Role of *Ilaj Bit Tadbeer* (Regimenal Therapy) in *Waja-ul-Mafasil* (Osteoarthritis): A Review

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**ABSTRACT**

Osteoarthritis is the commonest of all joint diseases. It results due to breakdown and destruction of joint tissues. The clinical picture of osteoarthritis strongly resembles with *Waja-ul-Mafasil* which has been elaborated in detail by Unani physicians. Considering the high prevalence, side effects of modern pharmacological treatment and high cost of surgical interventions with equivocal effectiveness of all treatment modalities, there is need for safe, economic and effective treatment in Unani Medicine for osteoarthritis. Unani System of Medicine has *Ilaj Bit Tadbeer* (Regimenal Therapy) as one of the modes of treatment. The Regimenal Therapy works on the principle of modifying or modulating the six essential factors (*Asbaab-e-sittah zarooriya*) for maintenance of health and prevention from diseases. Nowadays Regimenal Therapy holds an important place in Unani Medicine particularly for musculoskeletal and nervous disorders. The focus of this paper is to discuss and summarize the role of *Ilaj bit Tadbeer* in the management of *Waja-ul-Mafasil*.

**Key Words:** Osteoarthritis, Waja-ul-Mafasil, Unani System of Medicine, Ilaj Bit Tadbeer, Regimenal Therapy

**INTRODUCTION**

Osteoarthritis (OA) is the most common form of arthritis which is a major cause of pain and disability in older people.¹,² It is wear and tear of joints.³,⁴ OA is an important cause of disability and the second most common musculoskeletal problem in the world (30%) after back pain (50%).⁵,⁶ According to study, 90% of all people have radiographic features of OA in weight bearing joints by age 40.⁷,⁸ More than 50% of people over the age of 65 years have radiological features of OA.⁹ The term “Osteoarthritis” comes from three Greek words “osteo-, arthr- and –itis” meaning bone, joint, and inflammation respectively.¹⁰,¹¹ The terms osteoarthritis and degenerative joint disease are sometimes used interchangeably along with osteoarthritis.¹²,¹³,¹⁴ Osteoarthritis is a chronic disorder of synovial joints in which there is progressive softening and disintegration of articular cartilage accompanied by new growth of cartilage and bone at the joint margins, cyst formation and sclerosis in the subchondral bone, mild synovitis and capsular fibrosis.¹⁵

**2. MATERIAL AND METHOD**

**2.1. Concept of Waja ul Mafasil in Unani Medicine**

The clinical picture of Osteoarthritis strongly resembles with *Waja-ul-Mafasil* which has been elaborated in detail by Unani physicians. Hakim Azam Khan defined *Waja-ul-Mafasil* as “pain occurring in joints which is not restricted to one joint but the joints of both upper and lower limbs.” The pain present in a specific joint has specific name e.g. *Niqris, Waja-ul-Warik, Waja-ur-Rukba* etc.¹⁶ Hakim Akbar
Arzani described Waja-ul-Mafasil as “pain in joints, with or without ‘warm’. He further explained it as pain occurring in hip joint is Waja-ul-Warik, pain radiating from hip joint to leg as Irqunnasa and pain occurring in great toe as Niqris. The great Arab physician Razi mentioned Niqris, Irqunnasa and other joint pains as single disease i.e Waja-ul-Mafasil. He further described pain in hips as Irqunnasa and pain in feet as Niqris. Ibn-e-Sina too has described Niqris and Irqunnasa in Waja-ul-Mafasil along with other joint pains.

2.2. Types of Waja ul Mafasil:

According to Unani physicians, Waja-ul-Mafasil can be broadly categorised in 7 types based on Mizaj and Akhlat involved: 16,17

1. Waja-ul-Mafasil Saada
2. Waja-ul-Mafasil Damwi
3. Waja-ul-Mafasil Safravi
4. Waja-ul-Mafasil Balghami
5. Waja-ul-Mafasil Saudawi
6. Waja-ul-Mafasil Reehi
7. Waja-ul-Mafasil Murakkab

1. Waja-ul-Mafasil Saada: If Waja-ul-Mafasil is due to Su-e-Mizaj Saada, it is called Waja-ul-Mafasil Saada. In this type, there is no involvement of morbid matter or Khilt. It may be Haar(Hot), Baarid(Cold) or Yabis(Dry).
2. Waja-ul-Mafasil Damwi: It results due to excess of Damwi Khilt.
3. Waja-ul-Mafasil Safravi: It is produced by excess Safra.
5. Waja-ul-Mafasil Saudawi: It is caused by Khilt-e-Sauda.
7. Waja-ul-Mafasil Murakkab: It occurs due to mixture of two or more Akhlat usually Balgham and Safra.

2.3. Modern Treatment for Osteoarthritis

The modern treatment of osteoarthritis focuses on minimizing pain, optimizing function and reducing disability using a combination of non pharmacological, pharmacological and surgical therapies. Non pharmacological therapies include patient education and joint protection measures. Pharmacological therapy includes Non-steroidal Anti-inflammatory Drugs (NSAIDs). They can cause gastric and renal toxicity, especially in the elderly. Intra-articular steroids are administered in patients with knee OA having effusion. Repeated steroid injections may damage the cartilage further. Surgical management includes joint replacement in end stage joint disease. Other surgical therapies have varying grades of efficacies.5

2.4. Role of Ilaj Bit Tadbeer

Waja-ul-Mafasil Haar: If Waja-ul-Mafasil is caused by Su-e-Mizaj Haar, Sharbat-e-Lemoon, Sikanjabeen Rummani and other types of Mubarridat are used.16,17 If there is risk of Safra entering the joints, Safra can be evacuated by Istifragh.16

Waja-ul-Mafasil Baarid: Hot regimes and drugs of Haar temperament are used. If risk of Balghami Khilt is suspected, Balgham should be evacuated by administration of Mus’hil (Purgative) or enema can be given.16

Waja-ul-Mafasil Yabis: It is not found usually. But if present, Murattib regimes are used both internally and externally.16

Waja-ul-Mafasil Damwi: If no other contraindications found, fasd (venesection) of basilic vein should be done on affected side followed by Tabreed.16 or fasd of opposite side is opened.20 Then complete Nuzj is given followed by Mus’hil (purgative) with Joshanda (decoction), prepared from suranjan, shahitra, imlee, aalu bukhara, maveez munaqqa, halela and maghz amaltas.20 Mudirrat (diuretics) like sheera kahu, sheera kasni, sheera khayarain, sheera tukhm kharpaza, sheera kharkhasa, sheera maghz tukhm kadu are given.16 When the disease is in initial stage,
zimad (paste) or tila (liniment) containing sandalain, gule surkh, aqaiyat like Rad’ (derivative) and Qabiz (astringent) are used along with sirka and aabe kishneez sabz.\(^\text{16,20}\) In advanced stage, zimad containing muhallil (resolvent) drugs are used. e.g. banafsha, katami. Later more strong muhallil drugs are added. e.g. nakhuna, babuna. Suranjan is also added in all zimad and mus’hil compounds.\(^\text{20}\) When there is severe pain, aqiyun 7gram, aarid jau 70gram, khatami 35 gram mixed with arq-e-makah and zimad is applied.\(^\text{16}\)

**Waja-ul-Mafasil Safrawi:** Here also we can go for fasd. Then joshanda halela and other mus’hile safra are administered.\(^\text{20}\) Qai (emesis) is also beneficial if matter is safrawi.\(^\text{16}\) Here tabreed and taskeen are more focused, baarid (cold) and qabiz (astringent) zimad is applied.\(^\text{16,20}\) Jarada kadu, kafoor, kahu, mixed in sirka and aabe kishneez sabz. Zimad is prepared and applied.\(^\text{16}\) Asapghol, sirka, post kadu, aabe khayar, aabe sadabahar, aabe kahu, aabe kafoor are used for zimad wa tila.\(^\text{20}\)

In Waja-ul-Mafasil Haar, mubarrid and murattib (astringent) drugs are added. Moderate exercise is prescribed. Abzan in lukewarm water is done first, followed by cold water.\(^\text{16}\)

**Waja-ul-Mafasil Balghami:** Joshanda of Shibt and Aslussoos is mixed with honey and Qai (emesis) should be induced.\(^\text{16,20}\) or Tukhm shibt 12gram, to be boiled in water and sikanjabeen is added to induce Qai.\(^\text{21}\) After that, Munzij-e-Balgham is administered.\(^\text{16,20}\) OR Aslussoos, Tukhm-e-Kasni, Maveez Munajqa, Tukhm-e-Kharpaza, Tukhm-e-Khatami, Suranjan, Boozidan is given in the form of decoction along with Gulqand. Anisoon, Badranjboya, Parsiyooshan and Favvah are added. After signs of Nuzj are observed, Mus’hil of Balgham is administered or Sana, Turbud, Zanjabeel, Barang Kabli and Khayar Shambar are added in Munzij (Concoctive).\(^\text{16}\) Mus’hil containing drugs specific to joint pain are included like suranjan, boozidan.\(^\text{20}\) After evacuation of morbid matter, Majun Suranjan, Majun Ushba, Majun Azaraqi is to be taken orally.\(^\text{16}\) After that, muhallil and mulayyin zimad containing nakhuna, babuna, soya, khatami, murr, ailwa, jund bedastar, farfiyun, luab tukhm hulba, luab tukhm katan are used. Haar raughhaniyat (oils) like Roghan arand, Roghan qust, Roghan badam talkh are used for massage.\(^\text{20}\) Massage is done with Roghan-e-Dhatura, Roghan-e-Hina and Roghan-e-Auraq etc.\(^\text{16}\) In case of severe pain, barge hina khushk 12gram, sabun desii 12 gram, to be mixed in sirka (vinegar) and zimad is prepared. This zimad is to be applied over the joint and barge arand is tied. Or, Roghan kuchla, Roghan gule aak, Roghan qust or Roghan surkh is massaged over the joint.\(^\text{21}\)

**Waja-ul-Mafasil Saudawi:** Sauda is evacuated with the help of fasd.\(^\text{20}\) Munzij-e-Sauda is given followed by mus’ hil.\(^\text{16,20}\) For Nuzj, aslussoos, bekhe kibr, bisfaij, 5grams each, badranjboya, makkoh, bidyayn 7grams each, suranjan 4grams, gulqand 35gram.\(^\text{16}\) Muhallil and mulayyin zimad is applied. Babuna, aarid hula, tukhm katan, mukil 7grams each, anjeer 7no, each drug is powdered and mixed with goat fat, Roghane zaitoon and Roghane gau and zimad is prepared.\(^\text{16,20}\) Haar and ratab fats and roghan is applied.\(^\text{20}\) Massage with haar raughhaniyat (oils) is done. Abzan and nutool are advised. Moderate exercise is performed before meal.\(^\text{16}\) Nutool with hot water is performed. Babuna, marzanjosh, pudina, zoofa and hulba can be added to make joshanda.\(^\text{20}\)

**Waja-ul-Mafasil Murakkab:** It is mainly due to involvement of Balgham and Safra or Sauda and Safra.\(^\text{16}\) Munzij containing suranjan shireen 5gram, gule banafsha 7gram, chiraita 7gram, unnab 5 no, makkoh 5 gram, beekhe badiyan 5gram, shahitra 7gram, aftimoon vilayati 5gram, bisfaij 5gram, maveez munaqqa 9 no, badiyan 7gram, to be soaked in water overnight and decoction is prepared in morning and
consumed with gulqand. On 10th day, gule surkh 7 gram, sana makki 7 gram, should be added in above drugs. These drugs should be soaked overnight and in morning joshanda is prepared and maghz faloo 60 gram, turanjabeen 48 gram, gulqand 48 gram, shaker surkh 48 gram, sheera maghz badam 5 no are added in it. If even after administration of mus’hil, morbid matter is remained, Habbe Ayarij should be added in subsequent mus’hilat. Zimad containing nakhuna, babuna, khatami, shibt, sibr, luab hulba and tukhm katan is applied. Massage can be done with Roghane hina, Roghane bedanjeer, Roghane gul.

Waja-ul Mafasil Reehi: Munzij-e-Balgham followed by mus’hil with suranj is administered. Haar mudirrat (diuretics) like anisoon, badiyan, tukhm kasoos and zeera siyah are given with sharbat buzoori haar. Massage should be done with muqawwi and muhallil raughaniyat like Roghane babuna, Roghane shibt. Roghane dhatura is applied and barge arand or barge dhatura or barge aak is tied to the joint.

3. CONCLUSION
In view of high prevalence, side effects of modern pharmacological treatment and high cost of surgical interventions with less effectiveness of all treatment modalities, Waja-ul-Mafasil can be managed effectively with the help of Ilaj bit Tadbeer (Regimenal Therapy). The efficacy of various Regimenal therapies has been proved by scientific studies. However, more research is needed not only to prove the safety and efficacy but to validate the mechanism of action of these therapies also.

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