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).

The difference between Falij and Falij Nisfi is due to the presence or absence of the head. If the head is also involved, it is known as Falij, and if only the body is involved, it is known as Falij Nisfi.

INTRODUCTION
The term Falij is derived from Arabic word 'Falaja' which means to divide into two symmetrical parts. Generally, the word Falij is used for Istirkha. In particular, Falij means Istirkha or paralysis of half body from head to toe longitudinally. It is of two types; one involves head and the other spares it. Loss of movement, if developed in whole body, is called Istirkha (Table 1). In modern medicine, the word equivalent to Falij is hemiplagia. Ancient physicians of Unani Medicine considered Falij as a disease in which one side of body is paralyzed from head to foot. But according to Majoosi, Falij is known as a disease in which one side of body excluding head is paralysed. Falij 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 (ūiss and ārkat) is lost, other is also lost, though it is not mandatory'. This is also mentioned by Jalinus.

The Arabic word "Falaja," which means to divide into two symmetrical portions, is where the word "falij" originates. Falij is typically used to refer to Istirkha. Falij specifically refers to Istirkha, or longitudinal paralysis of the lower half of the body. There are two kinds; one spares the head and the other involves the head. If the inability to move affects the entire body, it is referred to as Istirkha, and if only one part is affected, it is referred to as Falij (Table 1). Hemiplagia is the term used to describe Falij in contemporary medicine. Falij,
according to early practitioners of Unani medicine, is a condition in which one side of the body is completely paralysed. Majusi, however, claims that Fālij is a condition that causes paralysis on one side of the body other than the head. The term “fālij” 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 (üss and āarkat) is gone, other is also lost, albeit it is not mandatory.” Jalinus also makes reference to this.

### Table 1

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

### Causes of Fālij:
- Nazf Dimāghé (brain hemorrhage)
- Obstruction of arteries of brain or clotting of blood
- Brain tumour
- Ŋar (epilepsy)
- Ĭlāwyūn-i-Dimāgh (softness of brain)
- Chorea
- Ikhtināq al-Raùim (hysteria)

### 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 Fālij-related symptoms. 

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

If the spinal cord’s first segment, or Mabda’ al-Nukhā, 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, Fālij Nifé will result. The main factor for Amrā-i- Burūdat, either by itself or in combination with Balgham, is a’āb Mizājé, or temperamental neurological disorder. Due to its quick dissolving nature, "afrā" in Sawdā’, which is close to Balgham, hardly ever causes neurological disorder. The sensory and motor functions are frequently interfered with when Burūdat and Ruöübat are dominant in an organ. Burūdat is located across from Mizāj in Rüù. As a result, Rüù experiences Khador or a reduction in sensation. Ruöübat blunts and in 1 sensitizes that organ. Movement abnormalities are thought to be caused by a variety of factors, including brain pathology in addition to Burūdat and Ruöübat dominance. According to Ibn Sina, a brain lesion is frequently the source of loss or reduction in mobility everywhere in the body. According to Nafisi, if the firm-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. Fālij may be caused by Sadda (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. 'Imtilā’ 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.4 Fālij typically affects elderly people when their brains are filled with Khīlō Bārid (cold humours) and they experience a sudden change in temperature, either hot or cold, which melts the Khīlō 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 Fālij 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-e-a’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(aromahterapy)
8. Gargarah(gargle)
9. Takmeed(fomentation)
10. Rasd(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 Munzij and Mushil, the course of Tadeel starts with the employment of a variety of therapy modalities for a range of attending Fālij problems.8,9,15,17

Ilaj-bit-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, mince meat, and mild fish.  

Dietary Restriction:
Avoid Aghziya-e- mughalliza and Aghziya-e- murattiba. Limit your intake of alcohol, cigarettes, milk, paneer, all cold Mizaj (Temperament) veggies, apples, and pomegranate products.

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):
Munzij (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 tiryaq 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.

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 Mughawiyat, hot-tempered oils (Taqviyat-e-Aasab), and after Mus'hil, the prescription of Muqawli-e-Maida (stomachic) medications.

Drugs used in Munzij-e-Balgham concoctions:
There are numerous munzij-e-balgham medications that have been shown successful in treating falij, including Parsiashan (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, Mastogi, Zaranbaad, Ood-e-Favania, Ustukuddus, Khatmi, Khurdul, Aqar qarha, Badiyan, maweez munaqqa, Ustukhuddus, and Bekhe-Kibr.

Mus'hil-e-Balgham drugs:
Ustukhuddus (Lavandula stoechas), Barg Sana (Cassia angustifolia), Turbud (Operculina turpethum), Maghz faloos (Cassia fistula), Roghan Zard (Ghee) etc.

Murrakab Advia (Compound Drugs):

Treatment of Falij in view of great Unani physicians:
Buqrat: Even mild cases of Falij are challenging to treat; severe cases are frequently impossible.

Jalinoos: If childhood cases of Amraaz-e-Balgahmiya (phlegmatic disorders), such as Falij (hemiplegia), Ra’aasha (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.

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

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 Malkangi to treat a patient who had lower limb weakness and paralysis complaints. The patient quickly made a full recovery.¹⁷

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).³

**CONCLUSIONS**

Falij is the phlegmatic diseases occur due to predominance of buroodat 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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