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Dr. Shaik Javeed Basha
MD, (Gen. Medicine), PG
Scholar, Department of
General Medicine, GNTC,
Hyderabad, Telangana, India

Dr. Syed Babji
MD, (Gen. Medicine), PG
Scholar, Department of
general medicine, GNTC,
Hyderabad, Telangana, India

Dr. Shabaz Ahmad
Professor, MD (Gen. Medicine)
PG. Department of general
medicine, GNTC, Hyderabad,
Telangana, India

Dr. Ahsan Faroqui
Professor, MD (Gen. Medicine)
HOD, PG, Department of
general medicine, GNTC,
Hyderabad, Telangana, India

Corresponding Author:
Dr. Shaik Javeed Basha
MD (Gen. Medicine), PG
Scholar, Department of
General Medicine, GNTC,
Hyderabad, Telangana, India

Clinical study of migraine (*Shaqeeqa*) and it's management with Hijamah-Bil-Shurth (Wet cupping)

Dr. Shaik Javeed Basha, Dr. Syed Babji, Dr. Shabaz Ahmad and Dr. Ahsan Faroqui

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Abstract

Migraine is generally an episodic headache with certain acted features such as sensitivity to light, Sound or movement and often with nausea or vomiting accompanying the headache. The synonyms of migraine as hemicrania, megrim, sick headache, bilious headache, blind headache. Migraine is the second most prevalent brain disorder after anxiety Migraine is classified into three main categories they are. 1) Classical migraine with aura (20%) 2) Common migraine/without aura (75%) 3) Migraine variants (5%). Migraine is the third most common disease in this world (behind dental caries and tension type headache) with an estimated global prevalence of 14.7% (That's around 1 in 7 people). Chronic migraine affects approximately 2% of the world population. Migraine affects approximately 11% of adults and 5% of children worldwide. The prevalence of migraine is approximately 6% among men and 15% to 17% among women Headache is the most common reasons that patients seek medical attention. Almost all migraineurs need acute treatment for each attack. Though there as advanced medications but still patients not satisfied. In Unani system of medicine *Shaqeeqa* has been defined as a type of Headache which is felt either on right or left side of head, chronic and episodic in nature. *Shaqeeqa* derived from the word SHIQ which means part. *Shaqeeqa* often results in due to sue mizaaj maddi and bukharaat e radiya ascending from morbid humors which are either excessive in amount, too hot or too cold. It is mainly classified into two types, *Shaqeeqa* Haar (Resulting from humours which are hot in temperament) and *Shaqeeqa* Barid (Resulting from humours which are cold in temperament). The reason behind unilateral pain of *Shaqeeqa* is that Tabiyat fails to eliminate the causative factor and propels it to the weaker part of the brain and tries to protect the other side. Sometimes the pain is felt in the muscles of temporal region manifesting with severe tenderness, which indicates meningeal pathology vapours reach the brain through veins, arteries or both.

Materials and Methods: From September 2020 to March 2021, the study was done as an open, randomized, controlled clinical trial with a total of 20 individuals suffering migraine. The enrolled patients were divided into one group at random: A (n=20). Patients in group A were administered Hijama -Bil- Shurt, In total, four (4) sittings were completed in 21 days. Before (0 Day) and after the treatment, the patients were examined using the Visual Analog Scale (VAS) and the Oswestry Disability Index (ODI) (21st Day). Outcomes were compared and statistically examined.

Results: Intervention highly significant $p < 0.001$

Conclusion: The study reveals that HIJAMA BIL SHURT (Wet cupping) found significant in the treatment of Migraine.

Keywords: Migraine, *Shaqeeqa*, tenderness

Introduction

Out of many disease conditions suffered by mankind since ancient ages, Migraine holds a significant position. It is derived from the word "hemi-crania" and is a type of primary headache. This disease is mentioned in the ancient scriptures dating back to the Mesopotamian era. It has been documented by Hippocrates (460-377 BC) in his treatise, further explored and explained on the basis of cause and location by Galen (131-201 AD). Later its etiopathogenesis clinical features and management was described by Al-Razi (850-923 AD), an eminent Unani physician. Migraine is a disease majorly affecting one side of the head and characterized by recurrent attacks of pulsating headache, mostly associated with nausea, vomiting, photophobia and phonophobia, with or without an aura. It is triggered by noise and light, based on the brightness, intensity, wavelengths or type of light that is being emitted. According to Unani physicians, the word *Shaqeeqa* is derived from Arabic word 'Shiq', meaning 'a part' or 'a side', hence the name *Shaqeeqa*.

They describe it as a type of headache (Suda) in which pain occurs only in one side of head, and the causative factors for it are the morbid matters and morbid vapours (Bukharat e Radiya) arising from morbid humours which are either excessive in amount, too hot or too cold. It often results due to abnormal substantial temperament (Su-e-Mizaj Maddi) giving two variants acute (*Shaqqeeqa haar*) and chronic (*Shaqqeeqa barid*).

Review Literature

Migraine is a neurological disease or disorder characterized by recurrent moderate to severe headaches often in association with a numerous symptoms of autonomic nervous system. The word derived from the Greek word (hemikrania), "pain on one side of the head", from (hemi-), "half", and kranion, "skull". Although many people use the term "migraine" to describe any severe headache, a migraine headache is the result of specific physiological changes that occur within the brain and lead to te characteristic pain and associated symptoms of a migraine. A migraine headache can cause concentrated throbbing or a pulsing sensation in one area of the head and is normally accompanied by nausea, vomiting, and intense sensitivity to light and sound, smells, feeling sick, vomiting, painful headache and disturbed vision. In Unani Medicine, it is referred as *Shaqqeeqa* derived from an Arabic word 'shaq' meaning 'half part'. It is called 'Hemi crania' in Greek. *Shaqqeeqa* is mostly accompanied with nausea and vomiting. Pain presents in either half part of the head

According to Unani medicine, it is caused by su-e-mizajmaddi (Imbalance in temperament due to change in matter). Such morbid matters sometimes present in the meninges or in the scalp muscles.

According to Unani medicine, it is caused by su-e-mizaj maddi (Imbalance in temperament due to change in matter). Such morbid matters sometimes present in the meninges or in the scalp muscles

1. Tabri (9th century AD) stated that the amount of morbid matter found in the arteries of scalp muscles is low, hence unable to produces pain in the entire head
2. Some Unani physicians described that the pain is due to bukharat (Gaseous) or Rutubat-e-ghaleeza (viscid matters) which accumulate in the weaker part of the head.
3. Galen (129-210 AD) stated that such pain examines the weakness of one side of the head. According to involvement of khilt (humour), *Shaqqeeqa* is classified into four types viz.

a) *Shaqqeeqa-e-damvi* (Migraine due to dominant of blood), b) *Shaqqeeqa-e-balghami* (Migraine due to dominant of phlegm), c) *Shaqqeeqa-e-safravi* (Migraine due to dominant of bile) and d) *Shaqqeeqa-e-saudavi* (Migraine due to dominant of black bile). These four types are classified into two broad categories according to temperament of morbid matters viz. *Shaqqeeqa-e-har* (Migraine due to hot temperament of morbid matters) and *Shaqqeeqa-e-barid* (Migraine due to cold temperament of morbid matters).

Galen used the term hemicrania (half-head), from which the word migraine was eventually derived. Approximately 1500 BCE in ancient Egypt an early description consistent with migraines was available in the Ebers papyrus. In 200 BCE, writings from the Hippocratic School of medicine described the visual aura that can come first before the headache and a

partial relief obtained through vomiting. In 1887 Louis Hyacinthe Thomas first divided migraine into two types namely- migraine with aura (Migraine ophthalmic) and migraine without aura (Migraine vulgaire). About 7,000 BCE Trepanation, the deliberate drilling of holes into a skull, was practiced since it was considered to work via "letting evil spirits escape". In the 17th century William Harvey recommended trepanation as a treatment for migraines. While many treatments for migraines have been attempted but in 1868 that use of a substance known as fungus ergot from which ergotamine was isolated in 1918. Methysergide was developed in 1959 and the first triptan, Sumatriptan, was developed in 1988. During the 20th century improved study plan with effective preventative measures were detected and validated and also put forth that the pain arose from the meninges and blood vessels of the head. Aretaeus of Cappadocia divided headaches into three types: cephalalgia, cephalaea, and heterocrania. Migraines were first comprehensively classified in 1988. In 2004 The International Headache Society newly restructured the classification of headaches according to which migraines are primary headaches along with tension-type headaches and cluster headaches, among others.

The pathways of Migraine

The exact cause of migraine is still under study. Recent evidence suggests that the following said sequence of pathways may happen. Migraines are characterised by recurrent, pulsating pain on one or both sides of the head and are generally accompanied by one or more symptoms. First: Migraine originate deep within the brain. Second: Electrical impulses spread to other regions of the brain. Third: Changes in nerve cell activity and blood flow may result in symptoms such as visual disturbance, numbness or tingling sensations and dizziness. Forth: Chemicals in the brain cause blood vessel dilation and inflammation of the surrounding tissue. Fifth: The inflammation spreads across nerve supplied by the trigeminal nerve causing pain.

Distinction between migraine and normal headache

A headache is a pain in the head that occurs arbitrarily and at irregular intervals but is not actually a disease. The key difference between a migraine sufferer with pain and the pain of an ordinary headache is rather than the dull pain of a tension headache, 85 per cent of migraine sufferers experience a continual throbbing, pulsating or pounding pain which is felt with each beat of the heart, similar to a knife being stabbed continually into the head. As a consequence, migraines were thought to be caused by vasodilatation blood vessels in the brain expanding and pressing on pain-sensitive structures but experts are not sure what cause migraines. Migraines run in families, but it isn't clear why some people only get migraines out of them. Although term "migraine" is used to describe any severe headache, a migraine headache is the result of specific physiological changes that occur within the brain.

Types of Headaches

People who have family history of migraines will suffer from migraines frequently and the pain persists anywhere in the region of People who have family history of migraines will suffer from migraines frequently and the pain persists anywhere in the region of head and neck. Headache is a symptom caused by several conditions stimulated from head

and neck. Brain tissue is non-sensitive to pain due to non-existence of pain receptors in it. Pain is caused by pain sensitive areas around head and neck like muscles, nerves, arteries, veins, subcutaneous tissue, eyes, ears, sinuses etc. Depending on the cause and origin.

The headache is classified into 2 types: A) Primary headache B) Secondary headache

Primary headache: These are the most common headache. Migraine, tension headaches, cluster headaches, hemicranias continua are included in this category. Tension headaches are most common, arises due to strain in muscles of head and neck. Pulsating pain in head, pain in eyebrows, band like tightness in upper part of the neck, nausea, sometimes vomiting is also associated in this primary headaches and this pain lasts for 3 hours to 3 days. According to old theories, intracranial vasoconstriction is responsible for aura of migraine. New theory tells that neuronal hyper excitability of cerebral cortex especially occipital cortex causes the mig Headaches may be caused by problems elsewhere in head and neck. Some of them are not harmful. Thunder clap headache is caused by subarachnoid hemorrhage which is caused by stroke in which blood accumulates around the brain. Headache with fever neck stiffness is caused by meningitis. Headache that aggravates by strain and change of position is due to increased intracranial pressure arising due to brain tumor or idiopathic intracranial hypertension, or cerebral venous sinus thrombosis. Headache with visual disturbances is caused by giant cell arthritis in which blood vessel wall is inflamed and obstructs the blood flow. Headache, dizziness, vomiting sensation with muscular weakness happens due to angle closure glaucoma. Headache, nausea, and vomiting are sometimes caused by carbon monoxide poisoning.

<p>Triggering factors for headache:</p> <p>Weather and temperature changes like extreme sunlight and rain, extreme cold exposure.</p> <p>Strong odours such as perfumes, paint smells</p> <p>Tight hair accessories like bands, clips, hat.</p> <p>Strenuous exercises including sex.</p> <p>Poor posture in daily activities</p> <p>Red wines and alcoholic drinks causes' headache</p> <p>Skipping meals or Overeating</p> <p>Smoking and taking coffee.</p> <p>Mental stress, grief, excessive thinking, depression.</p> <p>Due to drugs like contraceptive pills.</p> <p>Lack of proper sleep</p>	<p>Causes for migraine:</p> <p>Stress.</p> <p>Anxiety.</p> <p>Fatigue.</p> <p>Hunger.</p> <p>Pregnancy.</p> <p>Peri- menopause.</p> <p>Depression.</p> <p>Oral contraceptive pills.</p>
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Four possible phases to migraine attacks are: Migraines have well defined stages. Most people experience more than one phase. Not everyone will experience the aura stage and it is possible to have the aura symptoms without the headache. Each phase can vary in length and severity. The stages are:

- 1. Prodrome phase or Premonitory Stage:** This phase occurs in 6- percent of migraines which exist for 2 hours to 2 days. This describes certain physical and mental changes such as tiredness, craving sweet foods, feeling thirsty, alternation of mood, irritability, depression, euphoria, fatigue, stiffness in neck, sensitivity to smells, light are seen.
- 2. Aura phase:** head ache in this phase survive for few

minutes and at that time Vision, sensory, motor disturbances, blurred vision, zigzag lines in vision can be clearly observed. Feeling of sensation needles are pricking in head and nose region, motor disturbances, alteration in speech, weakness in limbs are also seen but these symptoms may exist 5 to 60 minutes.

- 3. Pain phase or Main Attack Stage:** This phase lasts for 2 hrs to 3 days and Pain is associated with nausea, vomiting, vision disturbances. Sensitive to smell, light, sounds. Unilateral or bilateral headache pain is mild to moderate. The head pain is typically described as throbbing and one sided.
- 4. Recovery Stage:** The effect of migraine lasts for few days after the main headache is ends known as postdrome phase i.e. weakness, not feeling refresh ness. Most migraines fade slowly although some can be resolved suddenly by vomiting.

Aura: Aura is a term used to describe a neurological symptom of migraine, most commonly visual disturbances. There can be: Blind spots, Colored spots, Sparkles or stars, Flashing lights before the eyes, Tunnel vision, Zigzag lines, Temporary blindness, Numbness or tingling, Weakness, Dizziness, A feeling of spinning (Vertigo)., Pins and needles sensations in an arm or leg, Less commonly, an aura may be associated with limb weakness (Hemiplegic migraine), Speech or language problems (Aphasia)., Pain that has a pulsating, throbbing quality.

Migraine without Aura: Former name is common migraine hemicranias simplex. Common symptoms are attacks last between 4 and 72 hours when untreated or unsuccessfully treated. The headache is usually on one side of the head with a throbbing or pulsating pain which affects the patient's routine daily life and will worsen owing to everyday exercise such as walking or climbing stairs. During this type of migraine the patient can likely to feel sick and may vomit or have diarrhoea and he may also become sensitive to light (Photophobia) and/or sound (Phonophobia). Additional neurological symptoms which develop before the headache begins, usually lasting about 20 to 60 minutes. These symptoms include visual disturbances such as flashing lights or blind spots in the field of eyesight, tingling, numbness or pins and needles in the arms and legs, speech problems or weakness on one side of the body. These symptoms may also occur either with a mild headache or even no headache. Intense throbbing headache, usually on one side of the head, shoddier by movement lasts for 4 to 72 hours.

Migraine with Aura: Former Names are Classic or Classical Migraine, Focal Migraine Ophthalmic Migraine, Hemiparasthetic Migraine, Aphasic Migraine, Complicated Migraine. Common indications are people who experience migraine with aura will have some or all the symptoms of a migraine without aura. 3. Rarer Types of Migraine with Aura are: 1. Basilar-type Migraine. The symptoms will include two or more out of visual disturbances in both eyes, hearing problems, tingling in the hands and feet, dizziness, vertigo and ringing in the ears, loss of balance, double vision, blurred vision, difficulty in speaking and fainting. During the headache, some people.

Methodology: The present study entitled 'clinical study of

Shaqqeqa (Migraine) and its management with hijamah bil shurth (Wet cupping) was carried out at the department of Moalijat in government Nizamia Tibbi College and hospital Hyderabad. Institutional ethical committee approved the protocol subjects were selected from OPD of GNTC hospital. After clinical examination with detailed history of the disease and necessary hematological, biochemical investigations. Clinical symptoms history and investigation were recorded on the prescribed case report from designed for the study with specific inclusion criterion. The duration of study was 1 month the patients were selected through newspaper advertisement and instructed to bring old reports

Inclusive Criteria

Age group: 18 years to 55 years
Sex: either
Already diagnosed cases

Exclusion Criteria

Age group: Below 18 years & above 55 years
Uncontrolled Diabetic, Uncontrolled Hypertension Severe Anaemic patients, Cardiac patients
Who are suffering from bleeding disorders?
Pregnant women, Head injury Pan Sinusitis Brain tumors

Investigations: CBP, RBS, CT, BT

Study Design: An open labeled clinical trial study without control group

Sample Size: The sample size was fixed to 20 patients

Mizaaj Assessment: Assessment done based on Ajnas e Ashra as mentioned in unani literature

Duration of Protocol: The treatment period of one month with gap of seven days

Follow Up: The selected patients of migraine without aura were followed up every week every seven days that is on 0, 7, 14, 21, 28 (DAY)

Informed Consent: Patients fulfilling the inclusion criteria were given the information sheet having details regarding the nature of study the procedure of cupping the method & duration of treatment, his responsibility and confidentiality of records etc. patients were given enough time to go through the concepts of informed consent sheet they were given the opportunity to ask any doubts if agreed to participate in the study were requested to sign the informed consent form

Intervention: Hijama-bil-shurt (Wet Cupping)

Size of Cups: Medium (5.5 cm)

No of Cups: 06 (02 on cervical region 2 cups on fore head and temporal region) Location: cervical and forehead & temporal region which side the pain is present Duration of intervention: 20 min, on 7 days interval

Duration of protocol: 30 days Follow up: 0, 7th, 14th, 21st Day

Materials for Procedure: Cupping chair, normal saline, betadine, spirit, surgical gloves, cotton, kidney tray, Hijama cups, Vacuum gun, antiseptic powder, disposing covers.

Hijama is a Arabic root word which means "to diminish in volume", and refers to the reduction in blood volume or to the vacuum effect used to draw blood from the body. In the case of the Ahaadeeth (Sayings of the Nabi [SAW]) regarding hijamah it refers to the drawing of blood from the

body for therapeutic purposes, either to maintain health in the case of one who is not sick or to cure a specific illness or ailment. The vacuum or sucking effect can be achieved by many different methods including sucking with the mouth directly over a cut or wound (As in the case of poisonous bites), using a leech to draw blood, the use of instruments such as animal horns as was done in ancient times, or the more modern methods of using bamboo, glass or plastic "cups", either with fire or a pump mechanism. The practice of applying a partial vacuum by these means causes the tissues beneath the cup to be drawn up and swell, thereby increasing blood flow to the affected area. This enhanced blood flow draws impurities and toxins away from the nearby tissues and organs towards the surface for elimination via the break in the skin layer created through the incisions made prior to the application of the "cup"

Procedure of Hijama-bil-shurt

Before starting the procedure the patients were helped to be in correct posture, Hijama bil shurt (Wet Cupping) in sitting position while some feel relaxed in prone position. The area to be cupped was exposed properly and then the hair if present was removed to enable the cups to fix firmly on the body. Site of cupping was cleaned with N.S, spirit and betadine solution, vacuum pump is used to create negative pressure inside the cup, medium sized cups (total 06 cups) of diameter suction was made to create enough negative pressure, the cup was adhered to skin for 5 minutes and the site was observed carefully for any adverse reaction like formation of blister. After 5 minutes cups were removed by pulling up the valves of the cups easily. And then with the help of Sterile surgical blade no: 15 incision of 5mm to 10mm was taken and the cups placed again with the help of the vacuum gun on the site of incision, site and the collection will be carefully observed for any reaction and to note the morbid matter, after 15 minutes the cups was removed and the antiseptic powder applied to protect from infections.

Outcome Assessment: The assessment of outcome was carried out by the following parameters

Primary outcome/ Primary end point: The primary end point was the mean pain score
Obtained from the Visual Analogue Scale (VAS).

Visual Analogue Scale

At Zero and 21st day, pain was assessed by VAS. Patients after initial training in reading VAS scale were verbally asked to mark on the scale. VAS is a subjective measure of pain. It consists of a 10 cm line with two end points representing 'no pain' and 'worst pain' imaginable; a photocopy of the same line is done on an A4 sheet which is numbered from 0 to 10 which exactly corresponds to the no pain, Mild Pain, Moderate Pain, severe pain and worst pain respectively, before the patients were asked to rate their pain by placing a mark on the line corresponding to their current level of pain, the A4 Sheet is folded at the dotted line and numerical scale is not shown to the patient. Further this scale allows arbitrary categorical consideration of pain intensity in terms of grades such as Grade 0 (None), Grade I (Mild 1-3), Grade II (Moderate 4-6), and Grade III (Severe 7-10).

Table 1: Compression before and after treatment of pain (VAS) in patients Std. T test, P value

VAS	Std.	T Test	P Value (Two-tail)
Before treatment	2.21181	1.82317	0.00622883
After Treatment	1.224268		

Table 2: Compression before and after treatment of nausea Std. t test, p value

Nausea	Std.	T Test	P Value (Two-tail)
Before treatment	1.688247202	1.07544	0.537201
After treatment	0.512989176		

Table 3: Compression before and after treatment of photophobia STD, T test, P value

Photophobia	Std.	T Test	P Value (Two-tail)
Before treatment	1.190975	4.69539	0.005
After treatment	0.55012		

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References

- Anonymous. Headache Classification by Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, Ed. 3rd. Cephalalgia. 2018;38(1):18-19.
- Khan A. *Al-Ikseer* (Urdu translation by *Kabeeruddin M*). New Delhi. Aijaz Publishing House, 2003; 1:141-151.
- Kabeeruddin M. *Sharh-e-Asbab*. New Delhi. Aijaz Publishing House, 2007; 1:39-44.
- Majusi. *Kamil al-Sana* (Urdu translation by *Kanturi GH*) Chapter IX. Part III. New Delhi. Idara Kitab al-Shifa. 2010;1:448-453.
- Azam R, Jabeen A, Jilani S, Jahangiri U. *Shaqqeeqa (Migraine): A historic perspective in Unani system of medicine*. International Journal of Institutional Pharmacy and Life Sciences. 2017;7(6):123-129.
- Khan A. *Akseer-e-Azam* (Urdu translation by *Kabeeruddin M*). New Delhi. Idara Kitab al-Shifa; c2011. p. 77.
- Tibri M. *Al Moalejat-e-Buqratia* (Urdu translation by *CCRUM*). New Delhi; c1990. p. 284-287.
- Qamri AMH. *Ghina Muna* (Urdu translation by *CCRUM*). New Delhi. Dept. of AYUSH, Ministry of H & FW. Govt. of India; c2008. p. 2-7.
- Kitabul Hawi part-I Pg.192-213 (Urdu translation by *CCRUM*).
- Hakim Akbar Arzani. *Tib-e-Akbar*, Urdu translation by Allama Hakim Mohd. Haseen, Idara kitab-us-shifa, Darya Ganj, New Delhi. P 20-21.
- HakimMohd. Azam khan. *Aksee-Azam (Al-Akseer)*, Urdu translation by HkMohd. Kabir-ud -din, first addition, Idara kitab-us-shifa, Darya Ganj, New Delhi; c2011. p. 78-81.
- Najeed-ud-din Samar Qandi, *Sharh by Allama Nafees, Moalijat sharh Asbab*, Urdu translation by *Hakim Kabir-ud-din*, first additio. Idara kitab-us-shifa, Darya Ganj, New Delhi; c2009. p. 39-44.
- Tabri ABM. *Moalajat-e-Buqratiya*. New Delhi:

CCRUM; 1995;1:284-290.

- Ayyub MI. *Tarjuma Aqsarai*. Urdu translation of *Mojaz*. Lucknow: Matba Munshi Nawal Kiashor; YNM. 24-25.
- Baghdadi ABH. *Mukhtarat Fil Tib*. New Delhi: CCRUM. 2004;3:19-20.
- Ibn e Sina. *Al Qanoon Fil Tib*. Part 1. New Delhi: *Idara Kitabul Shifa*; YNM: 3, 530-20. 531.
- Jurjani AH. *Zakheera Khawarzam Shahi*. (Urdu translation by Hadi Hussain Khan). New Delhi: Idara Kitabul Shifa; 2010;3:105-106.
- Arzani HMA. *Meezan ul Tib*. New Delhi: Idara Kitabul Shifa; c2002. p. 46-47.
- Razi MBZ. *Kitab ul Fakhir*. Part 1. New Delhi: CCRUM. 2008;1:62-69.
- Jamaluddin NIE. *Mualijat-e-Nafisi*. Lucknow: Munshi Nawal Kishor; c1906. p. 125-126.
- Samarqandi N. *Tarjuma Sharah-e-Asbab* (Urdu translation by Hakim Khuaja Rizwan Ahmad). New Delhi: CCRUM. 2010;1:76-83.
- Pearce JM. Historical aspects of migraine. Journal of neurology, neurosurgery, and psychiatry. 1986 Oct;49(10):1097.
- Munjali YP, Sharma SK, Kamanth SA, Agarwal AK, Singal RK, Gupta P, et al. API Textbook of Medicine. 9 ed. Mumbai: The Association of Physicians of India. 2012;1:12-15.
- Golwalla ASPI F, Golwalla Sharukh A. *Medicine for students*. 22nd ed. Mumbai: Dr Aspi F Golwalla; c2008. p. 499-504.
- Tripathi KD. *Essentials of Medicine Pharmacology*. Sixth ed. Jaypee Brother Medical Publisher (P) Ltd; c2010. p. 169.
- Ropper AH, Samuels MA. Headache and other craniofacial pains. Adams and the Victor's Principles of Neurology. 9th ed. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia; c2018. p. 1-211.
- Campbell WW. *Dejong's The Neurologic examination*. 7 ed. New Delhi: WoltersKluwer; c2015. p. 792-793.
- Goldman L, Schafer AI. *Goldman's Cecil Medicine*. 24th ed. USA: Elsevier; c2012. p. 2246-2248.

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