



ROLE OF UNANI MEDICINE IN THE MANAGEMENT OF CERVICAL SPONDYLOSIS – A REVIEW

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ABSTRACT

The degenerative changes that occur either naturally with ageing or secondarily as a result of trauma or another pathological condition are referred to as spondylosis, a general and vague term. In cervical spondylosis, osteophyte growth and involvement of nearby soft tissue structures in the cervical area accompany the onset of degenerative alterations in the intervertebral discs. In Unani medicine cervical spondylosis is mentioned under the term of *Waja-ul-Mafasil* as the name of *Waja-ul-Unq*. It has been described as localized form of *Waja-ul-Mafasil* which is characterized by neck pain and stiffness with or without restricted neck movements. Keeping the characteristics presentation in mind cervical spondylosis technically can be termed as “Jasatul Fiqaria Unqi”. There are several regimens in the Unani system of medicine that have been demonstrated to be beneficial for treating a variety of musculoskeletal problems. They have been utilised for a very long time. These regimens consist of *Riyazat* (Exercises), *Hijamah* (Cupping), *Dalk* (Massage), *Takmeed* (Fomentation), *Zimad* (Paste), *Tila* (Liniment), *Fasd* (Venesection), and *Inkabab* (Medicated Stem), among other things. The present paper is aimed to review the description of cervical spondylosis in terms of Unani Medicine and their management in Unani Medicine especially through different modalities of *Ilaj bit Tadbeer* (Regimenal Therapy), clinical consequences with quality of life and subsequently its role in the prevention of complications.

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INTRODUCTION

A broad spectrum of degenerative alterations affecting all the parts of the cervical spine, such as the intervertebral disc, facet joints, ligamenta flavum, etc., are together referred to as cervical spondylosis.¹ Most people start to naturally age after their third decade of life. The cervical spine's intervertebral disc and vertebral bodies are affected by the chronic degenerative illness known as cervical spondylosis, which may or may not cause neurological symptoms.² On radiographic imaging, the majority of persons with spondylitic abnormalities of the cervical spine are asymptomatic. Sign of degenerative changes in 25% of

people under the age of 40, 50% of individuals over 40 and 85% people over 60 years of age. The most commonly affected cervical vertebrae are C6 -C7 then C5 – C6.³

With an incidence of 3.3 instances per 1,000 persons, cervical spondylosis affects 83% of the general population, or one lakh people. According to estimates, more than 50% of individuals annually have some level of neck discomfort, and between 60 to 80 percent of older adults experience neck pain as a result of degenerative changes.¹ After back pain, neck discomfort is the second most prevalent complaint and

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is a widespread condition. According to the 2015 Global Burden of Disease report, low back and neck pain continue to be the fourth highest cause of disability adjusted life years (DALYs) and the primary cause of years lived with disability (YLD).⁴

Cervical Spondylosis by Modern Approach

A normal age-related illness process called cervical spondylosis is linked to degenerative changes in the intervertebral disc. The main risk factor is the aging-related degradation of the cervical intervertebral discs and other cervical components. Additional risk factors for an accelerated disease course and early onset cervical spondylosis include exposure to severe spinal trauma, ligamentous stiffness, long-term overuse and overload of work, certain sports (such as rugby, soccer, etc.), poor posture, and poor dietary habits.

A degenerative cascade that results in biochemical alterations in the cervical spine and compression of neuronal and vascular structures is part of the etiology of cervical spondylosis. The intervertebral disc loses water, protein, and muco polysaccharide as a result of an increase in keratin chondroitin, which alters the proteoglycan matrix. The nucleus pulposus becomes more fibrous and loses its flexibility as a result of the disc's desiccation. The nucleus pulposus starts to herniate as it begins to lose its effectiveness in supporting weight-bearing loads. This results in a decrease of disc height, ligamentous laxity, and compression of the cervical spine. Additional pressure results in significant alterations to the cervical spine that promote reactive bone growth. These osteophytes or bone spurs can develop along the ventral or dorsal margins of cervical spine. These degenerative changes result in loss cervical lordosis and movements.² The end result of these degenerative changes in the cervical spine is that the following sequel may occur as neck pain, cervical radiculopathy and cervical myelopathy. Clinically these sequel present as pain in the neck, tenderness and stiffness, limited normal range of motion of cervical spine, radiating pain towards arm and hand, numbness and tingling sensation, coordination and gait issues, grip weakness and bowel or bladder dysfunction in advance cases.

Cervical Spondylosis by Unani Concept

The term cervical spondylosis is not as such mentioned in Unani system of medicine. But the neck pain is described as *Waja-ul-Unq* which is the type of *Waja-ul-Mafasil*. *Waja-ul-Unq* has been described as localized form of *Waja-ul-Mafasil* which is

characterized by neck pain and stiffness with or without restricted neck movements. Keeping the characteristics presentation in mind cervical spondylosis technically can be termed as “*Jasatul Fiqaria Unqi*”.

Most of the Unani physician have been clearly explained the pathogenesis of *Waja ul Mafasil* on the basis of qualitative and quantitative derangement of temperament (*mizaj*) and humours (*akhlaat*). Therefore *Waja-ul-Mafasil* could be classified into *sada* and *Maddi* on the basis of involvement of *Mawade fasida* (morbid matter). *Waja-ul-Mafasil sada* is one in which only *Mizaj* (temperament) of humours get altered result in only functional disturbances of articular surfaces and it is of short duration while *Waja ul Mafasil Maddi* is one in which there is derangement of temperament along with deranged humours in quantity.

In classical literature of Unani system of medicine, irrespective of cause the term “*Waja-ul-Mafasil*” was used to express the involvement of joints. Most of the Unani scholars have been discussed the *Waja-ul-Mafasil* in their different prospective.

- **Abbu Bakar Mohd Bin Zakaria Razi (860-925 AD)** has followed the Galen and described the same causation and their name depending upon the involvement of various joints. If *Mawade Fasida* (Morbid matter) affect the knee joint it will term as knee osteoarthritis, if it affects the great toe and other parts of foot it will term as Gout.
- It is stated by **Ibne Abbas Majoosi (930-994 AD)** that *Waja ul Mafasil* also occur in jaws, ear ossicle and vertebrae.
- **Shaikh ul Rais bu Ali Sina (980-1037 AD)** has asserted that *Niqras*, *Irqun nasa*, *Waja ul Mafasil* and *hadbah* are caused by similar factors. So the main cause is alterations in the *Mizaj* (Temperament) of particular joint.¹
- Eminent Unani scholar **Ibne Zohar (1094-1126 AD)** quoted that the main causes of neck pain are exposure to the cold and any circumstance that causes an accumulation of *Balghami Madda* (phlegmatic matter) in the neck.¹¹
- **Ibne Rushd (1126-1198 AD)** It has been demonstrated that one of the causes of *Waja-ul-Unq* (cervical spondylosis) is the shortening

of nerves in breath and length, which further shortens the supplying muscles and *Mijaz ratab Maddi*.¹²

- **Samar Qandi (1413-1482 AD)** stated that exposure to humour derangement and accumulation of morbid matter are two of the causes of cervical spondylosis, which has been described as *Waja ul unq*, a kind of *Waja ul Mafasil*.
- **Maseeh ul mulk Hakim Ajmal Khan (1868-1927 AD)** translated the disease to Rheumatism. For him pain in general body joints is known as *Waja ul Mafasil* or *Gathia*, if it occurs in hip joint it is termed as *Waja ul warik*, in knee joint it is *Waja ul Rakabah* and in ankle or great toe it is termed as *Niqras*.¹³

Various Unani physician like Shaikh ul Rais Ibne Sina, Ali bin Abbas Majoosi have been described certain risk factors in Unani which predispose and aggravate the disease. These factors includes Exposure to extreme cold, Sedentary lifestyle and lack of Exercises, Excessive coitus, Improper digestion, Excessive use of Alcohol etc. All these factors contribute to worst the condition.

DISCUSSION

Waja-ul-unq is a type of *Waja-ul-Mafasil* that occurs in the cervical vertebrae. It is a age related disease affecting the cervical spine. In this condition different structures of the joints of cervical spine, synovium and capsule of the facet joints, the peripheral regions of the disc also include nerve fibers and nociceptive nerve endings involved. The sue *Mizaj Maddi* causes degenerative alterations in the affected joints and resulting in nerve impingement. Imaging investigations typically show patho-anatomic alterations clearly, and these findings must be compared to the clinical ones. The majority of individuals with cervical radiculopathy, mild cervical myelopathy, or axial neck discomfort respond better to an initial trial of non-operative treatment.

With aging, spondylitic changes are frequently hidden. Very few patients with radiographic indications of cervical spondylosis experience symptoms. Cervical spondylosis can now be detected much earlier thanks to the rapid advancement of medical tools and technology over the past few decades. This is a positive development because conditions that are detected early can be managed and handled with care and ease. Although Cervical

Spondylosis typically responds to conservative treatment and cervical spine rest, the likelihood of significant disability or persistent neck, shoulder, and arm pain associated with it is low. Along with this, it could be vital to think about how the condition is affected by the type of pillow used, overall posture, and work.

In Unani system of medicine there are three modes of treatment exist viz. *Ilaj bit Tadbeer* (Regimenal therapy), *Ilaj bid Dawa* (Pharmacotherapy), and *Ilaj bil Yad* (Surgery). Among them *Ilaj bit Tadbeer* is one in which various regimens like *Hijamah* (cupping), *Fasd* (venesection), *Dalk* (massage), *Nutool* (irrigation), *Inkabab* (Local fomentation) and *Riyazat* (exercises) etc. are used to provide relief to the patients in various diseases successfully.¹

There are many single drugs which have been mentioned in Unani literature like Suranjan (*Colchicum luteum Baker*) Asgandh (*Withiana somnifera*), Zanjabil (*Zinjiber officinale*), Badiyan (*Foeniculum vulgare*), Muqil (*Cammiphora muqul*), Qust (*Saussurea lappa*), Khardal (*Brassica nigra Linn*), Saqmonia (*Convolvulus scammonia*), Bozidan (*Tanacetum Umbelliferum*), Mako (*Solanum nigrum*), Kasni (*Chicorium Intybus Linn*), Nakhona (*Astragalus hamosus*), Saqmonia (*Convolvulus scammonia*), Turbud (*Operculina terpeethum*), Shahtara (*Fumaria parviflora*) along with some compound drugs like *Habb-e-Gule Aakh*, *Habb-e-asgandh*, *Majun chobchini*, *Majun ushba* etc are found to effective in the management of cervical spondylosis.¹²

There are various studies which had been done earlier and was found to be very effective in the management of Cervical Spondylosis.

- **Mohd Tausif** et.al conducted a clinical study on evaluation of effects of Hijamah bila shurt and tens in waja ur raqaba (cervical spondylosis). This clinical study was conduct on 50 patients which divided into two equal groups test group and control group. The test group was treated with Hijamah bila shurt (Dry Cupping) and control group recieve TENS on alternate days for 15 days. The result of this study shows that Hijamah in test group and TENS in control group were found highly significant in the management of Waja ur Raqaba (cervical spondylosis).¹⁴
- **M.M.H Siddiqui** et.al done a clinical study on Effect of Hijamah bila shurt (Dry Cupping) in the

management of Waja ul Unq (*Cervical Spondylosis*). This observational study was conducted on 30 patients of cervical spondylosis. The intervention of *Hijamah bila shurt* (Dry Cupping) was applied on the selected patients twice a week for one month. The effect of intervention was found to be significant.¹⁵

- **Abuzar Iari et. al** did a study on Management of Wajaur raqaba (cervical spondylosis) by *Hijamah bish shurt* (wet cupping) and *Majoone Azaraqi* – A case study. This case study was conducted on a 28 years old male patient who was treated with *Hijamah bish shurt* (Wet Cupping) total of 4 sitting along with *Majoone Azaraqi* for 15 days. The result of the study shows that applying *Hijamah bish shurt* (Wet cupping) followed by use of *Majoone Azaraqi* is quite effective in the management of cervical spondylosis.¹⁶
- **Dr Asana and Md Ahsan Farooqui et.al** did a clinical study on Management of *Iltehab-e- unqul fiqraat* (cervical spondylosis) with unani medicine and an approach to correlate with *Mizaj* (Temperament). This study was conducted on 60 patients with 30 patients in each group. Group A drug subjected twice a week externally (*Zimad* / paste) and Group B drug subjected 6 gm twice a day orally (*Safoof* / powder) for 60 days. *Mizaj* of patients were assessed based on *Ajnas -e-Ashra*. After the completion of study Group A i.e *Zimad* was found comparatively more effective than Group B i.e *Safoof*.¹⁷
- **Ghufran et.al** did a clinical study on the effect of *Dalak -e- Layyen* in cervical spondylosis. This study was carried out on 15 patients over a period of 21 days. *Dalak Layyen* (Gentle Massage) was performed bilaterally over cervical region with 10 ml of *Roghane Gule Aakh* daily for 15 minutes. It was concluded that *Dalak* with *Roghane Gule Aakh* has potential to ameliorate the symptoms and functional disability associated with cervical spondylosis.¹⁸

CONCLUSION

A significant fraction of the population is affected by the condition known as cervical spondylosis. It is a natural part of becoming older, but with proper posture and avoiding occupational or vocational trauma involving excessive axial loading, development may be reduced. Treatment must be individualized for each patient in order to address their symptoms and stop or prevent neurological

decline. Cervical spondylosis causes a range of symptoms. The symptoms and the outlook can be unpredictable. For many people, self-care strategies and lifestyle changes may ease symptoms and prevent arthritis from worsening. The goal of treatment in the unani medical system is to lower morbidity and impairment. The fundamental Principle of treatment include *Taadil-e-Mizaj* (Temperament Correction), *Istigfiragh-e-Madda* (Cause Substance Elimination), *Taqwiyat-e-Mafasil* (Joint Strengthening), and *Taskeen-e-Dard* (Pain Relief). To correct the derangement of humours (akhlat), one uses *imala-e-mawaad* (diversion) or *istigfiragh* (evacuation) of morbid humours, as well as analgesic, anti-inflammatory, and tonic drugs (*musakkinat*, *mohallilat*, and *muqawwiyat*) and exercise (*riyazat*) to relieve pain and inflammation and strengthen the muscles and nerves.

Although cervical Spondylosis is a leading cause of exacerbation worldwide and poses major economical threats to its participants. The prognosis is often poor for persistent neck pain, and resulting in injury is often associated with low back pain. Seem to be more serious than 66 percent of the population will experience a neck pain at point in their lives.

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