



UNANI CONCEPT AND MANAGEMENT OF *FALIJ*-A REVIEW

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ABSTRACT

The word "*Falij*" is anagrammatic of the medical term "Hemiplegia," which denotes paralysis affecting the entire longitudinal half of the body, from head to foot. *Ibn Sina/Avicenna* is credited with conducting the first scientific investigation on the ailment palsy (979-1037AD). The main issue that arises after a stroke is hemiplagia (*Falij Nisfi*), which is brought on by *Sudda* (obstruction) in blood vessels, nerves, or at the junction of the brain and nerves. *Tanqiya wa tadeel* is the first line of treatment for *Falij* because it is a phlegmatic disease (purification and normalization). The Unani system of medicine describes a variety of single and compound medications that have been successful in treating stroke and *Falij* (hemiplagia).

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INTRODUCTION

The term *Fälj* is derived from Arabic word 'Falaja' which means to divide into two symmetrical parts¹. Generally, the word *Fälj* is used for *Istirkhä*. In particular, *Fälj* means *Istirkhä* or paralysis of half body from head to toe longitudinally. It is of two types; one involves head and the other spares it^{1,2}. Loss of movement, if developed in whole body, is called *Istirkhä* and, if only one part is involved, is known as *Fälj* (Table 1). In modern medicine, the word equivalent to *Fälj* is hemiplagia. Ancient physicians of Unani Medicine considered *Fälj* as a disease in which one side of body is paralysed from head to foot. But according to Majoosi, *Fälj* is known as a disease in which one side of body excluding head is paralysed.³ *Fälj* is sometimes referred as loss of both motor and

sensory functions. The differentiation between these two functions is described by Ibn Rushd: 'Often if any one of these functions (üiss and üarkat) is lost, other is also lost, though it is not mandatory'. This is also mentioned by Galenus.⁴

The Arabic word "*Falaja*," which means to divide into two symmetrical portions, is where the word "*falij*" originates.¹ *Fälj* is typically used to refer to *Istirkhä*. *Fälj* specifically refers to *Istirkhä*, or longitudinal paralysis of the lower half of the body. There are two kinds; one spares the head and the other involves the head.^{1,2} If the inability to move affects the entire body, it is referred to as *Istirkhä*, and if only one part is affected, it is referred to as *Fälj* (Table 1). Hemiplagia is the term used to describe *Fälj* in contemporary medicine. *Fälj*,

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according to early practitioners of Unani medicine, is a condition in which one side of the body is completely paralysed. *Majusi*, however, claims that *Fälj* is a condition that causes paralysis on one side of the body other than the head.³The term "*fali*" can refer to the

loss of both motor and sensory abilities. Ibn Rushd summarises the difference between these two functions as follows: "Often, if one of these functions (*ùiss* and *ùarkat*) is gone, other is also lost, albeit it is not mandatory." Jalinus also makes reference to this.

Table 1

<i>Falij Nisfi/ Falij</i>	<i>Falij ma Laqwa (Hemiplegia with Facial paralysis)</i>	<i>Falij am (Quadriplegia)</i>	<i>Falij Atraji/Falij Asfal (paralplagia)</i>	<i>Falij Maqami</i>
When paralysis is longitudinally in half of the body.	When paralysis occurs in whole longitudinally half of the body including head and face	When paralysis occur in whole body except face	When paralysis occur in lower part (lower limb) of the body	Paralysis of particularly individual organ e.g. hand, foot, tongue.

Causes of Fälj:

- *Nazf Dimäghé* (brain hemorrhage)
- Obstruction of arteries of brain or clotting of blood
- Brain tumour
- *Ñar'* (epilepsy)
- *Talayyun-i-Dimägh* (softness of brain)
- Chorea
- *Ikhtinäq al-Raùim* (hysteria).³

Sign and symptoms:

If the entire body is paralysed with the exception of the face, this suggests that the first spinal vertebrae are being affected by *Madda* (organic matter). The entire body, including the face, being paralysed indicates a brain-related *Madda-e-Marz* (disease-causing organic matter). The following are some of the main *Falij*-related symptoms.⁵

1. Sudden onset of severe headache
2. Dilatation of neck veins
3. Cold extremities
4. Palpitation and muscle twitching
5. Heaviness in limbs and difficulty in movements
6. Gritting of tooth during sleep

Pathology of Fälj-

According to Jalinus, injuries to the posterior region of the brain will result in *Fälj Nifé* (hemiplegia), while injuries to the entire brain will result in *Sakta* (quadriplegia).

If the spinal cord's first segment, or *Mabda' al-Nukhä*, is damaged, the entire body will become paralysed; if

only one segment of the spinal cord is damaged, only one side of the body will be affected.

Quadriplegia (*sakta*) results from damage to the spinal cord's proximity to both sides of the brain; however, if only one side of the brain is injured, *Fälj Nifé* will results.³

The main factor for *Amrä-i- Burüdat*, either by itself or in combination with *Balgham*, is *a'äb Mizäjä*, or temperamental neurological disorder. Due to its quick dissolving nature, "*afrä*" in *Sawdä'*, which is close to *Balgham*, hardly ever causes neurological disorder.² The sensory and motor functions are frequently interfered with when *Burüdat* and *Ruöübat* are dominant in an organ. *Burüdat* is located across from *Mizäjä* in *Rüü*. As a result, *Rüü* experiences *Khadar* or a reduction in sensation. *Ruöübat* blunts and in sensitizes that organ.¹ Movement abnormalities are thought to be caused by a variety of factors, including brain pathology in addition to *Burüdat* and *Ruöübat* dominance. According to *Ibn Sina*, a brain lesion is frequently the source of loss or reduction in mobility everywhere in the body.¹ According to *Nafisi*, if the *Jirm-i-'Urüq* (vessel wall) is thick or hard and there is a plenty of blood, brain or heart vessels may rupture and result in haemorrhage. It does not occur in other bodily organs.⁶ *Fälj* may be caused by *Sudda* (any obstruction) in the flow of nerves as a result of *Khilö Balghamé Ghaléz* pollution in the brain or neurons, spinal cord compression or dislocation, injury to these structures, and lingering consequences of acute infections like meningitis.⁷*Imtilä' Balghamé* begins in

the ventricles of the brain, then suddenly dissolves from there and falls to either the left or right side of the body, depending on which side is weaker.⁸ *Fälj* typically affects elderly people when their brains are filled with *Khilö Bäröd* (cold humours) and they experience a sudden change in temperature, either hot or cold, which melts the *Khilö* and causes it to go up to the root of their nerves. This ailment typically manifests in people with weaker nerves.⁷

Matter of *Sudda*:

The infectious substance that causes *Sudda* (obstruction) has the nature of *Ratab* (wetness), primarily *Ghaleez Balgham* (thick phlegm), which descends from *Butun-e-Dimagh* (brain ventricles) into all nerves and prevents the spread of *Rooh*.⁹

Reasons for *Sudda*.¹⁰

1. When an organ is ligated in a way that prevents the flow of the nerves carrying the *Quwa-e-Hassasa* (sensory faculties) and *Muharikka* (motor faculties), the paralysis of that organ results.
2. Deposition of thick viscous humour (*Ghaleez Luzj Rutubat*) in the nerves, which closes the Manafiz of *Quwa* (faculties).
3. Warm Baarid or Haar, an organ or spinal cord inflammation brought on by cold or heat.
4. Injury to the roots of the *A'saab* (nerves) may cause extra pressure, which could restrict the path of the *Quwa* (faculties).
5. Dislocation of thoracic or cervical vertebrae blocking the *Quwa's* path (faculties). *A'saab* (nerves) constriction brought on by *Ghaleez Johare-Asab* and extreme cold.

Modifications in sensory, higher-order mental, and motor skills may result from neurological deficits. Changes in memory, reasoning, imagination, perception, and speculation are among the higher mental functions that are impacted. Three factors impact the sensory functions of the eye, ear, nose, skin, and tongue: weakening, deception like diplopia, and loss of function. Motor symptoms include muscle twitching, shivering, yawning, and stretching, as well as a loss or weakening of function.¹¹

Usool-e-ilaj (Principles of treatment):

Basic interventions for *Falij* treatment include:

1. Removal of phlegmatic waste (*Istifraagh-e-fuzlaat-e-balghamiya*)
2. To maintain temperamental equilibrium (*ta'adeel-e-mizaj*)

3. Nerve fortification (*Taqwiyat-ea'asaab*)
4. Modification or restriction of diet (*Taqleel-eghiza*)

In Unani medicine, similar to modern medicine, there are four primary therapy modalities. Usool-e-ilaj

1. *Ilaj bit Tadbeer* (Regimenal Therapy):
2. *Ilaj bil Ghiza* (Dietotherapy):
3. *Ilaj bil Dawa* (Pharmacotherapy):
4. *Ilaj bil Yad* (Surgery):

***Ilaj-bit-Tadbeer* (Regimenal Therapy):**

1. Enema (*Huqna*): *Huqna* used for the treatment of constipation.
2. Massage (*Dalk*) with rubefacient liniment
3. Cupping (*Hijamah*)
4. Irrigation (*Nutool*)
5. *Riyazat* (Exercise)
6. *Aabzan* (sitz bath)
7. *Shamoom* (aroma therapy)
8. *Gargarah* (gargle)
9. *Takmeed* (fomentation)
10. *Fasd* (venesection)
11. *Hamam* (Turkish bath)

Others Regimenal therapies.^{8,9,10,17}

One of the most distinctive aspects of Unani treatment concepts is *tadeel*. As long as an existential substance in the universe maintains *Mizaj-e-Tabai* (normal temperament), continues to operate, and fulfils its function in the hierarchy of the universe, it will remain in its naturally healthy state. Depreciation, loss, or unnaturally changed function are caused by *Mizaj-e-breakdown Tabai's* of a body. The term "*tadeel*" refers to an organ's cells and tissues restoring its structural integrity and functionality. As an organ has begun to heal from its injury, there are several ways to restore and revitalise its function. Following the courses of *Munzj* and *Mushil*, the course of *Tadeel* starts with the employment of a variety of therapy modalities for a range of attending *Falij* problem.^{8,9,15,17}

***Ilaj-bil-Ghiza* (Dietotherapy):**

The patient's general health depends on a balanced diet, adequate protein and calorie intake, and optimum hydration. Poor nutrition is a common issue that can result in oedemas, skin ulcers, and weakened immune systems, making it simpler to get infected. The food must be similar to a typical diet if the patient can swallow without difficulty. Constipation must be avoided by eating foods high in fibre.¹²

Dietary Recommendation:

Aghziya-eyabisa, *Ma-ul- Asl* (Honey Water), and *Ma-ul- Shaier* (Barley Water) (like Whole grain bread), Meat from pigeons, sparrows, and other birds is advised by Unani doctors. The following foods should be suggested, thick vegetable cream, fruit puree, yoghurt, custard, egg pudding, scrambled eggs, thick semolina soup, minced meat, and mild fish.¹³

Dietary Restriction:

Avoid *Aghziya-e- mughalliza* and *Aghziya-e- murattiba*. Limit your intake of alcohol, cigarettes, milk, paneer, all cold Mizaj (Temperament) veggies, apple, and pomegranate products.¹⁴

Ilaj-bil-Yad (Surgery):

Patients may experience specific issues, such as dysphagia, which can result in the passage of ingested debris into the lungs and the development of aspiration pneumonia. A nasogastric tube may be implanted to allow liquid food to be fed directly into the stomach while waiting for the condition to improve. A percutaneous endoscopic gastrostomy (PEG) tube is inserted and left there permanently if swallowing is still deemed dangerous.

Ilaj bil Dawa (Pharmacotherapy):

Munzija (concoctive therapy), *Mus'hil* (purgative drug therapy), *Muqawwiyat* (tonic), *Muhallil* (anti-inflammatory), and *Muqawwi Roghan* for local applications should be utilised to achieve *Tanqiya* (Purification) and *Tadeel-e-Mizaj* (Normalization in temperament).

The treatment is divided into three stages;

First stage: To make a mixture, mix lukewarm water, any purgative, and *tiryaaq* with *Gul-e-Angabin Asli* (honey rose water) or *Ma-ul-usool* (vegetable water) (antidote) Depending on the intensity of the *Falij*, a dose of 1 gram for seven days may last up to 14 days.¹⁴

The second stage is the oral administration of *Mushil-e-balgham* (Purgatives of phlegm) to ensure adequate bodily fluid expulsion.

The third step involves the use of *Muqawwiyat*, hot-tempered oils (*Taqwiyate-A'asab*), and after *Mus'hil*, the prescription of *Muqawli-e-Maida* (stomachic) medications.

Drugs used in Munzija-e-Balgham concoctions:

There are numerous *munzija-e-balgham* medications that have been shown successful in treating *falij*, including *Parsiaoshan* (*Adiantum capillus-veneris*),

Baikh Karafs (*Apium graveolens*), *Baikh Kasni* (*Cichorium intybus*), *Ood Saleeb* (*Paeonia officinalis*), *Gauzaban* (*Borago officinalis*), and *Gulqand* (*Ros* Unani texts also recommend other Unani single medications, such as *Daar chini*, *Mastagi*, *Zaranbaad*, *Ood-e-Favana*, *Ustukuddus*, *Khatmi*, *Khurdul*, *Aqar qarha*, *Badiyan*, *maweez munaqqa*, *Ustukhuddus*, and *Bekhe-Kibr*.⁹

Mus'hil-e- Balgham drugs:

Ustukhuddus (*Lavandula stoechas*), *Barg Sana* (*Cassia angustifolia*), *Turbud* (*Operculina turpethum*), *Maghz faloos* (*Cassia fistula*), *Roghan Zard* (*Ghee*) etc.⁹

Murrakab Advia (Compound Drugs):

There are many compound drugs used in *falij* like, *Gulqand*, *Tiryaaq Arba*, *Tiryaaq Samaniya*, *Jawarish Bladur*, *Arq Badiyan*, *Sheera Badiyan*, *Ayaarij Feqra*, *Ayaarij Loghaziya*, *Habb-e- Ayaarij*, *Majoon Azaaraqi*, *Habb-e- Faalij*, *Majoon Jograj Googul Roghan-e- shifa*, *Majoon Seer Alvi Khani*, *Habb-e- Faalij Mulaayin*, *Roghan-e- Qust*.

Treatment of Falij in view of great Unani physicians:

Buqrat: Even mild cases of *Falij* are challenging to treat; severe cases are frequently impossible.¹⁷

Jalinoos: If childhood cases of *Amraaz-e-Balgahmiya* (phlegmatic disorders), such as *Falij* (hemiplegia), *Ra'asha* (tremor), and *Sara'a* (epilepsy), occur and no treatment appears to be effective in regaining the lost functions, the sickness would naturally disappear as people age. Shoneez (Kalonji), he continues, is particularly effective in the treatment of *Falij*. *Jalinoos* claims in a case report that he used Shoneez to treat *Falij*: "One day I dipped Shoneez in *Sirkaa-e-Sharab* then filtered and finely powdered it and again mixed with *Sirka* (vinegar) and formed *Saoot* (nasal drops), administered it to the patient which had good results; next he suggested. *Saoot* along with *Roghan Zaitoon* instead of *Sirkaa-e-Sharab* which fortified the result in many folds.¹⁷

Razi: *Habbe Qoqaya* should be used every week to expel the morbid matter, *Jawarish Baladur* or *Ayarij Hurmus* should be taken every day to sway the temperament, and *Roghan Qust* should be used for massages. In *Falij*, *Habbe Qanturiyun* and *Safoof Zaravand* are also quite helpful.⁹

Ibn Sina: *Riyazat* (exercise), massage, and *Nutool* (irrigation), which have the effects of *Muhallil* (resolvent) and *Qabiz* (astringent) such as *Anisoon*,

Jundbedastar, and *Izkhar*, begin when patients begin to recover.⁹

Jurjani: Patients should be treated with enema, honey water, and *mus'hilat* instead of using severe measures at first (purgative). It is advisable to wait until you are no longer in need of food. Modest (light) diets can be provided, such as bread with *Maul Asl* and poultry.⁹

Tabri: He used *Majoon Usba* and *Roghan Malkangni* to treat a patient who had lower limb weakness and paralysis complaints. The patient quickly made a full recovery.⁹

He claims, "I treated numerous patients using *Hamam-e Yabis*," in *Yahoodi* (Hamam in which dryness is produced).¹⁷

Qusta bin Luqa: He has discussed the prognosis and localisation of the lesion in the treatment of neurological illnesses. He contends that if the patient speaks, the lesion is in the spinal cord and can be treated easily; if speech is slurred or non-existent, the lesion is in the brain and is difficult to treat.¹⁷

By *Hakim Alvi Khan Aa'bzan* (sitz bath) is also useful for boosting *A'saab* (nerves).⁹

CONCLUSIONS

Falij is the phlegmatic diseases occur due to predominance of *buoodat* and *rutubat* and is a leading cause disability and morbidity in present era. Its increasing in adults became a great matters of concern. This shift from 6th to 3rd decades of life is exerting extra strains on nation's wealth as well as health delivery system. As far as Unani medicine is concern, it is very well versed with understanding and management of *falij*. If we manage *falij* in the light of basic principle and four mode of treatment like, *Ilaj bil tadbeer*, *Ilaj bil Ghiza*, *Ilaj bil Dawa* and *Ilaj bil Yad*, then it may be proven effectively in present as well as in future. These basic mode of treatment play a critical role in those patients who disabled in their daily life. The only need of the hour is to conduct proper clinical research with modern laboratory parameters and with large sample size.

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