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Efficacy of some unani formulations in osteoarthritis (*Waja-ul-Mafasil*): A case series study

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Abstract
Waja-ul-Mafasil (Osteoarthritis) is an umbrella term which includes almost all the painful condition soft joints. The clinical presentation of *Waja-ul-Mafasil,* however, simulates with those of osteoarthritis, which is more prevalent in elderly peoples. This type of illness is difficult to manage partly because of the complex pathophysiology of the disease and partly because of the no-availability of effective drugs that can cure it effectively. Moreover, the allopathic drugs available either to treat osteoarthritis (OA) or for symptomatic relief causes some serious toxicity and adverse drug reaction (ADR). Elderly patients who frequently suffer from this disease are more susceptible for ADR. Therefore; various Unani drugs are effective for the management of joint pain and reducing the load of weight bearing joint, as orally Habb-e-Muquil, Qurs Mafasil, Majoon Chobchini, Qurs Kushta Sadaf, Arq-e-Zeera whereas locally are Roghan Surkh, Roghan Haft Barg, Roghan Baboona as local application Sometimes a device evolving non-drug management of disease has always been welcomed and cherished like Fasd, Hijama and leech therapy is one such method used in Unani System of Medicine to manage a number of diseases including the *Waja-ul- Mafasil*. This case series study intends to give an overview of the current knowledge of non-surgical treatment for Waja-ul-Mafasil.

Keywords: *Waja-ul-Mafasil*, osteoarthritis, unani medicine, joint pain

Introduction
Osteoarthritis (OA) is the most common degenerative joint disease and a major cause of pain and disability in adult individuals [1]. This degenerative and progressive joint disease affects around 250 million people worldwide [2]. Osteoarthritis is the second most common rheumatologic problem and it is the most frequent joint disease with a prevalence of 22% to 39% in India [3]. Risk factors include genetics, female sex, past trauma, advancing age, and obesity [4]. Older age and obesity are major risk factor for OA [5]. Knee osteoarthritis is classified as either primary (idiopathic) or secondary [2]. Major etiologies of OA are aging, obesity, sport injury, inflammation, genetic predisposition, nutritional deficiency etc [6]. Common clinical symptoms include chronic pain, joint instability, stiffness and radiographic joint space narrowing [7].

Diagnosis is confirmed with the help of imaging modalities such as radiography, magnetic resonance imaging (MRI), optical coherence tomography (OCT), and ultrasound (US) permit visualization of these structures and Hematological Parameters which can evaluate disease onset and progression [8]. There are some novel treatment which are showing promising effect currently such as; serotonin-norepinephrine reuptake inhibitors, IL-1 antagonists, and antibodies to nerve growth factor [9].

The standard pharmacological treatment includes agents for control of pain and inflammation (non-steroidal anti-inflammatory drugs, analgesics including opioids, intraarticular corticosteroids) and the group of the symptomatic slow acting drugs for OA such as glucosamine sulfate, chondroitin sulfate, diacerein, unsaponifiables extract of soyabean and avocado administered orally and intrarticular hyaluronic acid [10].

The aim of the management of OA is to control the painful signals originated from these joints, but even more, to improve functionality and quality of life. Non-pharmacological therapies should always be attempted as the first line of treatment for knee OA [2].

As far the Unani system of medicine is concerned, Primary knee osteoarthritis is recognised with the term “Waja-ul-Mafasil” which is a painful condition that can affect any joint of the body [11]. It may be associated with inflammatory picture in case of Sue Mizaj Maddi and without cardinal signs of inflammation, in case of Sue Mizaj Sada [11-14] Eminent Unani physicians have been treating Waja-ul-Mafasil (Primary Knee Osteoarthritis) since ancient time and have left behind a long list of medicines both for oral and local use in form of Hub

(Habb-e-Suranjan, Habb-e-Gul-e-Aakh), Qurs (Qurs-e-Mafasil), Majoon (Majoon Suranjan, Majoon Chob Chini, Majoon Ushba) Roghan (Roghan Surkh, Roghan Haft Burg, Roghan Baboona), Zimad (Zimad Rahat, Zimad Nana) etc [10, 15-18, 20].

Case series study

This case series study is based on Hamdard Wellness Centre Patna (Bihar) evaluates the efficacy of Habb-e-Muqul, Majoon Chobchini, Qurs Kushta Sadaf and Roghan Surkh for the management of Knee Osteoarthritis with severe pain in both knees, who fail to retort NSAID oral drugs. Before enrolled the subjects informed consent was taken. Dose schedule of drugs are Habb-e-Muqul (2 Habb), Majoon Chobchini (7gm), Qurs Kushta Sadaf (2 Qurs) twice a day after food and Roghan Surkh (locally) for the period of 6 weeks who are diagnosed cases of Waja-ul-Mafasil (4 females and 1 male) in the age group of 35-60 years with severe disease, which ranging from 1 to 5 years who is unresponsive to NSAID. Exclusion criteria included less than 35 and more than 60 years of age, well diagnosed cases of OA, clearly defined underlying etiology other than joint problem or fracture. The clinical efficacy was evaluated by X-ray findings as reducing joint space and osteophytes seen and VAS. All patients were followed up to evaluate response to drugs (Habb-e-Muquil (2 Habb), Majoon Chobchini (7gm), Qurs Kushta Sadaf (2 Qurs) twice a day after food and Roghan Surkh [15-18] Baseline investigations included Complete Haemogram, LFT (AST, ALT, Alkaline Phosphatase), KFT (Blood Urea, Sr. Creatinine), and RBS.

Result and Discussion

During base line follow up, X-ray showed reduced the joint space as well as osteophytes seen and Visual Analogue Scale (VAS) Score was 10 but after 6 weeks treatment it was increase the joint space and VAS was decreased to 2, which indicate the Habb-e-Muquil, Majoon Chobchini, Qurs Kushta Sadaf and Roghan Surkh has significant result. It is due to analgesic, anti-inflammatory activity which is described in Unani literature [15-18].

Conclusion

Waja-ul-Mafasil (Osteoarthritis) is an umbrella term which includes almost all the painful condition soft joints. The clinical presentation of *Waja-ul-Mafasil*, is similar to osteoarthritis (OA) however, older age and obesity are major risk factor for OA. This case study intervention is effective in ameliorating the symptoms of osteoarthritis knee and reduced the burden of OA.

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