Therapeutic Effect of Inkibab (Steam application) and Hijama Muzliqa (Massage cupping) in case of Waj al-Zahr (Non-specific low back pain) - A Case Report

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ABSTRACT

Waj al-Zahr (pain in lower back) is typically defined as pain in the lumbo-sacral area of the back which is sometimes radiated to the lower extremities of the body including buttocks, hips, thighs and legs. It is usually caused by muscle strain, degenerative disorders of vertebral column, herniated vertebral discs, gynaecological disorders in females etc. In Unani Medicine, the low back pain is known as Waj al-Zahr which is dealt under Waj al-Mafasil (arthritis). Regimenal therapy is one such core mode of treatment through which the morbid humour is diverted/eliminated or its excessive production is checked or its spread is arrested and ultimately resolved by tabiyat (physic) of the body. Inkibab (steam application) and Hijama Muzliqa (massage cupping) are regimenal modes which are being used for the treatment of various diseases including Waj al-Zahr. A 23 year old female patient was admitted in the IPD of Regional Research Institute of Unani Medicine, Srinagar, J & K, with the chief complaint of pain in lower back. She was treated by Inkibab (steam application) from the decoction of Gul-e-Teesu (Butea monosperma flowers) and Hijama Muzliqa (massage cupping) daily for six days. At the end of the treatment and post treatment follow ups, the patient got complete relief from lower back pain. Therefore, this study suggests that Inkibab and Hijama Muzliqa may be useful in the treatment of Waj al-Zahr (Non-specific low back pain).

Keywords: Waj al-Zahr, Non-specific low back pain, Inkibab, Hijama Muzliqa.

INTRODUCTION

Low back pain (LBP) is being considered as most prevailing musculoskeletal disorder and usually causes disability worldwide [1, 2]. Low back pain is a symptom rather a disease which occurs due to various illnesses. LBP is characteristically defined as pain in the lumbo-sacral region of the back. In some patients, such pain is radiated to the lower extremities including hips, buttocks, thighs and legs. The lower back pain is either caused by some general causes such as muscle strain or due to some specific diseases such as degenerative disc diseases or lumbar herniated disc [3]. Usually, the LBP is found in patients belonging to poor socioeconomic status, previous history of trauma, heavy weight lifting, prolonged static posture and awkward posture, anxiety, depression, job dissatisfaction, lack of job control and mental stress, long working hours, obesity etc [4]. It is estimated that more than 84% population of the World is suffering from lower back pain at least once in their life span. It is also reported that 23% population of the World is suffering from chronic low back pain, with 11-12% of the population being disabled [5]. Impairments of the back and spine are the chronic conditions that most repeatedly cause limitation of activity in people of 45 years or younger, and they are the third most common reason for impairment in people aged 45 to 64 years [6].

In Unani Medicine, low back pain is referred as Waj al-Zahr which is dealt under Waj al-Mafasil (arthritis). Waj al-Zahr is an Arabic word where Wajr literally means ‘pain’ [6] and Zahr means ‘back’ [7]. The pain may occur in any part of the back; but the lower back and usually lumbar or lumbo-sacral region is mostly involved. Waj al-Zahr may begin from deeper to superficial muscles, ligaments around the lumbar vertebrae and lumbo-sacral region because of excessive accumulation of buroodat (cold) and kham
balgham (raw phlegm). The zarba (trauma), rutubat-e-mukhatia (abnormal chyme), hadba (disc prolapse), intal-e-uroq (plethora), quruh-e-nukha (spinal abscess), kasrate jima’ (excessive coitus), musharikat-e-reham (involvement of uterus), excessive physical work etc are the main causes of waj al-zahr [1].

According to Unani principles, the treatment of any disease is carried out by ilaj bit tadbeer (regimenal therapy), ilaj bil ghzia (dietotherapy), ilaj bid dawa (pharmacotherapy) and ilaj bil yad (surgery) [8, 9]. Ilaj bit tadbeer is one such core mode of treatment through which the morbid humour is diverted/ eliminated or its excessive production is checked or its spread is arrested and resolved by tabiyat (physic) of the body and there by restoring humoral equilibrium [10]. Inikibab (steam application) and hijama (cupping therapy) are two commonly being preferred regimens for the treatment of various illnesses in Unani Medicine. In Inikibab (steam application), some drugs are boiled into a vessel and the steam is applied on the affected areas [11]. Ancient Unani physicians have advised that glass cups can be used in hijama nari (fire cupping). Furthermore, they have advised that some oils can also be used before applying glasses [12], Hijama Muzliqa or Hijama Muhtarka (massage cupping) is basically a Chinese origin which is commonly being used by massage therapist for the treatment of back pain, neck pain, shoulder pain, hip pain, thigh pain etc [13]. In this case, ‘Roghan-e-Surkh’ (oil) which is a pharmacopoeial preparation was used for massage cupping. Roghan-e-Surkh acts as resolvant and is useful in the treatment of waj al-mafasal (arthritis), niqras (gout) and iraq-un-nisa (sciatica) [14]. Inikibab (steam application) from the decoction of gul-e-teesu (Butea monosperma (Lam.) Taub. flower) was given to the patient. Gul-e-Teesu (Butea monosperma flower) is a plant origin drug which is commonly being used as local application to resolve the inflammation and to alleviate pain [11, 15].

CASE PRESENTATION

Brief history

A 23 year old female patient from low socioeconomic class was admitted in the IPD of Regional Research Institute of Unani Medicine, Srinagar, J & K, in the month of August 2018 with the chief complaint of pain in lower back (lumbo-sacral region) for more than 6–7 months. She had no history of trauma or any other injury in her back. The lower back pain had started gradually. The intensity of pain was mild to moderate which very often affected her routine work. Sometimes she could not even sleep due to pain. The pain was aggravated during walk, climbing stairs and heavy weight lifting. Sometimes the pain was radiated from back to both hips and thighs, but it was not so significant. The patient was also interrogated about fever, infections, menstrual disorders, burning micturation, hypertension, diabetes mellitus etc but these were not present except hypothyroidism for which she was regularly taking thyroxin 50 mcg tab daily. She had no family history of such complaints. She had occasionally taken NSAIDs.

Examination of the patient

The general condition of the patient was good. Systemic examination of the patient was also done to evaluate any systemic illness such as cardiovascular system disorders, respiratory disorders, hepatic disorders, kidney disorders, diabetes mellitus, hypertension etc and it was found that she had no systemic illness. The patient was also examined for severe or progressive motor weakness, radiculopathy, rheumatoid arthritis, gouty arthritis etc which were not clinically present. Mizaj (temperament) of the patient was recorded in a proforma and found to be balghani mizaj (phlegmatic temperament). The disease was diagnosed only clinically.

Management of the patient

The patient was treated in IPD for 6 days. Inikibab (steam application) from the decoction of gul-e-teesu ((Butea monosperma flower) and Hijama Muzliqa (massage cupping) were applied on lumbo-sacral region daily.

Inikibab (Steam application)

Inikibab from the decoction of gul-e-teesu was given on lumbo-sacral region daily by using specially designed steam equipment. 50 gm of gul-e-teesu and approximately 5 litre water put into the equipment and boiled it for approximately 1 hour at boiling point and steam produced were applied to the lumbo-sacral region for 10 minutes.

Hijama Muzliqa (Massage cupping)

Hijama Muzliqa was done on lumbo-sacral region in prone position by using 4 medium sized glasses. This therapy was given daily for 10 minutes. Before applying cupping glass, plenty of Roghan-e-Surkh is applied over the skin of lumbo-sacral region in prone position by using 4 medium sized glasses. This therapy was given daily for 10 minutes. Before applying cupping glass, plenty of Roghan-e-Surkh is applied over the skin of lumbo-sacral region in prone position. The vacuum is created by flame in which the heating creates negative pressure inside the glass [16]. After that all the glasses were slightly moved in all directions.
CONCLUSION

Roghán-e-Surkh

Roghán-e-Surkh is a pharmacopoeial formulation [14] which was obtained from Indian Medicines Pharmaceutical Corporation Limited (IMPCCL). Roghán-e-Surkh was applied locally on whole back of the patient before applying the glasses.

No concomitant therapy was allowed during the treatment period.

Assessment of efficacy

The signs and symptoms were assessed according to Visual Analogue Scale (VAS) (Scale: 0 – 10).

Measures and outcome

The back pain was assessed according to Visual Analogue Scale (VAS) for 6 days including post treatment follow ups only once after 7 days of discontinuation of therapy and it was found that complete relief (Table 01). No adverse reactions of this regimen were recorded during the treatment period.

Table 1: Assessment of LBP by using VAS (0-10 scale)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>VAS on 0 day</th>
<th>VAS on 1st day</th>
<th>VAS on 2nd day</th>
<th>VAS on 3rd day</th>
<th>VAS on 4th day</th>
<th>VAS on 5th day</th>
<th>VAS on 6th day</th>
<th>VAS on 13th day</th>
<th>VAS on 20th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low back pain</td>
<td>08</td>
<td>08</td>
<td>06</td>
<td>06</td>
<td>04</td>
<td>02</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

DISCUSSION

Ilaq bit tadbeer (regimenal therapy) is an indispensable mode of treatment in Unani system of medicine that comprises more than 50 regimens and can be used for the management of various ailments including musculoskeletal disorders [17]. Inkibab (steam application) and hijama (cupping therapy) amongst them are being commonly practised by Unani physicians since ancient times for the management of musculoskeletal disorders including non-specific low backache. In inkibab therapy, some amount of vapours can penetrate into body through the skin and produce the mechanism of imala (diversion of morbid humours) [18]. Hijama Muzliqa can also divert the morbid humours from the diseased part to the healthy part. In Unani Medicine, it is hypothesized that following imala the disease producing substances may be detoxified either by the tabiaye mudabhir-e-badan (medicatrix naturae) or it may be eliminated through various excretory routes of the body [17]. A study has reported that moving cupping acts principally by increasing the blood circulation on the area where it is to be applied and relieving the painful muscle tension. The circulation of micro blood vessels is improved; endothelial cells of capillaries are repaired; and granulation and formation of new blood vessels in the affected areas are accelerated, which improves normal functions and provides muscle relaxation [16]. Emerich et al, 2014 has observed some metabolic changes in the tissues of cupping area. The result showed that the lactate / pyruate ratio is increased after 2 hours and 40 minutes of moving cupping procedure, which indicates presence of anaerobic metabolites in tissues under cupping area. Due to such changes the pain threshold is increased in the affected area, but, the pain threshold level was not significantly changed in the affected area after 4 hours and 40 minutes of moving cupping [19].

CONCLUSION

Waj al-Zahr (Non-specific low back pain) is a commonly occurring musculoskeletal disorder and also causes disability worldwide. In Unani Medicine, ilaj bid tadbeer is one of the important regimens for the management of various diseases. Inkibab and hijama muzliqa are two such regimens through which the morbid humours are diverted and may be resolved by tabiyat (physic) of the body, and thereby restoring humoral equilibrium. Since hijama muzliqa is not described in the classical literature of Unani Medicine, it is basically of Chinese origin. But, the efficacy of hijama muzliqa has been proved in this case. The patient got complete relief from lower back pain after using inkibab with gul-e-teesu and hijammat-e-muzliqa. Hence, it is recommended that non-specific low back pain can be treated by inkibab (steam application) from the gul-e-teesu and hijammat muzliqa along with Roghán-e-Surkh.

Declaration of patient consent

The written consent was obtained from the patient to publish her case in the Journal. In the consent form, the patient has given consent for publication his/ her clinical information to be reported in the scientific Journal. The patient understood that his/ her name and initial will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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REFERENCE


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