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## An appraisal on *Fasd* with special reference to its Historical perspective

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### Abstract

*Fasd* is one of the most important and useful regime of *Ilaj Bit Tadbeer* (Regimnal Therapy). It is a method of evacuation of superfluous material (morbid material) from the body in order to treat a disease or keep the person in good state of health. It has a long history of almost 3000 years back and it has been in practice effectively to treat various ailments in different era. Its importance remains the same with passage of time. Even today it is the most effective treatment in some diseases. In this paper it was aimed to collect the available DATA from classical text and highlight its importance and evolution day by day in different era.

**Keywords:** *Fasd* (Venesection), Regimnal therapy, history

### Introduction

The philosophy of Unani system of medicine (USM) is based on seven basic components known as *Umoor-i-Tabi'eyyah*, on which human life is depends; and absence of any one of them means absence of life. *Akhlāt* (humours) are one of the important component of them and any imbalance in quality or quantity of this humours will result in disease<sup>[1, 2]</sup>. In USM there are various methods for maintaining the balance in humours to promote health, prevent ailments and treat the diseases, like purgation, vomiting, perspiration, cupping, leaching and Venesection<sup>[3]</sup>. *Fasd* (phlebotomy/venesection) is one of the oldest and popular treatment modalities under *Ilaj Bit Tadbeer*, used to evacuate the morbid matter. In this mode of treatment some specific veins are cut at certain sites of the body to evacuate the blood with morbid matter<sup>[4]</sup>.

**Historical Perspective of *Fasd*:** The practice of *Fasd* (phlebotomy/Venesection) has a deep rooted history in Unani system of medicine, began around 3000 years ago by the Egyptians and Mesopotamian, as evident from the writing and pictorial descriptions of *Fasd* in their texts. Then it continued with the Greeks and Romans, the Arabs and Asians and thereafter spread throughout Europe during the middle ages and the renaissance. In ancient Rome Galen gave the fame to *Fasd* and extricated the arterial blood from venous blood and gave the theory of oxygenated and deoxygenated blood. He showed that the blood, not pneuma flowed through the arteries. Practice of *Fasd* reached its peak in Europe in the 19th century where it was strongly advocated and recommended for various ailments like fever, hypertension, pulmonary inflammation, and pulmonary oedema but subsequently declined and today in Western medicine is used only for a few selected conditions<sup>[5]</sup>.

Ancient Greek vases depict a physician performing bloodletting, and Hippocrates and Galen both strongly recommended the practice of *Fasd* for various diseases. Galen believed that blood is dominant among humours and thus access of blood must be evacuated and treated by bloodletting and purging<sup>[4]</sup>.

Herodotus recorded in 400B.C that fever and apoplexy was regularly treated by *Fasd*/venesection. For the relief of local conditions Celsus was a strong advocate of bloodletting by scarification in 100B.C.

In Babylonian Talmud some indications for phlebotomy mentioned. It suggested that in case of fever, if occurs only for one day, only water should be given and food should be avoided, whereas if the fever persist for two days or more, then it is an indication for venesection. Celsus discouraged the use of venesection in case of high grade fever<sup>[6]</sup>.

Moosa ibne Maimoon, known as Maimonides in western world, was a great Jewish scholar of Talmud.<sup>7</sup> He stated that the conditions and complications that militate against bloodletting

are as follows: convulsion disorders, severe insomnia, angina type pain, obesity, anxiety, fearful and cowardly predisposition, or someone not accustomed to giving blood or someone plagued by diarrhoea and colitis [6].

In England during feudal time the existence of phlebotomaria or bleeding house in most of the abbeys is an ample proof of phlebotomy practices at that time. In this bleeding house inmates underwent bleedings. In the middle of 18<sup>th</sup> century bleeding appeared as a standard treatment for the fever but it was not used so much in typhoid fever and typhus. It was also considered as a valuable treatment for hypertension, cases of comma and drowsy headaches [6].

In early era blood letters used natural substances as bloodletting device e.g. sharp thorns, animal teeth or sharpened pieces of wood, stone or bone [6, 8].

In 15<sup>th</sup> century the thumb lancet was introduced which was double edged, mostly with ornate handles madeup of turtle shell [6].

William Harvey believed that the Fasd/venesection is reasonable treatment for many diseases, proclaiming: "daily experience satisfies us that bloodletting has the most salutary effect in many diseases, and is indeed the foremost among all the general remedial means: vitiated states and plethora of blood are causes of a whole host of disease, and the timely evacuation of certain quantity of the fluid frequently relives patients from very dangerous disease and even from imminent death" [5].

A prominent Persian physician of 17<sup>th</sup> century, Francoi Broussais, proposed that fever occurs due to inflammation of specific organ, and excessive bloodlettings along with use of leaches are the best treatment [5].

The founder of modern surgery John Hunter advocates bloodletting for the treatment of apoplexy and inflammation in his 1794 treatise. He also believed that bloodletting can be effective while treating small pox [5, 6].

William Osler stated in his book, (The principals and practice of medicine) "During the 1<sup>st</sup> five decades of this century the profession bled too much, but during the last five decades we have certainly bled too little. Pneumonia is one of the diseases in which a timely bleed may save life." He also advocated bloodletting in pneumonia, arteriosclerosis with heart failure, cerebral haemorrhage, emphysema, sunstroke, right sided heart failure and systemic hypertension [5, 6, 8].

In current scenario bloodletting continues to be used, though for small number of disease such as mieloproliforative disorders, hemochromatosis and porphyria cutenia tarda (PCT) to help prevent organ damage from the accumulation of iron. Polycythaemiavera is also treated with phlebotomy [5].

In South America and New Guinea bloodletting device have been found resembling miniature bow and arrow. A small bloodletting instrument resembling a crossbow was once used in Greece and Malta [8].

As a physiological wellbeing regular blood donors have shown statistically better quality of life than a control group. Now for the treatment of polycythaemia, hemochromatosis, Porphyria Cutanea Tarda (PCT) venesection is largely used.

In Morocco, Algeria and Oman unconventional practice of bloodletting still continues and also in some other countries [6].

## Conclusion

Phlebotomy or *Fasd* is one of the most important and useful treatment modality in Unani system of medicine. It has been in practiced to treat various ailments since antiquity. It has a long documented history of its usefulness in different era. In today's scenario, it is necessary that all its procedures and measures should be validated on scientific parameters.

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