



## WAJA' AL-MAFASIL (RHEUMATOID ARTHRITIS): CAUSES AND MANAGEMENT IN PERSPECTIVE OF UNANI MEDICINE - A REVIEW

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### ABSTRACT

Rheumatoid Arthritis (RA) is a chronic, systemic autoimmune disorder marked by persistent synovial inflammation, progressive joint deformities, functional disability, and systemic complications such as cardiovascular involvement, osteoporosis, and fatigue, which collectively reduce quality of life and productivity. Globally, RA affects approximately 0.5–1% of the population, with a higher prevalence among women, particularly between the ages of 30 and 50 years, and remains a major contributor to long-term morbidity. In the Unani system of medicine, conditions resembling RA are classified under *Waja' al-Mafāsil* (وجع المفاصل), literally meaning “pain of the joints.” Classical physicians like Ibn Sina, Zakariya Razi, and Jurjani described its causes, clinical features, and treatment in detail, emphasizing humoral imbalance and temperament. This review integrates Unani and modern biomedical perspectives, highlighting similarities and differences in etiology, pathogenesis, clinical presentation, and therapeutic approaches, while also suggesting integrative strategies for more effective and holistic patient care.

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**Keywords:** Varicose veins, Unani medicine, Dawali, Leech therapy, Venous insufficiency, Herbal treatment.

### INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic, systemic autoimmune disorder characterized by persistent synovial inflammation, progressive joint destruction, pain, stiffness, deformities, and systemic complications. It affects approximately 0.5–1% of the global population, with a female-to-male ratio of about 3:1, and peak incidence between 30 and 50 years of age [1,2,3]

RA is associated with long-term disability, decreased quality of life, increased morbidity, and considerable socioeconomic burden, making it one of the most disabling musculoskeletal conditions worldwide.

[4,5,6] The condition is progressive and often relapsing, significantly impairing work capacity and productivity.

In the Unani system of medicine, joint disorders resembling RA are discussed under the term *Waja' al-Mafasil* (وجع المفاصل), literally meaning “pain of the joints.” This terminology encompasses a wide spectrum of joint diseases, several of which share striking similarities with the clinical manifestations of RA. [7,8]

Classical Unani scholars provided detailed accounts of its etiology, pathogenesis, symptomatology, and

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therapeutic principles. Zakariya Razi in *Kitāb al-Hawī*, Ali Ibn Abbas Majoosi in *Kāmil al-Sanā'a*, Ibn Sina (Avicenna c. 980 – 22 June 1037) in *Al-Qanun fi'al-Tibb*, and Akbar Arzani in *Tibb-i-Akbar* highlighted humoral imbalance (*Sū'i-Mizāj*), derangement of digestion (*Sū'i-Haḍm*), defective elimination, and accumulation of *Mawād-i-Fāsida* (morbid matter) as key underlying causes. [9,10,11,12]

Buqrat (Hippocrates c. 460 – c. 370 BC) first described a chronic joint disease beginning around 35 years, starting in small joints and progressively affecting larger ones, leading to joint destruction.[13]

Ibn Hubal al-Baghdadi (1121–1213 AD), in *Kitāb al-Mukhtarāt fi al-Tibb*, provided an elaborate description of *Waja ' al-Mafāsil* (arthritis). He explained that *Waja ' al-Mafāsil* and *Niqris* (gout) arise in individuals with a quantitative imbalance of humours. This results primarily from thick, viscous *Balgham* (phlegm) mixing with sharp *Safrā* (bile). At times, these diseases may also develop due to *Sawda*, *Sū'i-Mizāj* (abnormal melancholic temperament), *Sāda* (simple imbalance), or *Riyāḥ* (pathological winds).[14]

Ali Ibn Abbās al-Majūsī described *Waja ' al-Mafāsil* as an inflammatory condition of the joints, potentially involving multiple sites such as the hips, wrists, and hands.[11]

Shaikh Ibn Sīnā stated that the pain of *Waja ' al-Mafāsil* arises from a gaseous humour exerting pressure on the nerves and muscle fibres. He further mentioned that sometimes it's *Mādda* that belongs to the category of *Rīm* (pus).[9]

Ismail Jurjani described *Waja ' al-Mafasil* as a disorder resulting from the deposition of *Mawād-i-Fāsida* (morbid substances) within the joints and body cavities, which subsequently give rise to pain and inflammatory changes.[15]

In 1680, rheumatism was treated with Cinchona (Peruvian bark), which contains the anti-malarial compound quinine. Later, in 1763, willow bark was introduced as a remedy for rheumatism.[16]

In *Tibb-i-Akbar*, Akbar Arzani (17th century AD) described a condition characterized by pain and inflammation of the joints of the hands and legs, identifying it as *Waja ' al-Mafasil*. [12]

Sāhib-i-Kāmil described that *Waja ' al-Mafasil* sometimes occurs in the jawbones, ears, and

vertebrae, and at times it is so complex that its cause cannot be determined.[11]

Modern management of rheumatoid arthritis commonly involves NSAIDs and corticosteroids for pain relief, DMARDs like methotrexate for disease modification, and biologics in resistant cases, alongside physiotherapy and lifestyle measures. While effective, long-term use of these drugs can cause serious side effects, organ toxicity, and drug dependency. In contrast, Unani medicine explains joint vulnerability as a result of weak digestive power and structural looseness, leading to abnormal humours and recurrent inflammation. Unani regimental and detoxification therapies are generally safe and offer a reliable alternative to conventional drugs, minimizing adverse effects and dependency. Integrating both approaches could provide more comprehensive, patient-centred care, with Unani treatments reducing the need for continuous pharmacological intervention, while modern therapies address disease progression. Such an integrative model has the potential to optimize outcomes, improve safety, and offer a practical substitute for allopathic drugs, though clinical research is needed to validate these combinations.

## 2. MATERIALS AND METHODS

This paper is based on a comprehensive review of both classical Unani literature and modern biomedical publications. Classical sources consulted include *Al-Qānūn fi'al-Tibb* of Ibn Sina, *Kitāb al-Hāwī* of Zakariya Razi, *Zakīra Khwārizm Shāhī* of Jurjani, *Kāmil al-Sana'a* of Ali Ibn Abbas Majūsī, and *Tibb-i-Akbar* of Arzani, along with standard compendia, manuscripts, pharmacopoeias, and other Unani treatises that describe the historical background, etiology, pathogenesis, and therapeutic principles of *Waja ' al-Mafasil* (Rheumatoid Arthritis). For the modern perspective, a systematic search of published research papers, review articles, clinical guidelines, and standard textbooks was carried out. Electronic databases such as PubMed, Scopus, and Google Scholar were explored to identify contemporary studies on rheumatoid arthritis, particularly regarding epidemiology, immunopathogenesis, diagnosis, and treatment. Data from reputed journals and theses from Unani institutions were also considered. The collected material was critically analysed, compared, and synthesized to highlight similarities, differences, and integrative possibilities.

**3. Unani Perspective of Waja ‘ al-Mafāṣil**

**3.1 Terminology and Historical Background**

*Waja ‘al-Mafāṣil* is documented extensively in classical Unani literature. Zakariya Razi in *Kitāb al-Hāwi*, Ibn Sina in *Al-Qānūn fi’al-Tibb*, and Jurjani in *Zakhira Khwārizm* Shāhī described joint disorders as systemic conditions with both local and general manifestations. Their descriptions of chronic, recurrent joint pain with swelling and deformity correspond closely to modern RA. [9,10,15]

**3.2 Etiology and Pathogenesis**

Unani scholars have provided comprehensive explanations regarding the etiology and pathogenesis of *Waja ‘al-Mafāṣil*. The most significant factor is *Su’-i-Mizaj* (abnormal temperament), which may be *Sāda* (simple, non-material) or *Māddi* (material, due to accumulation of morbid matter), both of which

disturb the natural balance of humours.[17,18,19] The generation of *Mawad-i-Fāsida* (morbid matter) is attributed to weak digestion (*Quwwat-i-Hadima*), faulty metabolism, and improper humoral formation, which subsequently lodge in joints and initiate inflammation. Failure of proper excretion, termed *Istifragh* deficiency, results in retention of waste products that accumulate in peripheral sites such as the joints. In addition, processes of *Tahallul* (tissue degeneration) and *Takhalkhul* (loosening or cavitation) predispose joint spaces to infiltration by abnormal humours. [7,17] Ibn Sina emphasized that joints are structurally weak and inherently prone to humoral deposition, which explains their recurrent vulnerability to chronic inflammatory conditions 9]

**3.3 Classification of *Waja ‘ al-Mafasil* Based on Dominant Humour [9,11,15]**

**Table 1: Describes the classification of *Waja ‘ al-Mafāṣil* according to the clinical features, aggravating factors and relieving measures.**

S. No.	Humour Type	Clinical Features	Aggravating Factors	Relieving Measures
1.	<i>Waja ‘ al-Mafāṣil Damawi</i> (Sanguine)	Red, hot, swollen joints, heaviness	Heat, rich foods	Bloodletting, cooling therapies
2.	<i>Waja ‘ al-Mafāṣil Safrāwī</i> (Choleric)	Acute, hot burning pain, intense inflammation	Anger, spices, heat	Cold applications, soothing
3.	<i>Waja ‘ al-Mafāṣil Balghami</i> (Phlegmatic)	Cold, stiff joints, mild	Warmth, stimulants swelling, chronicity in damp climates	Cold, humidity
4.	<i>Waja ‘ al-Mafāṣil Sawdāwī</i> (Melancholic)	Dry, dusky, hard joints, long-standing stiffness	Cold, stress	Moist heat, nervines

**3.4 Predisposing Factors (*Asbāb-ī-Muaidda*)<sup>[9,10,11,15]</sup>**

- Cold and damp climate
- Sedentary lifestyle
- Excessive greasy and moist foods
- Emotional disturbances
- Genetic predisposition (*Mawrūsi*)
- Chronic diseases: indigestion, gonorrhoea, syphilis
- Suppression of natural evacuations

**3.5 Clinical Features<sup>[11,15]</sup>**

- Persistent, symmetrical joint pain
- Morning stiffness and swelling
- Progressive deformity
- Systemic fatigue and weakness

Galen noted: “Once the joints become inflamed, it seldom returns to its previous state [20]

**4. Modern Medical Perspective**

**4.1 Definition and Epidemiology**

Rheumatoid Arthritis (RA) is defined as a systemic autoimmune disease characterized by chronic synovitis, progressive cartilage and bone destruction, and systemic manifestations. It affects approximately 0.5–1% of the global population, with a female predominance of nearly 3:1 and peak onset between 30–50 years of age. RA contributes substantially to long-term disability, reduced life expectancy, and socioeconomic burden. [4,5,6]

#### 4.2 Etiology

The etiology of RA is multifactorial. Genetic predisposition, especially the presence of HLA-DR4 and HLA-DRB1 alleles, increases susceptibility. Environmental factors such as smoking, infections (e.g., Epstein-Barr virus), and air pollution are well-established triggers. Hormonal influences, including oestrogen and prolactin, explain the female predominance of the disease. The central mechanism is autoimmunity, with the production of autoantibodies such as Rheumatoid Factor (RF) and Anti-Cyclic Citrullinated Peptide (Anti-CCP) antibodies [5,6,21]

#### 4.3 Pathogenesis

The immunopathogenesis involves activation of CD4+ T-cells and macrophages, which release pro-inflammatory cytokines (TNF- $\alpha$ , IL-1, IL-6). These drive the formation of pannus, an invasive hypertrophic synovium, which destroys cartilage and erodes bone. Proteolytic enzymes further contribute

to tissue degradation. Deposition of immune complexes amplifies the inflammatory cascade. [5]

#### 4.4 Clinical Features

RA typically presents with symmetrical polyarthritis involving small joints of the hands and feet. Morning stiffness lasting more than one-hour, joint swelling, pain, and deformities such as swan-neck and boutonniere are common [5]. Extra-articular manifestations include subcutaneous nodules, vasculitis, interstitial lung disease, anaemia, and cardiovascular involvement.[21]

#### 4.5 Diagnostic Criteria

The ACR/EULAR 2010 classification criteria emphasize clinical joint assessment, duration of symptoms, serological markers (RF, Anti-CCP), inflammatory markers (ESR, CRP), and imaging studies to confirm diagnosis [22].

#### 5. Comparative Insights

**Table 2: Unani vs. Modern Medicine: terminology etiology, pathogenesis Symptoms, diagnosis and Treatment.**

Aspect	Unani Medicine (Waja ' al-Mafasil)	Modern Medicine (RA)
Terminology	<i>Waja ' al-Mafaṣil</i> (pain of the joints) described by Razi, Ibn Sina, and Jurjani. [9,10,15]	Rheumatoid Arthritis, classified as an autoimmune connective tissue disease. [22]
Etiology	Humoral imbalance ( <i>Su'-ī-Mizāj</i> ), weak digestion ( <i>Du'f-ī-Quwwat-ī-Hādīmā</i> ), accumulation of <i>Mawād-ī-Fāsidā</i> (morbid matter), defective excretion.[15]	Multifactorial: autoimmunity, genetic predisposition (HLA-DR4, HLA-DRB1), environmental triggers (smoking, infections). [5,19]
Pathogenesis	Accumulation of abnormal humours in joints, defective elimination, <i>Tahallul</i> (degeneration), and chronic inflammation. [11,15]	Multifactorial: autoimmunity, genetic predisposition (HLA-DR4, HLA-DRB1), environmental triggers (smoking, infections). [5,19]
Symptoms	Pain, stiffness, swelling, systemic weakness, and humour-dependent migratory joint pain. [9,10]	Symmetrical polyarthritis, morning stiffness >1 hour, nodules, fatigue, systemic features. [5,8,13]
Diagnosis	Clinical assessment of <i>Mizāj</i> , humour dominance, lifestyle and diet. [10,11,12]	Serology (RF, Anti-CCP), ESR, CRP, imaging (X-ray, MRI). [4,5]
Treatment	<i>Ilāj bi'l-Tadbir</i> : Hijama, Fasd, Dalk (massage), Hammam (steam bath with herbs); <i>Ilāj bi'l-Dawa</i> : Suranjan, Asgand, Guggul, Azaraq; compound formulations like Ma'jūn Suranjan, Habb-i-Asgand. [9,10,11]	NSAIDs, corticosteroids, DMARDs (methotrexate, hydroxychloroquine), biologics (TNF- $\alpha$ , IL-6 inhibitors), physiotherapy, exercise, lifestyle modifications. [19,13,22]

**6. Management Approaches** [23,24,25]

humoral balance, relieve pain, and improve joint health. Key measures include Faṣḍ, Hijama, Dalk, Ḥammām, and others, outlined below in tabular form. (Table 3)

**6.1 Unani Management**

**Ilaj bi'l Tadbir (Regimental Therapy):**

In Unani medicine, regimental therapies restore

**Table 3: Regimental Therapies (Ilāj bi'l Tadbīr) in Waja' al-Mafāsīl** [26,27,28,29,30,31].

Regimental Therapy	Description	Therapeutic Benefits in Waja' al-Mafasil
Fasd (Venesection)	Controlled removal of blood through specific veins.	Evacuates morbid humours, relieves congestion, reduces inflammation and joint pain.
Hijama (Cupping Therapy)	It Can be dry (without bleeding) or wet (with scarification).	Removes localized morbid matter, improves circulation, reduces stiffness, and alleviates joint discomfort.
Dalk (Massage)	Application of medicated oils such as Ravghan Suranjan, Ravghan Bābūna, Ravghan Malkangni, etc.	Provides anti-inflammatory, analgesic, and muscle-relaxant effects; improves peripheral blood flow; reduces fatigue.
Hamam (Steam Bath)	Use of steam, sometimes combined with herbal decoctions.	Opens pores, promotes detoxification, relaxes muscles, improves joint flexibility, and reduces stiffness.
Natul (Irrigation Therapy)	Pouring of warm medicated decoctions or oils over affected joints.	Relieves pain, reduces inflammation, and improves the mobility of joints.
Takmid (Fomentation)	Application of warm or cold compresses with herbal powders or decoctions.	Soothes pain, reduces swelling, and alleviates stiffness in affected joints.
Riyadat (Exercise/Physical Activity)	Light, condition-specific exercises.	Strengthens muscles, maintains joint mobility, prevents deformity, and improves overall function.
Tanqiya (Evacuation Therapies)	Methods like emesis, purgation, and diuretics to expel morbid humours.	Maintains humoral balance, prevents accumulation of waste matter, and reduces recurrence of joint symptoms.

**Ilaj bi'l Ghidha (Dietotherapy):**

Unani physicians have emphasized that regulation of diet is essential in the management of *Waja' al-Mafasil*. Patients are instructed to consume light, easily digestible, and strengthening foods, while avoiding greasy, fried, and heavy meals, which generate morbid humours and aggravate joint pain. [32,33] Vegetables, barley soup, lentils, and moderate use of warming spices are recommended to improve digestion and maintain humoral balance. Lifestyle regulation, including fixed meal timings, sufficient

sleep, and avoidance of anxiety, is also considered necessary for reducing the severity of *Waja' al-Mafāsīl* [34,35,36]

Majūsī stated that patients must abstain from excessive consumption of difficult-to-digest foods, intoxicants, and frequent sexual intercourse. He prohibited eating Halwa and moist fruits, advised exercise before meals and after digestion, and recommended frequent cleansing of the body through emesis and diuretics.[24]

Hakim Ajmal Khan advised avoiding cold and flatulence-producing foods such as pumpkin, spinach, potato, milk, rice, butter, and ice. Instead, he recommended green gram lentils, pigeon pea lentils, egg yolk, figs, and raisins for relieving *Waja ' al-Mafāsil*. [32]

### Ilaj bi'l Dawā' (Pharmacotherapy):

#### Single Drugs (Mufradāt):

In Unani medicine, various single drugs are employed for musculoskeletal and joint disorders due to their anti-inflammatory, analgesic, and strengthening properties. The detailed list of useful *Mufradāt* is provided below. (Table:4)

**Table 4:** Single Drugs (Mufradāt) Useful in *Waja ' al-Mafāsil* [36,37]

S. No.	Unani Name	Botanical Name	Part Used	Therapeutic Uses
A.	<b>Plant-origin drugs</b>			
1.	Ajwain Desi (Carom seeds)	<i>Trachyspermum ammi</i> L.	Seeds	Relieves pain, reduces inflammation, useful in stiffness.
2.	Azārāqī (Nux vomica)	<i>Strychnos nux-vomica</i> L.	Seeds	Used in <i>Falij Laqwa</i> , <i>Waja' al-Mafāsil</i> , <i>Waja' al-Zahr</i> , <i>Du 'f-i-A'sab</i> and <i>Du 'f-i-Bah</i> (sexual debility)
3.	Asgand (Winter cherry)	<i>Withania somnifera</i> Dunal.	Root	Strengthens muscles & bones, useful in <i>Waja ' al-Mafasil</i> I and weakness
4.	Alsi (Flaxseed)	<i>Linum usitatissimum</i> L.	Seeds, oil	Possesses anti-inflammatory properties, relieves joint stiffness and pain, and is also used in the management of pneumonia and pleurisy
5.	Shahm Hanzal (Colocynth pulp)	<i>Citrullus colocynthis</i> Schrad.	Pulp of fruit	A strong purgative, useful in gout, arthritis, sciatica, constipation, <i>Falij</i> , <i>Laqwa</i> (facial palsy), leprosy, and filariasis.
6.	Babuna (Chamomile)	<i>Matricaria chamomilla</i> L.	Flowers and oil	Possesses anti-inflammatory properties; its Ravghan (oil) is used for massage in <i>Waja ' al-Mafasil</i> (joint pain)
7.	Bisfa'ij (Polypody)	<i>Polypodium vulgare</i> L.	Rhizome	It has purgative action for Sauda and Balgham, removes morbid humours, is useful in <i>Sar'</i> , <i>Mālanhūliyā</i> , <i>Waja' al-Mafāsil</i> , leprosy, <i>Qūlanj</i> , and flatulence
8.	Bozidan (Indian Pellitory)	<i>Pyrethrum indicum</i>	Root	Tonic for nerves and joints, it also possesses aphrodisiac properties, and is used in <i>Waja' al-Mafasil</i> , gout, and <i>Zu' fal-Bah</i>
9.	Bedinjir (Castor Plant)	<i>Ricinus communis</i> L.	Seeds, Oil, Leaves	Seeds are used in <i>Waja' al-Mafāsil</i> , <i>Fālij</i> , <i>Laqwa</i> (facial palsy), <i>Rasha</i> , <i>Qūlanj</i> , <i>Istisqa'</i> , and <i>Surfa</i> .
10.	Zaqum (Milk bush)	<i>Euphorbia resinifera</i> Berg.	Latex and leaves	Its Ravghan is applied by massage in <i>Waja' al-Mafasil</i> , <i>Falij</i> , <i>Laqwa</i> , and <i>Ra'sha</i> , while its purgative latex is used in <i>Waja' al-Mafasil</i> , <i>Atshak</i> , <i>Istisqa'</i> , and leprosy.

11.	Ja' ifal (Nutmeg)	<i>Myristica fragrans</i> Houtt.	Fruit	Its Ravghan, prepared with Muqawwi Bah drugs, is applied as a paste in headache, <i>Waja' al-Mafaşil</i> , and <i>Falij</i> .
12.	Jalapa (Jalap root)	<i>Ipomoea purga</i> Hayne.	Root tuber	Due to its purgative effect on phlegm, it is used in chronic constipation, <i>Falij</i> , <i>Laqwa</i> , joint pain, sciatica, <i>Nazla</i> and <i>Zukam</i> .
13.	Jundbedastar (Castoreum)	<i>Castoreum</i> (from Beaver)	Secretion (castoreum)	Due to its nervine tonic effect, it is used in <i>Waja' al-Mafaşil</i> <i>Falij</i> , <i>Laqwa</i> , <i>Ra'sha</i> , <i>Istirkha'</i> (flaccidity), and <i>Khadar</i> (numbness).
14.	Chilghoza (Pine nut)	<i>Pinus gerardiana</i> Wall.	Seeds (nuts)	Aphrodisiac, spermatogenic, and also used in <i>Waja' al-Mafaşil</i> , paralysis, facial palsy, and backache.
15.	Cobchini (Indian birthwort)	<i>Smilax china</i> L.	Root	It acts as a blood purifier and is also used in various forms of mania, as well as in nervine and joint disorders.
16.	Habb al- Salatin	<i>Croton tiglium</i> L.	Seeds	Strong purgative, clears morbid matter causing <i>Waja' al-Mafaşil</i> and <i>Istisqa</i> .
17.	Habb al-Nil (Pharbitis seeds)	<i>Ipomoea nil</i> L.	Seeds	purgative of morbid humours causing <i>Waja' al-Mafaşil</i> , and also used in constipation and <i>Istisqa'</i> (dropsy).
18.	Hina (Henna)	<i>Lawsonia inermis</i> L.	Flowers and seeds	Analgesic, anti-inflammatory, relieves burning pain in hands and feet.
19.	Haldi (Turmeric)	<i>Curcuma longa</i> L.	Rhizome	It exhibits anti-inflammatory and antioxidant properties, helping to reduce swelling and relieve stiffness of joints.
20.	Madar (Indian Calotrope)	<i>Calotropis procera</i> (Linn.) R.Br. ex. Ait.	Root bark, latex, leaves	Latex used in <i>Waja' al-Mafaşil</i> , Ascites, Asthma and <i>Su'al</i>
21.	Sarshaf (Brassica)	<i>Brassica nigra</i> (Linn.) Koch.	Seeds, oil	It is beneficial for joint pain, and its oil is particularly effective in relieving joint stiffness and improving mobility.
22.	Suranjan (Sweet colchicum)	<i>Colchicum luteum</i> Baker.	Corm	It acts as an anti-inflammatory and analgesic agent, and is regarded as a chief remedy for joint diseases such as gout, sciatica, and joint disorders.
23.	Sehjana (Drumstick tree)	<i>Moringa oleifera</i> Lam.	Flowers, leaves, gum resin, and fruit	It is used in cold and phlegmatic disorders such as <i>Falij</i> (paralysis), <i>Laqwa</i> (facial palsy), <i>Waja' al-Mafaşil</i> and backache.
24.	Ghariqun (Agaric fungus)	<i>Agaricus albus</i> L.	Dried fungus	It acts as a purgative and eliminator of morbid matter, and is used in <i>Waja' al-Mafaşil</i> , sciatica, gout, epilepsy, cough, and obstructive jaundice.

25.	Kabikaj (Celery-leaved buttercup)	<i>Ranunculus sceleratus</i> L.	Root / leaves	It acts as a vesicant and is used in conditions such as Quba (Ring worm), Vitiligo, neuropathy, and <i>Waja ' al-Mafaṣil</i> .
26.	Luffah (India Atropa)	<i>Atropa belladonna</i> Auct.	Leaves root	It possesses analgesic and antispasmodic properties and is applied as a paste in <i>Waja ' al-Mafasil</i> , gout, and various nervine pains.
27.	Lehsun (Garlic)	<i>Allium sativum</i> L.	Bulb	After being boiled with Ravghan Kunjad (sesame oil), it is applied in the form of a paste for <i>Waja ' al-Mafasil</i> and other painful conditions
28.	Malkangni (Staff tree)	<i>Celastrus paniculatus</i> Willd.	Seeds, oil	Being anti-phlegmatic, it is used in conditions such as joint disorders, paralysis, facial palsy, backache, and sciatica.
29.	Muqil (Indian bdellium)	<i>Commiphora mukul</i> (Hook. Ex stock)	Gum resin	It acts as a purgative of phlegmatic matter and is used in conditions such as paralysis, <i>Laqwa</i> , <i>Waja; al-Mafāsil</i> , gout, and sciatica.
30.	Methi (Fenugreek)	<i>Trigonella foenum-graecum</i> L.	Seeds	It acts as a tonic for the nerves, body, and sexual Vigor and is used in cold and phlegmatic disorders such as <i>Waja ' al-Mafasil</i> , backache, and <i>Zu'f-ī-Asab</i> (nervine weakness).
31.	Maida Lakdi (Soft bollygum)	<i>Litsea glutinosa</i> (Lour.) C.B Rob.	Wood / bark	It has anti-inflammatory properties and, when used with honey, is beneficial in conditions such as backache, <i>Waja ' al-Mafaṣil</i> sciatica, gout, muscle spasm and sexual debility
32.	Qust	<i>Saussurea lappa</i> (Decne) Sch.-Bip.	Root	It possesses expectorant and tonic properties and has traditionally been prescribed in the management of <i>Waja ' al-Mafaṣil</i> , and <i>Du 'f-i-Bah</i> (sexual debility).
<b>B.</b>	<b>Plant origin drugs</b>			
1.	Gaudanti (Celestine)	<i>Calcined gypsum</i>	Mineral substance	It is used with caution in cases of joint pain, swelling, and chronic joint diseases.
2.	Sammul Far (Arsenic)	Arsenic	Mineral powder	It acts as atonic for nerves and sexual Vigor and is used in anaemia, facial palsy, <i>Waja ' al-Mafasil</i> , sciatica, and backache.
<b>C.</b>	<b>Animal Origin Drugs</b>			
1.	Jundbedastar (Castoreum)	Castoreum (from Beaver)	Secretion (castoreum)	Due to its nervine tonic effect, it is used in <i>Waja'al-Mafāsil Fālij</i> , <i>Laqwa</i> , <i>Rasha</i> , <i>Istirkhā'</i> (flaccidity), and <i>Khadar</i> (numbness).

**Compound Formulations (Murakkabat):**

Unani medicine prescribes various compound formulations and topical oils that alleviate arthritis,

joint pain, stiffness, inflammation, and sciatica by combining multiple drugs for enhanced efficacy and improved circulation, which are as follows. (Table: 5)

**Table 5: Compound Formulations Used in Waja ' al-Mafasil (RA) and Related Disorders in Unani Medicine** [33,38].

S. N.	Compound Formulation	Therapeutic Indications
1	Habb-ī-Suranjān	Waja ' al-Mafasil, Gout [33,38]
2	Habb-ī-Suranjān Mualyyin	Waja ' al-Mafasil, Gout, Sciatica [38]
3	Habb-ī-Asgandh	Waja ' al-Mafasil, Waja ' ul-Zahr (Backache) [33]
4	Habb-ī-Azraqi	All Asab Amraz (Nervine Diseases) [33,38]
5	Habb-ī-Gul-ī-Ākh	Waja ' al-Mafasil [33,38]
6	Habb-ī-Hudār	Hudar (Rheumatoid Arthritis) [33]
7	Habb-ī-Jālinūs	Muqawwi-Asab wa Azlat (Strengthens nerves and muscles) [33,38]
8	Ravghan-ī-Arandi	Massage relieves joint and muscular pain [33,38]
9	Ravghan-ī-Awrāq	Waja ' al-Mafasil, Falij (Paralysis), Laqwa (Facial palsy [33]
10	Ravghan-ī-Bābūna	Relieves joint and back pain [33,38]

### 8. Conclusion

Both Unani and modern medicine recognize Rheumatoid Arthritis (RA) as a chronic, systemic inflammatory disorder of the joints with significant impact on quality of life. Modern medicine attributes its origin to autoimmune dysregulation, genetic predisposition, and environmental triggers, whereas Unani attributes it to humoral imbalance, weak digestion, and defective elimination of morbid matter. While modern management focuses on pharmacological interventions such as NSAIDs, DMARDs, and biologics, Unani emphasizes preventive care, dietary regulation, detoxification, and regimental therapies. An integrative model combining both approaches may provide holistic, patient-centred management. However, well-designed clinical trials are necessary to establish safety and efficacy.

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