, it not only alleviate the pain but also improves the functional ability and correct or minimize the disability. Cupping a traditional method of treatment; is recorded that Persian cupping therapy can be applied on 1001 kinds of ailments^[8]. But how the cupping therapy works or what is its mechanism it is still a topic of research however so many theories are given e.g. Hong *et al* tells that due to local negative pressure it stretches the nerves and muscle and increases the blood circulation and causing auto hemolysis^[9]. In traditional Chinese medicine they believe that diseases are caused by stagnation or blocking the source of vital energy and the wet cupping unblock these pathologies^[10]. The result of this study suggest that *Hijama bish Shart* (wet cupping) followed by *Majoon Azaraqi* may be beneficial for cervical spondylosis, however the finding cannot be generalized, so further studies are recommended on large number of patients to established the effect of wet cupping and also the long term follow up should be done to know the long term effect of wet cupping on cervical spondylosis.

Conclusion

Present case report reveals that applying wet cupping followed by use of *Majoon Azaraqi* is quite effective in the management of cervical spondylosis. Hence it is recommended that further randomized clinical trials should be done to validate their efficacy in the management of cervical spondylosis.

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