Role of dalk in alleviating chronic neck pain: An overview

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Abstract

Worldwide, neck pain is a condition that is getting more widespread. It has a considerable impact on individuals and their families, communities, health-care systems, and business. Neck discomfort results in significant economic expense and impairment. Neck pain is a significant cause of morbidity and disability in contemporary society, particularly at the work place, and has a negative impact on patients' social, physical, and psychological well being. About 441 million people in high-income nations are the most affected, followed by WHO member countries, West Pacific Region, home to 427 million people, South-East Asia Region with 369 million. In unani system of medicine Neck pain is clinically comparable to the recognized condition "Waja ul Unq". In Unani medicine, there are diverse treatment approaches available for neck pain, following the principles of Waja ul Unq. These include the use of compound drugs and regimenal therapies such as Hijama (cupping therapy) and Dalk (massage). The mechanism of action of Dalk is rooted in two fundamental concepts: Tanqiya-e-Mawad and Imala-e-Mawad.

Keywords: Chronic Neck pain, Unani medicine, dalk, massage, regimenal therapy

Introduction

Worldwide, neck pain is a condition that is getting more widespread. It has a considerable impact on individuals and their families, communities, health-care systems, and business. According to the research that are available, the estimated annual incidence of neck pain ranges between 10.4% and 21.3%, with a higher frequency seen in office and computer workers. Prevalence is generally higher in women, higher in high-income countries and higher in urban areas as compared with rural areas. Common conditions like neck discomfort results in significant economic expense and impairment [1]; Neck pain is defined as pain in the anatomical region of the neck; these include the muscles, nerves, bones (vertebrae), joints, and the discs between the bones. With or without radiation to the head, trunk, and upper limbs [2]. Poor posture, whether from leaning over a computer or hunching over a workbench, strains neck muscles. Osteoarthritis also is a common cause of neck pain [3].

Neck pain is a significant cause of morbidity and disability in contemporary society, particularly at the work place, and has a negative impact on patient's social, physical, and psychological well being. In the coming decades, neck pain is expected to increase in frequency due to the rising prevalence of ageing [4, 5].

People of all ages are afflicted by musculoskeletal problems; however the prevalence varies by age and diagnosis. 441 million people in high-income nations are the most affected, followed by WHO member countries, West Pacific Region, home to 427 million people, South-East Asia Region with 369 million. Musculoskeletal conditions are also the biggest contributor to years lived with disability (YLDs) worldwide with approximately 149 million YLDs, accounting for 17% of all YLDs worldwide [6].

Epidemiology

According to a recent review of Global Burden of Disease (GBD) 2019 data, 1.71 billion individuals worldwide suffer from musculoskeletal problems, such as low back pain, neck discomfort, fractures, and other injuries, osteoarthritis, amputation and rheumatoid arthritis. Neck pain is a very common condition, the average lifetime prevalence being 48.5%. The causes of chronic neck pain are many fold and can include inflammatory diseases, degenerative processes, trauma, space-occupying lesions, or systemic conditions.
However, in most patients neck pain is not due to a serious disease, but rather due to postural or mechanical factors. It is then commonly referred to as simple or non-specific neck pain. While non-specific neck pain usually resolves within three to six months, it recurs or persists even longer in 14% of patients, who are then considered to have chronic neck pain [6,7].

**Chronic Neck Pain in Unani System of Medicine**

Neck pain is clinically akin to the recognized condition “Waja ul Unq” in the Unani system of Medicine [8]. While there may not be many distinct descriptions of neck pain, experts in Unani medicine, such as Mohammad Kaberuddin in his book Tarjuma Kabeer, have identified it as a subtype of Waja ul Mafasil [9]. Consequently, all available literature on Waja ul Mafasil becomes an integral part of understanding neck pain. By utilizing this wealth of information, it is possible to consolidate the understanding of its pathogenesis, treatment approaches, and overall management.

Unani medicine offers various treatment modalities for neck pain in line with Waja ul Unq, including the use of compound drugs and regimental therapies such as Hijama and Dalk (massage) [8-13].

**Dalk (massage)**

Dalk is an Arabic word means "Maalish", is a form of Riyaazat (exercise) as a manipulative technique by means of hands on muscles of particular organ without movement of whole body. As a result, the body's stored Fuzlat-e-Raddiya (morbid matter) melts and becomes liquid, causing Hararat (liquefaction) in (heat) to be produced. It is a specific treatment for Elimination of morbid humor/matter) and Raddiya (body humor).

**Mechanism of Action of Dalk (massage) in neck pain**

Dalk's (massage)'s mechanism of action is based on a comprehensive view of two key ideas, i.e. Tanqiya-e-Mawad (Elimination of morbid humor/matter) and Imala-e-Mawad (Diversion of humor/morbid matter).

1. **Tangiya-e-Mawad** (Elimination of Morbid Humor/Matter) refers to the resolution and expulsion of morbid humour and superfluous fluids from the body, preserving the normal quality and quantity of four bodily humors [15-17].
2. **Imala-e-Mawad** (diversion of morbid materials) works by diverting the fluids from the site of the damaged organ to a site where they can be easily evacuated out of the body tissues. It also induces sedation, analgesia and increases blood circulation [18]. Both are actually responsible for the maintenance of normal health.

**Benefits of Dalk in Neck Pain**

1. **Taskeen-e- Alam**: Dalk (Massage) alleviates the pain.
2. **Tahleel-e-Mawad**: Dalk (Massage) easily excretes stagnant, thick and sticky Madda which is difficult to be excreted by Mus’hil (purgative).
3. Only Dalk (Massage) can detach a viscous, tenacious morbid matter which is firmly attached within the organ.
4. It improves the mobility of mafasils (joints) in neck region.
5. It maintains dauran-e-khoon (circulation of blood) in neck.
6. Dalk (Massage) produces Riqqat (liquefaction) in Ratubat-e-Badani (body humor).
7. **Imala-e-Mawad**: Dalk (Massage) is applied to divert Madda (morbidic matter) from one point of the body to the other.
8. Dalk (Massage) strengthens the muscle & ligaments of neck region.
9. Dalk (Massage) restores the atrophied organs to their normal size [17-19].

**Discussion**

In recent times, numerous clinical trials have been carried out to assess the effectiveness of massage. One such study conducted in 2017 by Saha et al. demonstrated that in their randomized controlled trial (RCT), massage significantly decreased pain intensity and functional disability while enhancing the quality of life in patients with chronic non-specific neck pain [20]. Another study conducted in 2019 by Yasin et al. indicated that massage therapy contributed to the restoration of neck pain flexibility, along with an additional positive impact on pain improvement [21].

Another study conducted in 2014 by Skillgate et al. observed that the key outcomes included a significant improvement in pain intensity and pain-related disability during follow-up, assessed using a modified version of the Chronic Pain Questionnaire [22]. Similarly, a randomized controlled clinical trial conducted in 2019 by Ilyas Patil et al. found that massage with herbal oil demonstrated comparable efficacy to dry cupping in terms of changes in the neck disability index and visual analogue scale [23]. In the realm of Unani Medicine, Dalk (massage) is considered an effective method for relaxation and pain relief. Jafar et al. claimed in their 2016 study that massage effectively alleviates various types of pain, particularly those of musculoskeletal origin [24]. Furthermore, Christine et al. in 2014 discovered that massage has the potential to reduce inflammation, promote early recovery, and alleviate pain associated with muscular injuries by modulating the signaling pathways involved in the inflammatory process [25]. Adams et al. in 2010 proposed that massage is effective in closing the gate-control of pain by inhibiting the transmission of nociceptive signals through stimulation of large nerve fibers and altering the perception of pain [26]. These aforementioned studies, along with the guidance provided in Unani classic literature, validate the beneficial role of Dalk in managing chronic neck pain without any adverse effects.

**Conclusion**

Neck pain is a disorder that is becoming more common place globally. Neck discomfort has a substantial impact on people and their families, communities, healthcare systems, and businesses; it also causes significant financial loss and impairment. The above studies provides evidence that the use of Dalk (massage) in chronic non specific neck pain could be a good therapeutic rehabilitative choice. Dalk is
efficiently helpful in the management of Neck pain, it seems reasonable that this regimen has clear cut edge over other regimens and would save the patients of Neck pain from adverse effects of analgesics and NSAIDS, no clinically significant side effects were observed and overall compliance to the treatment procedure was excellent. Further research is warranted to expand our understanding of the comprehensive role of dalk in managing neck pain and preventing associated complications. Neck pain is a prominent contributor to illness and functional impairment in modern society, especially in occupational settings, and it adversely affects patients’ social, physical, and psychological well-being. Therefore, effective management of neck pain holds the potential to address these multifaceted aspects.

Conflict of Interest
Not available

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