

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
www.unanijournal.com
IJUIM 2025; 9(3): 240-242
Impact Factor (RJIF): 6.59
Peer Reviewed Journal
Received: 12-10-2025
Accepted: 15-11-2025

Salman Ahmad
PG Scholar, Department of
Kulliyat, Faculty of Unani
Medicine, Aligarh Muslim
University, Aligarh,
Uttar Pradesh, India

Raheen Haseeb Bijapure
PG Scholar, Department of
Ilaj bit Tadbeer, Faculty of
Unani Medicine, Aligarh
Muslim University, Aligarh,
Uttar Pradesh, India

Syed Aqib Feroz
PG Scholar, Department of
Saidla, Faculty of Unani
Medicine, Aligarh Muslim
University, Aligarh,
Uttar Pradesh, India

Huzaifa Ayyub
PG Scholar, Department of
Kulliyat, Faculty of Unani
Medicine, Aligarh Muslim
University, Aligarh,
Uttar Pradesh, India

Maaz Ahmad
PG Scholar, Department of
Saidla, Faculty of Unani
Medicine, Aligarh Muslim
University, Aligarh,
Uttar Pradesh, India

Corresponding Author:
Salman Ahmad
PG Scholar, Department of
Kulliyat, Faculty of Unani
Medicine, Aligarh Muslim
University, Aligarh,
Uttar Pradesh, India

Prevalence of Waja-ul-Mafāsīl (Arthritis) in individuals with Balghamī (Cold-Moist) temperament: A comprehensive review from Unani perspective

**Salman Ahmad, Raheen Haseeb Bijapure, Syed Aqib Feroz, Huzaifa
Ayyub and Maaz Ahmad**

DOI: <https://www.doi.org/10.33545/2616454X.2025.v9.i3d.405>

Abstract

Waja-ul-Mafāsīl is one of the commonest disorders described in Unani classical literature and is repeatedly linked with predominance of Balgham (phlegm) and Bārid-Ratab (cold-moist) temperament. Eminent physicians from Ibn Sīnā to Azam Khān have unanimously stated that excess of raw, viscous Balgham is the leading cause of joint pain, swelling and stiffness. Clinical experience in major Unani institutions of India consistently shows that 48-55% of patients presenting with chronic joint diseases belong to Balghamī temperament. This review compiles classical descriptions, institutional clinical data and published Unani research to establish Balghamī temperament as the most important constitutional factor in the causation and chronicity of Waja-ul-Mafāsīl.

Keywords: Waja-ul-Mafāsīl, Balghamī temperament, Bārid-Ratab Mizāj, Unani medicine, Phlegmatic arthritis

Introduction

Unani medicine views every disease through the lens of individual temperament (Mizāj). Among the four primary temperaments, Balghamī (cold-moist) is most frequently associated with Waja-ul-Mafāsīl. The inherent cold and moist nature of Balgham makes it viscous and retentive; when digestion is weak, it remains raw (Balgham Khām) and settles in the spacious, relatively cold joints, producing the clinical picture of chronic arthritis. This concept has remained remarkably consistent from the time of Buqrāt and Jālīnūs to modern Unani practitioners.

Waja-ul-Mafāsīl and Its Classification (Types) According to Classical Unani Literature

In Unani medicine, “Waja-ul-Mafāsīl” is a broad term that covers every kind of joint pain, swelling, stiffness, and loss of function. Classical authors have classified it in great detail from many different angles. Below are the most widely accepted and commonly used classifications as described by Ibn Sīnā, Rāzī, Jurjānī, Majūsī, Akbar Arzānī, Azam Khān, and others.

According to Duration and Severity

- Ḥād (Acute)
- Muzmin (Chronic)
- Tahajjur-e-Mafāsīl (Advanced chronic stage with stony hardness and fixation of joints)

According to Presence or Absence of Morbid Matter

- Waja-ul-Mafāsīl Sāda: Caused only by derangement of temperament (no morbid matter)
- Waja-ul-Mafāsīl Māddi: Caused by accumulation of morbid material (Mawād-i-Fāsida)

According to Temperament (Mizāj)

- Ḥārr Multahib (Hot-inflammatory)
- Bārid Munjamid (Cold-consolidative) the most common
- Yābis Munqabiz (Dry-astringent)
- Murakkab (Compound) e.g., cold-moist, cold-dry, hot-dry, etc.

According to Humour (Khilt) the most popular classification

Type	Humour Involved	Frequency (Classical View)	Modern Correlation
Waja-ul-Mafāsīl Balghamī	Balgham (Phlegm)	Most common (40-55%)	Osteoarthritis, early RA, joint effusion
Waja-ul-Mafāsīl Damvī	Dam (Blood)	Second most common	Acute inflammatory arthritis
Waja-ul-Mafāsīl Safrāvī	Safrā (Yellow bile)	Less common	Gout, burning pain
Waja-ul-Mafāsīl Saudāvī	Sauda (Black bile)	Least common but most severe	Advanced OA, joint deformity, ankylosis

According to Number of Humours Involved

- Mufrad (Single humour)
- Murakkab (Two or more humours) e.g., Balghamī-Safrāvī (worst prognosis)

According to Cause (Sabab)

- Waja-ul-Mafāsīl Reehi (Windy), shifting, gaseous pain
- Waja-ul-Mafāsīl Ufūnī (Putrefactive), post-infectious.

According to Presence of Swelling (Waram)

- Dard bā Waram (Pain with swelling): Māddi type.
- Dard be Waram (Pain without swelling): Sāda type.

According to site/joint involved (most practical classification)

Name	Affected Joint/Area	Modern Correlation
Niqris	Great toe & small joints of foot	Gout
Irq-un-Nisā	Pain from hip to leg (sciatic nerve)	Sciatica
Waja'-uz-Zahr / Waja'al-Qatan	Low backache	Lumbar spondylosis, disc disease
Waja'al-Warik	Hip joint	Hip osteoarthritis
Waja-ur-Rukbah / Waja'al-Rukba	Knee joint	Knee osteoarthritis (most common)
Waja' al-Katif	Shoulder	Frozen shoulder, rotator cuff problems
Waja' al-Mirfaq	Elbow	Tennis/golfer's elbow
Waja' al-Ka'b	Ankle	Ankle sprain, ankle OA
Waja'al-'Aqib	Heel	Plantar fasciitis, calcaneal spur

Special/Important Types

- **Hudar:** Chronic inflammatory polyarthritis (very close to rheumatoid arthritis)
- **Hudar Balghamī:** RA with marked joint effusion
- **Hudar Damvī:** Seropositive RA-like picture
- **Hudar-e-'Azali:** With muscle thickening
- **Waja-ul-Mafāsīl Zulālī:** Excessive clear joint fluid (effusion-dominant)

Consensus of Classical Physicians

- **Ibn Sīnā:** "Balghamī type is the commonest, followed by Damvī, then Safrāvī, and Saudāvī is the rarest but most difficult to treat."
- **Jurjānī:** "Most patients are either Balghamī or compound Balghamī-Saudāvī."
- **Azam Khān:** "Chronic joint pain is almost always a disease of cold temperament, especially Balghamī".

Classical Description of Balghamī Predominance

Physician	Text	Exact Statement on Balghamī Predominance
Ibn Sīnā	Al-Qānūn fī al-Tibb	"The most frequent cause of chronic Waja-ul-Mafāsīl is excess of Balgham which is cold and moist".
Rāzī	Kitāb al-Hāwī	"Joint pain arising from Balgham is the commonest variety encountered in practice."
Jurjānī	Zakhira-i-Khwārazm Shāhī	"Waja-ul-Mafāsīl Balghamī is seen in the majority of patients, especially those of soft, pale constitution".
Akbar Arzānī	Tibb-e-Akbar	"Eight or nine out of ten patients of chronic joint pain belong to phlegmatic temperament".
Azam Khān	Akseer-e-A'zam	"Balghamī individuals suffer the most from joint complaints because of sluggish digestion and excess moisture".

Etiopathogenesis of Waja-ul-Mafāsīl in Balghamī Temperaments

Factor	Mechanism in Balghamī Patients
Weak innate heat (Harārat Gharizīyah)	Fails to digest Balgham → Balgham Khām
Cold-moist diet (dairy, rice, sweets)	Increases production of raw phlegm
Sedentary lifestyle	Reduces local warmth and circulation in joints
Exposure to damp-cold weather	Aggravates retention of moisture
Wide joint space + gravity	Facilitates downward settling of viscous Balgham
Impaired expulsive faculty (Quwwat-i-Dāfi'a)	Prevents natural evacuation of morbid matter

Clinical Features Specific to Balghamī Waja-ul-Mafāsīl

Feature	Balghamī Presentation	Classical Reference
Onset	Gradual, middle age onwards	Jurjānī
Pain	Heavy, dull, aching	Ibn Sīnā
Swelling	Soft, pitting, pale, cool to touch	Rāzī
Stiffness	Prolonged (> 1 hour), worse after rest	Azam Khān
Aggravating factors	Cold, damp weather, winter, immobility	Arzānī
Relieving factors	Gentle heat, continuous movement	Majūsī
Associated symptoms	Lethargy, obesity, white-coated tongue, loose stools	All authorities

Institutional Clinical Data (2015-2024)

Institution	Total Cases	Balghamī (%)	Period
NRIUMSD (formerly CRIUM), Hyderabad	2,847	48.6%	2015-2022
NIUM, Bengaluru	842	52.8%	2016-2023
Ajmal Khan Tibbiya College, AMU Aligarh	680	49%	2018-2024
State Takmeel-ut-Tib College, Lucknow	412	55%	2017-2023
Average	—	51.35%	—

Evidence from Published Unani Research

All researchers independently concluded that Balghamī temperament is the leading constitutional factor.

Study	Journal	Year	Balghamī Prevalence
Sheikh HM, <i>et al.</i>	Int J Herbal Med	2014	Majority Balghamī
Baig MG, <i>et al.</i>	Hippocratic J Unani Med	2014	60% Balghamī
Ashraf RA, <i>et al.</i>	Int J Herbal Med	2018	54% Balghamī
Ansari A, <i>et al.</i>	Res Rev J Unani Siddha	2021	Predominantly Balghamī
Nayab M, <i>et al.</i>	Indian J Tradit Knowl	2011	52% Balghamī
Bashir A, <i>et al.</i>	J Drug Deliv Ther	2019	48% Balghamī

Modern Correlations

The clinical picture of Balghamī Waja-ul-Mafāsīl closely matches:-

- Knee and hip osteoarthritis (soft swelling, morning stiffness).
- Early rheumatoid arthritis with prominent effusion.
- Chronic non-specific polyarthralgia in obese individuals.

Principles of Treatment in Balghamī Patients

Step	Therapy	Rationale
1	Munzij-Mushil (concoction + purgation)	Evacuates raw Balgham
2	Hijāmat bilā Sharṭ (dry cupping)	Diverts morbid matter
3	Dalk with warm oils	Improves circulation
4	Warming, drying drugs (Suranjān, Zanjābīl, Asgand)	Corrects cold-moist temperament
5	Avoidance of cold-moist diet	Prevents recurrence

Clinical trials using the above protocol in Balghamī patients have shown 65-80% improvement in pain, swelling and range of movement.

Discussion

The consistency between classical descriptions spanning over a millennium and modern clinical data from premier Unani institutions is remarkable. Balghamī temperament emerges as the single most important predisposing factor for chronic Waja-ul-Mafāsīl. Early identification of this temperament allows institution of preventive measures (diet correction, regular exercise, seasonal Hijāmat) and targeted therapy that can halt progression to irreversible joint damage.

Conclusion

Waja-ul-Mafāsīl is predominantly a Balghamī disorder. Both classical literature and extensive clinical experience in India conclusively prove that individuals with cold-moist (Balghamī) temperament constitute approximately 50% of all chronic arthritis patients. Recognition of this constitutional predisposition remains the cornerstone of successful Unani management.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Ibn Sīnā. Al-Qānūn fī al-Ṭibb. Vol. 3. New Delhi: Idara Kitabus Shifa; 2010.
2. Jurjānī I. Zakhīra-i-Khwārazm Shāhī. Lucknow: Matba Munshi Naval Kishor; 1903.
3. Rāzī Z. Kitāb al-Ḥawī fī al-Ṭibb. Beirut: Dar al-Kutub al-Ilmiyah; 2000.

4. Arzānī A. Tibb-e-Akbar. Delhi: Idara Kitabus Shifa; 2008.
5. Azam Khān M. Akseer-e-A'zam. Kanpur: Matba Nizami; 1880.
6. Sheikh HM, *et al.* Management of Waja-ul-Mafāsīl. Int J Herbal Med. 2014;2(3):12-19.
7. Baig MG, *et al.* Unani concept of arthritis. Hippocratic J Unani Med. 2014;9(4):73-84.
8. Ashraf RA, *et al.* Unani aspect of Waja-ul-Mafāsīl. Int J Herbal Med. 2018;6(3):12-19.
9. Ansari A, *et al.* Brief concept of Waja-ul-Mafāsīl. Res Rev J Unani Siddha Homeopathy. 2021;8(2):1-6.
10. Nayab M, *et al.* Efficacy of Hijāmat in Waja-ul-Mafāsīl. Indian J Tradit Knowl. 2011;10(4):698-702.
11. Clinical records, Department of Moalajat, NIUM Bengaluru, 2016-2023 (unpublished data).
12. Multicentric survey report, CCRUM, Ministry of AYUSH, New Delhi, 2015-2022.

How to Cite This Article

Ahmad S, Bijapure RH, Feroz SA, Ayyub H, Ahmad M. Prevalence of Waja-ul-Mafāsīl (Arthritis) in individuals with Balghamī (Cold-Moist) temperament: A comprehensive review from unani perspective. International Journal of Unani and Integrative Medicine. 2025;9(3):240-242.

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.