

## **THERAPEUTIC EVALUATION OF MUNZIJ MUSHIL THERAPY, MULTIPLE COMPOUND DRUGS AND REGIMENAL THERAPY IN TAHAJJUR MAFASIL (OSTEOARTHRITIS) WITH MULTIPLE DISEASES**

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### **ABSTRACT**

Munzij-Mushil therapy is the basic treatment for various diseases in Unani system of medicine. The present time has seen a surge in patients who are suffering from various multiple diseases and it is not possible to treat them with one single drug which is the most preferred and desired way of treatment in Unani system of medicine. It is also observed that many patients who opt for modern system of medicine before switching over to Unani Medicine do not respond to general treatment before they are given Munzij-Mushil therapy, therefore the Central Research Institute of Unani medicine, (CRIUM) Lucknow U.P.

conducted a general survey of such patients in its I.P.D and the results are stunning specially in cases of inflammatory diseases, immunological problems and neurological disorders. The study reveals that the treatment of multiple diseases with Munzij-Mushil combined with multiple compound Unani drugs are very successful and the research council may consider to prepare protocols to conduct research products on this pattern.

**KEYWORDS:** Unani medicine, Munzij-Mushil, Multiple drugs therapy.

### **INTRODUCTION**

The Unani system of medicine is an age old well used well experienced and well organized Graeco Arab medical system which has travelled from Asia to Europe and al-most all parts of

the world, it has left such a great impression on modern system of medicine that a number of Unani physicians like Galen (129-200 AD), Zakariya Razi (850-923 AD) Ibn-e- Haitham (10 Century) and Ibn-e-Sina (980-1037 AD, Avicenna) are still remembered and discussed in the unsolved novel diseases such as covid-19 as they have discussed epidemics and number of other diseases in their treatise. The practice of Unani system of medicine mostly relies on single drugs for single diseases but there are no of compound drugs for multiple diseases. The Central Research institute of Unani medicine, Lucknow (U.P.), India is a pioneering research institution in the field of clinical research on various diseases. The present study is an effort to treat general patients of I.P.D who get admitted for the treatment mainly of one or the other type of arthritis (Osteoarthritis/Rheumatoid Arthritis) with other problems like diabetes, hypertension, liver diseases, and some time cardiac problems as well as Bronchial Asthma and they get relief. This study shows that Unani system of medicine can provide the cheapest and the best kind of treatment in the world. If proper favour and funds are provided, it also highlights the fast and steady effect on IPD patients and at the early stage of the occurrence of such diseases.

Degenerative arthropathies such as osteoarthritis are characterized by the presence of degenerative and oxidative/ inflammatory mediators. Osteoarthritis appears to be the result of an imbalance between the destructive and reparative/synthetic processes of the articular cartilage due to the destructive effects of free radicals (ROS and NO), inflammatory cytokines (e.g., IL and TNF- $\alpha$ ) and metalloproteinases (MMP).

The possible English term for Tahajjur Mafasil is Osteoarthritis. In Unani Medicine, Tahajjur Mafasil is characterised by stiffness of joints with node formation, Movements of joints are restricted and painful. It is caused by chronicity of arthritis and its mismanagement.

Sheikh Abu Ali Ibne Sina (Avicenna) has mentioned the joints which become immovable are dried, he says that these patients are of hot temperament and the disease has occur due to putrefied madda (Akhlat).

Principles of Treatment of Tahajjur Mafasil in Unani Medicine are Talyin (To soften the joints), Tahlil (To resolve the inflammation), Tanqiya (Evacuation of causative matter).

Local application of Tukhm-e-Hulba (Seed of *Trigonella foenum graecum*) and Tukhm-e-Katan (Seed of *Linum usitatissimum*) and Roghan-e-Sosan is beneficial in Tahajjur Mafasil.

*Waja al Mafasil* is a type of arthralgia which involves several joints. As per involvement of humours it is of four types i.e. Damwi, Balghami, Safrawi and Sawdawi. According to severity of symptoms it is again divided into acute and chronic type. When two humours are involved this is known as *Waja‘ al-Mafasil Murakkab*.

*Ilaj Bit Tadbeer* (Regimenal therapy) is a unique mode of treatment in Unani Medicine. It is a type of therapy which is given in the form of regime to maintain the health of a person, treatment of diseases. This therapy creates changes in the obligatory causes of health i.e. *Asbab Sitta Daruriyya* (six essentials of health) on the principle of ‘*Ilaj bi’l Didd* (heteropathy). Cupping (*Hijamah*) is one of the integral regimen of *Ilaj Bit Tadbeer* (Regimenal therapy), it is indicated in various diseases like Osteoarthritis, Rheumatoid Arthritis, Frozen shoulder dysmenorrhoea, backache, headache etc.

## METHODOLOGY

The patients of *Tahajjur Mafasil* (Osteoarthritis) with multiple diseases were attended in the general OPD of the CRIUM, Lucknow and after obtaining the history of their problems and examining their investigations by the physicians they were admitted in the IPD section of CRIUM, Lucknow, where they were treated with multiple compound drugs orally with *Munzij Mushil* treatment and were also advised Regimenal therapies such as Fomentation (*Takmeed*) and *Hijama* (cupping therapy). They were given decoction of the following drugs (*Munzij Mushil Treatment*).

1. *Barg-e-Adusa* (*Adhatoda Vasica*) vasa in Ayurveda
2. *Barg-e- Harsingaar*(*Nyctanthesarbol-Tristis*)

Common name *parijata*, *harsingar*, tree of sorrow, queen of night, night jasmine, coral jasmine, *shuili*, *raat ki rani*.

3. *Giloy* (*Tinospora Cordifolia*) common name *Guduchi*, *Moonseed*, *Giloy*.
4. *Amarbel* (*Cuscuta reflexa*) common name devils hair.
5. *Kanghi* (*Abutilon Indicum*) common name country mallow, *atibala*.
6. *Rose Petals* (*Rosa Damascena*) common name *Gulab*

All drugs were boiled and all the patients were given 200ml on empty stomach and after half an hour they were administered various compound drugs as per the dose fixed in classical books of Unani medicine. The patients were subjected to pathological and biochemical investigations in some cases according to physicians advise and financial condition.

Along with Munzij Mushil therapy classical compound drugs such as Hab Hudar, Hab Mubarak, Majoon Jograj Gogul, Majun Suranjan were given orally, Roghan Surkh/Roghan Baboona were applied locally to 307 patients. For accompanying diseases compound and adjuvant drugs were also given. A part from these drugs steam fomentation was given to 234 patients and Hijamah (Cupping therapy) was also done on 48 patients.

The Regimenal therapy is the most important part of treatment in Unani system of medicine. Unani physicians like Buqrat (460-377 BC), Zakariya Razi, Galen and all Arab and Muslim physicians have practiced the different forms of regimenal therapy specially Hijama (cupping therapy) and mentioned its efficacy in their treatise. Central Research Institute of Unani Medicine, Lucknow started the hijama therapy on patients of joint diseases in general OPD followed by general IPD.

### **Type of Study**

It is an observational type of study, conducted on IPD patients of CRIUM, Lucknow.

### **Result Assessment criteria**

As this is an observational study conducted at IPD patients of CRIUM, Lucknow, the clinical findings of the physician and subjective parameters of the patients are the main criteria for assessment of result. The criteria for assessment by the physician on the following parameters.

Completely Relieved (90-100%), Relieved (60-89%), Partially Relieved (30-59%), Not Relieved (<30%)

**Diet restrictions:** All the patients were provided restricted diet prepared in the kitchen of the institute. The diet comprised of chapaties, Arhar dal and Green vegetables. The non-veg food is completely banned in this institute. Patients were advised to restrict sour (Khatti) diets, heavy diets.

### **Duration of treatment**

Majority of patients were treated in the IPD for 15 days followed by 20-25 days and a few patients required longer stay and they were kept in the IPD for as long as 1-2 months.

### **Sample Size**

Total 307 completed patients of osteoarthritis with multiple diseases.

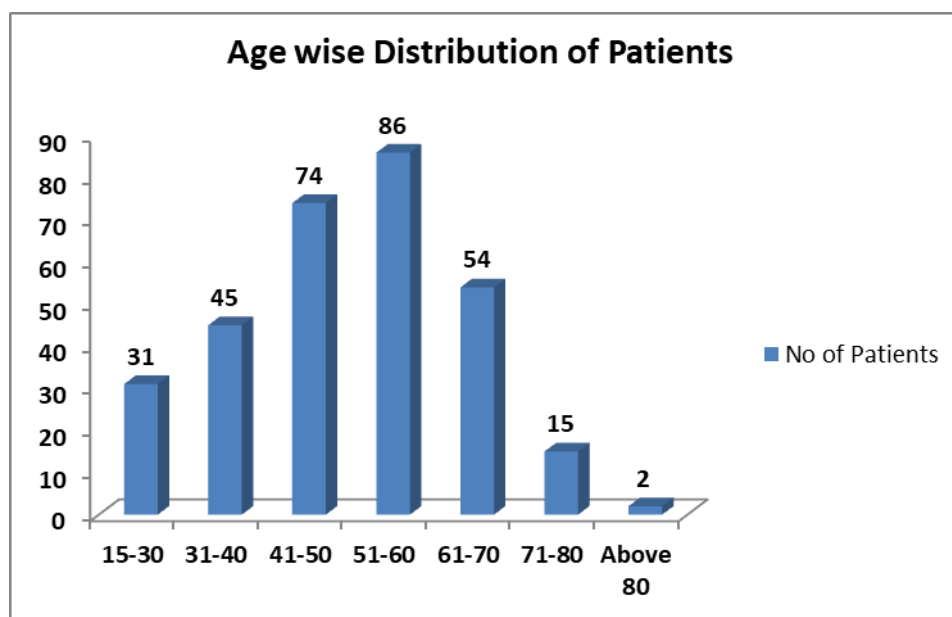
## OBSERVATIONS AND RESULTS

The finding of demographic and subjective parameters are presented in the following tables.

**Table 1: Age wise Distribution of Patients.**

Age Group (Years)	Number of Patients	Percentage (%)
15-30	31	10.09
31-40	45	14.65
41-50	74	24.10
51-60	86	28.01
61-70	54	17.60
71-80	15	4.90
Above 80	2	0.65
<b>Total</b>	<b>307</b>	<b>100.00</b>
<b>Mean <math>\pm</math> SD</b>	<b>50.67 <math>\pm</math> 14.54</b>	

Out of 307 patients maximum patients 86 (28.01%) were found in the age group of 51-60 years, followed by 74 (24.10%) in the age group of 41-50 years, 54 (17.60%) in the age group of 61-70 years, 45 (14.65%) in the age group of 31-40 years, 31 (10.09%) in the age group of 15-30 years.

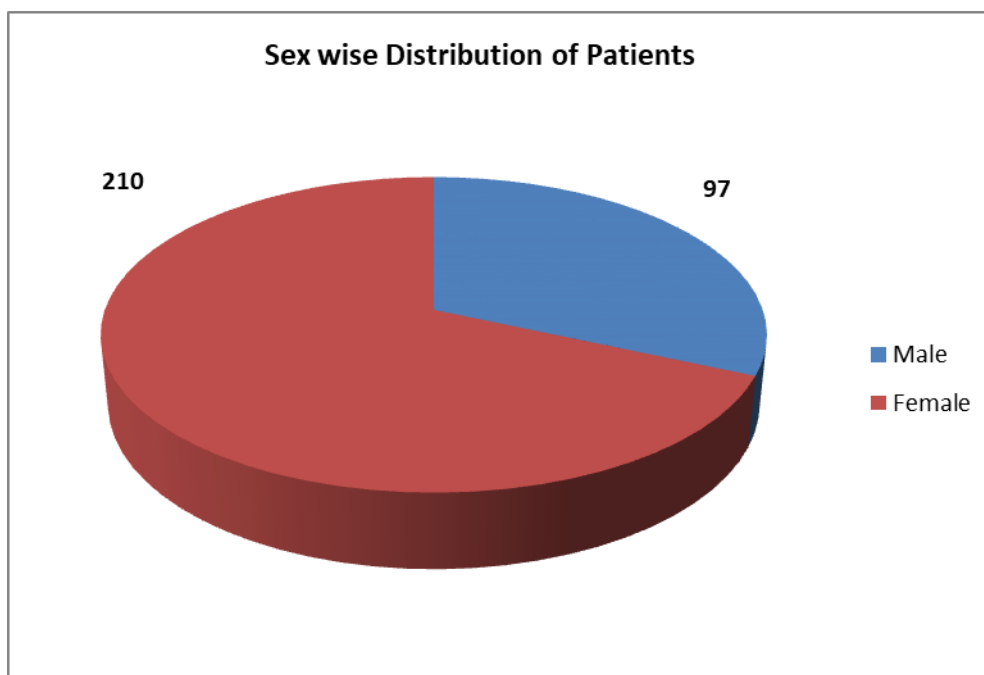


**Figure 1: Age wise Distribution of Patients.**

**Table 2: Sex wise Distribution of Patients.**

Sex	Number of Cases	Percentage (%)
Male	97	31.60
Female	210	68.40
<b>Total</b>	<b>307</b>	<b>100.00</b>

Out of 307 patients 210 (68.4%) patients were female while 97 (31.60%) patients were male.

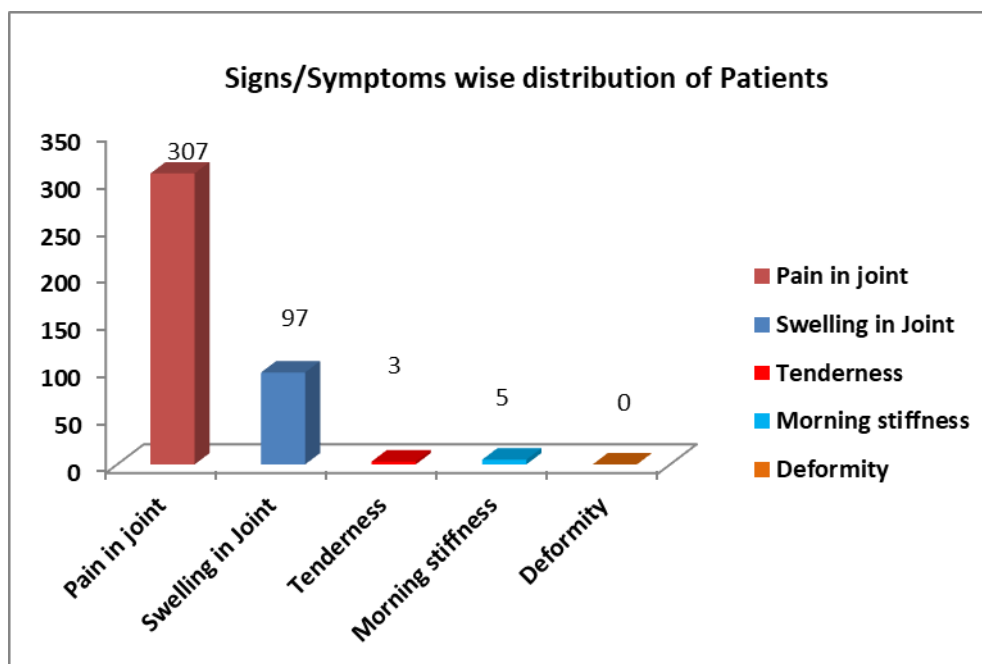


**Figure 2: Sex wise distribution of Patients.**

**Table 3: Signs and Symptom wise distribution of patients.**

Signs/Symptoms	Number of cases	Percentage (%)
Pain in joint	307	100.00
Swelling in Joint	97	31.60
Tenderness	3	0.98
Morning stiffness	5	1.63
Deformity	0	0

Out of 307 patients of Tahajjur Mafasil/Wajaul Mafasil Pain in joint was present in 307 patients, while swelling in joint present in 97 (31.60%), Ternderness present in only 3 (0.98%) cases and Morning stiffness was present in 5 (1.63%) patients.



**Figure 3: Signs/Symptoms wise distribution of Patients.**

**Table 4: Affected joint wise distribution of Patients.**

Name of affected Joint	No of Patients	Percentage (%)
Knee	211	68.72
Cervical Spine	156	50.81
Lumbo Sacral Spine	174	56.68
Ankle Joint	3	0.98
Other (Shoulder/Elbow)	9	2.94

Knee joint affected in 211 (68.72%) patients, Cervical spine affected in 156 (50.81%) patients, Lumbosacral spine affected in 174 (56.68%) patients, while ankle and other joints affected in 3 (0.98%) and 9 (2.94%) patients. In many patients more than one joint affected. These findings reveal that Knee Osteoarthritis is the common type of Osteoarthritis while shoulder and ankle joints are less common type.

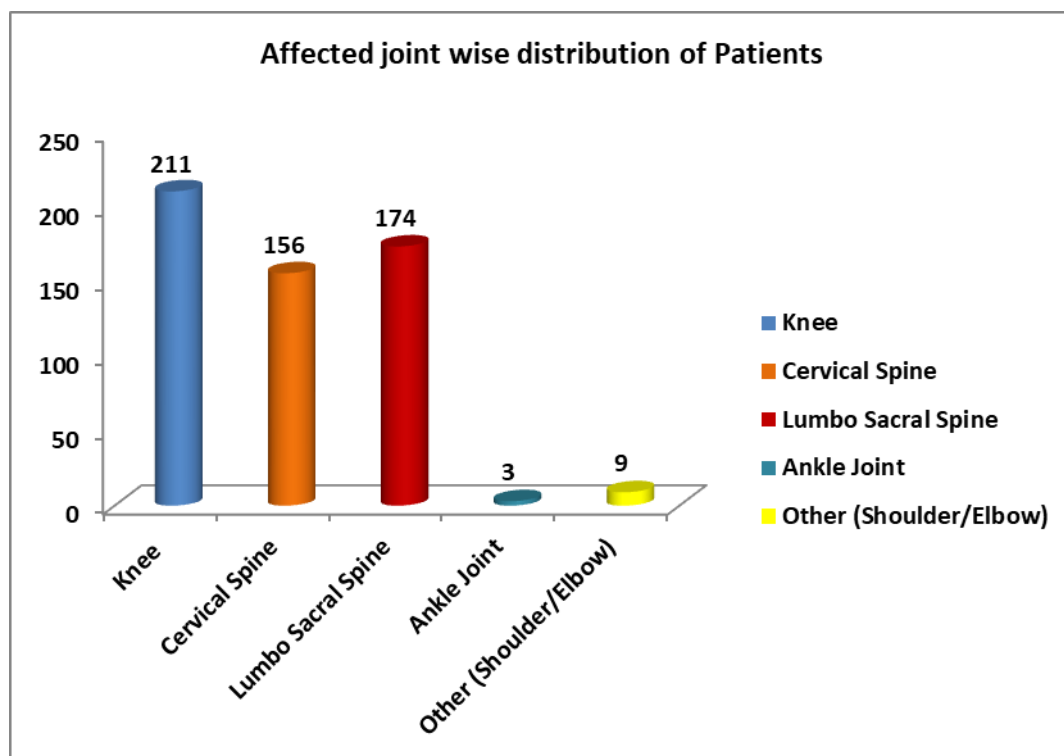


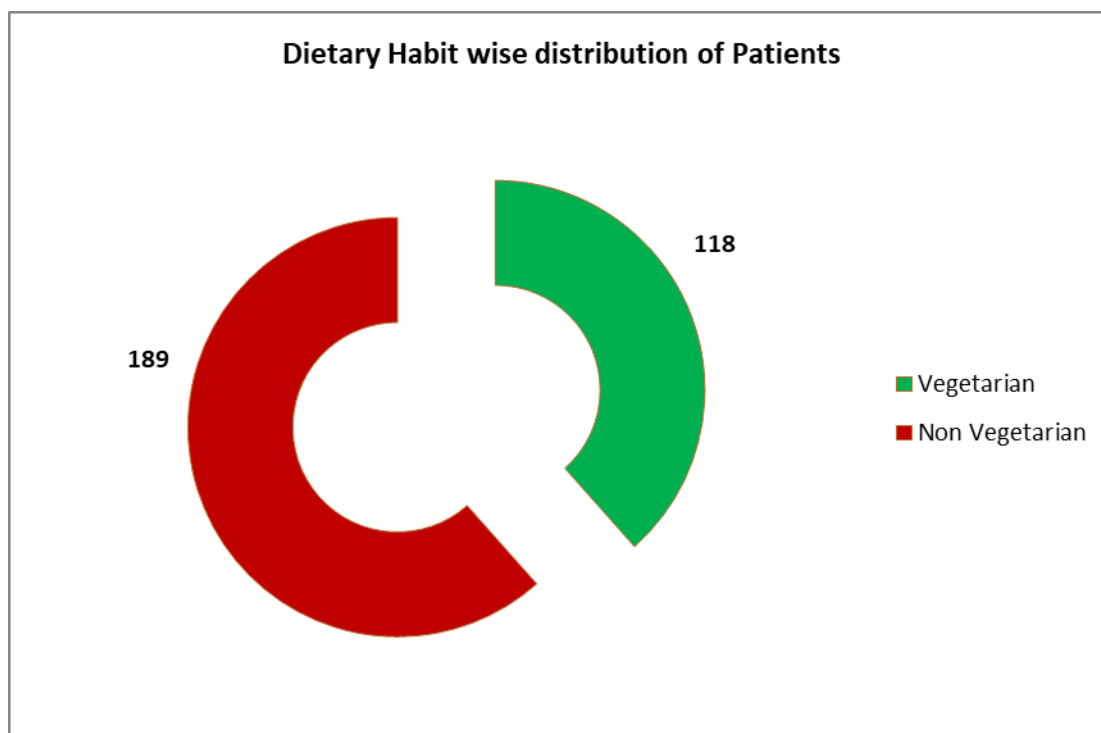
Figure 4: Affected joint wise distribution of Patients.

Table 5: Dietary Habit wise Distribution of Patients.

Dietary Habit	Number of patients	Percentage (%)
Vegetarian	118	38.44
Non Vegetarian	189	61.56
<b>Total</b>	<b>307</b>	<b>100.00</b>

Out of 307 patients, 189 (61.56%) patients were Non Vegetarian while 118 (38.44%) patients were Vegetarian. Data reveals that Non Vegetarian is more than vegetarian in IPD patients of CRIUM, Lucknow.





**Figure 5: Dietary Habit wise distribution of Patients.**

**Table 6: Accompanying diseases with Tahajjur Mafasil/Wajaul Mafasil wise distribution of Patients.**

Accompanying Diseases	No of Patients
Hypertension	15
Diabetes Mellitus	22
Renal Cyst	1
Thyroid Disorders	2
Acid Peptic Disease	3
Protrusion of Intervertebral Disc (PIVD)	1
Zaheer	2
Dawali	2
Skin Disorders	2
Urinary Tract Infection	1
Sual (Cough)	2
Jiryan (Spermatorrhoea)	1
Humma (Fever)	1
Gout	1
Anaemia	2
Daul Feel (Elephantiasis)	1

Almost all the patients of general IPD had multiple problems and they had various accompanying diseases due to which the treatment of those patients was very difficult but the majority of them got relief in maximum accompanying problems. Out of 307 patients 305 patients had Tahajjur Mafasil (Osteoarthritis), Tahajjur Mafasil includes Osteoarthritis of

different joints, Cervical and Lumbar Spondylosis and 2 patients had Wajaul Mafasil (Rheumatoid Arthritis). The number of accompanying diseases with Tahajjur Mafasil and Wajaul Mafasil are shown in Table 6.

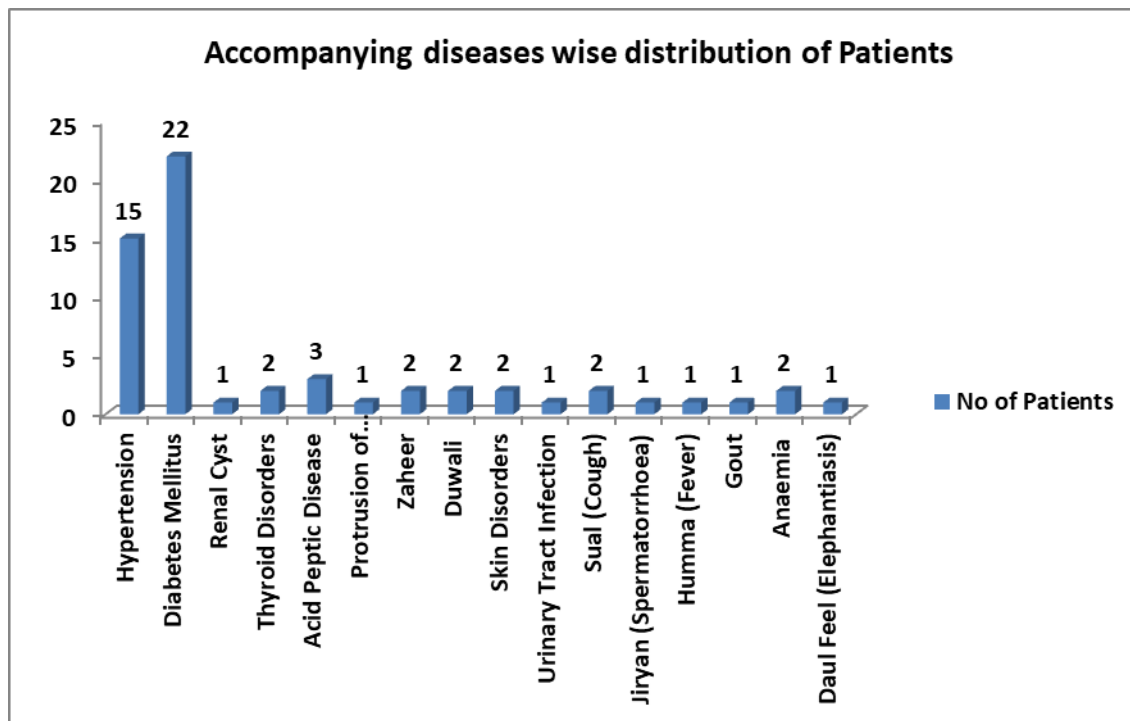


Figure 6: Accompanying diseases wise distribution of Patients.

Table 7: Distribution of Patients according to Treatment Given.

Treatment Given	No of Patients	Percentage
Munzija Mushil Treatment	307	100.00
Classical Compound Drugs	307	100.00
Adjuvant Drugs	130	42.34
Steam Fomentation	234	76.22
Hijamah (Cupping Therapy)	48	15.63

In Tahajjur Mafasil/Wajaul Mafasil patients, Munzija Mushil therapy in the form of decoction of ) Burg-e-Adoosa, Barg-e- Harsingar, Giloy, Aftimoon Hindi (Amarbel), Rose Petals Gul-e-Surkh, Barg-e-Kanghi was given on empty stomach in the Morning to 307 patients. Along with Munzija Mushil therapy classical compound drugs such as Hab Hudar, Hab Mubarak, Majoon Jograj Gogul, Majun Suranjan were given orally, Roghan Surkh/Roghan Baboona were applied locally to 307 patients. For accompanying diseases compound and adjuvant drugs were also given. A part from these drugs steam fomentation was given to 234 patients and Hijamah (Cupping therapy) was also done on 48 patients.

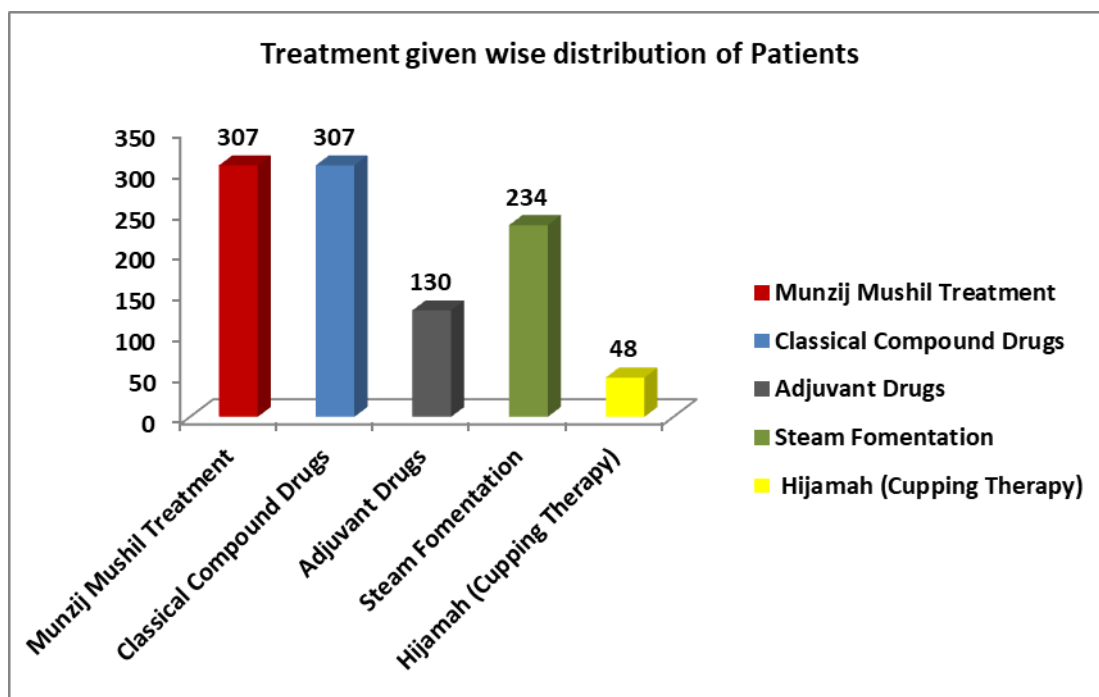
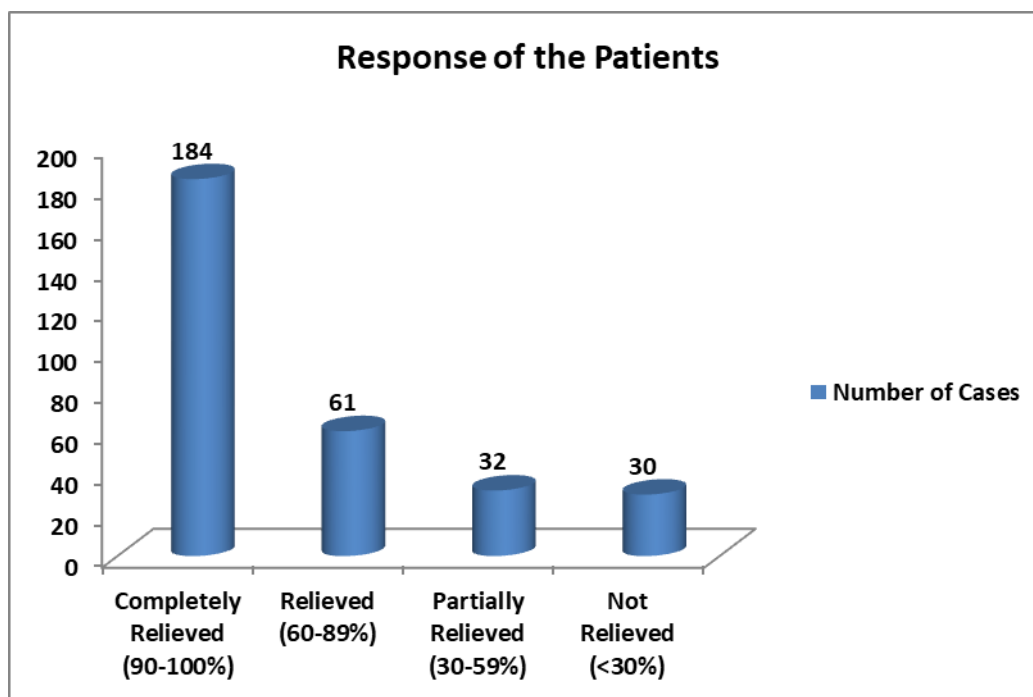


Figure 7: Treatment given wise distribution of Patients.

Table 8: Result wise distribution of the Patients.

Response of the Patients	Number of Cases	Percentage (%)
Completely Relieved (90-100%)	184	59.93
Relieved (60-89%)	61	19.87
Partially Relieved (30-59%)	32	10.42
Not Relieved (<30%)	30	9.78
<b>Total</b>	<b>307</b>	<b>100.00</b>

As this is an observational study conducted at IPD patients of CRIUM, Lucknow, the clinical findings of the physician and subjective parameters of the patients are the main criteria for assessment of result. Out of 307 patients 184 (59.93%) patients got completely relived, 61 (19.87%) patients got relieved, 32 (10.42%) patients got partially relieved and 30 (9.78%) patients got no relief.



**Figure 8: General Therapeutic Response.**

## DISCUSSION

Table 1 shows that maximum patients are in the age group of 51-60 years, this suggest that osteoarthritis is common in old age. Thus this study corresponds with the previous findings.

Table 2 shows that Tahajjur Mafasil (Osteoarthritis)/Wajaul Mafasil (Rheumatoid Arthritis) present in 210 female patients, thus it shows that Osteoarthritis/Rheumatoid Arthritis is more common in female gender. Interesting findings found where women dominate men by a huge margin in the joints affected on different parts of the body. Likewise pain, swelling were more common in females than males. These finding are important and opens the eyes of patients as well as health care providers because it shows that the women are more prone to immunological related problems than their male counter parts. This table indicates the pathetic condition of women fox of India and the malnutrition due to which they suffer most from immunology related diseases.

Table 3 shows that Pain in joint is the commonest complaint in Tahajjur Mafasil patients followed by swelling in joint, tenderness and Morning stiffness.

Table 4 shows that Knee joint is the commonest joint affected in Osteoarthritis followed by Cervical and Lumbosacral spine. Thus this study showed that Knee osteoarthritis is the

commonest type of osteoarthritis, and this finding corresponds with the existing findings on type of osteoarthritis.

Table 8 shows that 184 (59.93%) patients reported complete relief and 61 (19.87%) patients reported relieved after taking Munzij Mushil therapy, Compound drugs, Hijamah Therapy and Steam fomentation in Tahajjur Mafasil/Wajaul Mafasil. Patients got relief due to combined effects of Munzij Mushil therapy, Compound drugs, Hijamah Therapy and Steam fomentation.

## CONCLUSION

It is evident from the above data that almost all patients had multiple problems and had a history of many years of illness some of them had 25 years and above period of treatment in all most all medicals systems and they came to this institute after testing all these system and 60% patients got complete relief, 20% patients got relief while 10% patients got partially relieved and 10% patients got not relieved. Thus it indicates that combination of Munzij Mushil therapy, Compound drugs, Hijamah (Cupping therapy) and steam fomentation are effective and safe in the cases of Tahajjur Mafasil/Wajaul Mafasil patients. In future randomised clinical trials may be conducted on large sample size.

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