UNANI
TREATMENT FOR

Waja-ul-Mafasil
(Rheumatoid Arthritis)

A Success Story

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE
Ministry of Health & family Welfare, Government of India
Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy (AYUSH)
NEW DELHI

Unani

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Introduction

Wajaul Mafasil (rheumatoid arthritis) has become one of the most pressing public health problems globally. According to WHO statistics it is estimated to be the 31st leading cause of nonfatal burden accounting to 0.8% in the world population. The prevalence of Wajaul Mafasil (rheumatoid arthritis) in most industrial countries varies between 0.3% and 1% with a reasonable overall prevalence of 0.8% in adults age 15+. The prevalence in developing country is variable showing lower prevalence rates to those of developed countries. India has an estimated 1% population suffering from Wajaul Mafasil. The prevalence and incidence of Wajaul Mafasil are higher in women.

Wajaul Mafasil is a threat to the physical, psychological, social and economic well-being of human beings. It often deprives people of their freedom and independence and can disrupt the lives of family members and other care givers.

Physical symptoms of arthritis include joint pain, loss of joint motion/movement and fatigue. Because of these symptoms, people with Wajaul Mafasil are significantly less physically active than the rest of the adult population. This level of inactivity puts them at higher risk for a variety of other diseases, including premature death, heart disease, diabetes, high blood pressure, colon cancer, overweight, depression and anxiety. In fact, in its severe forms Wajaul Mafasil can shorten life expectancy. Psychological stress, depression, anger and anxiety often accompany Wajaul Mafasil. People with Wajaul Mafasil may experience difficulty in coping with pain and disability which in turn can lead to feeling of helplessness, lack of self control and changes in self esteem and self image.

Social well-being is also affected by Wajaul Mafasil. People with Wajaul Mafasil frequently experience decreased

community involvement, difficulties in their work and in sexual activities. These social problems are often aggravated by lack of understanding and empathy among family members, co-workers, employers, etc.

Economic implications of Wajaul Mafasil include inadequate access to care, and financial burdens due to health care costs and income loss resulting from work limitations.

Unani medical concept

In Unani Medicine the first available compendium on this disease known as *Kitab-al-Mafasil* was written by Hippocrates, (460 BC). Dioscorides (70 AD) described the disease in detail in his book *Kitab al Hashaish*. The next compendium with the title of *Kitab-al-Ajwa-li Mafasil* was written by Roofas (117 AD) dealing with joints pain. Galen (130 AD) has discussed the joints pain in *Kitab al Elaj wal Amraz*. He mentioned the disease as painful joints with swelling resulting in loss of function. Another eminent physician Feel Gharyoos (465 AD) has written treatises with the name of Risala *Fee Irqun Nisa* and *Riala Fee Wajaul Niqras*. Yuhana Bin Masaweyah (812 AD) in his book *Kitab al Kamal Wat Tama* and Sabit Bin Qurrah (836 AD) in his book *Kitab al Awja-al-Mafasil* described the causation of the disease and the line of treatment in detail. Hunnain Bin Ishaq (873 AD) in his book *Tarkeeb Al Advia*, Rabban Tabari (898 AD) in *Firdausul Hikmat*, Hunain Bin Ishaq (918 AD) in *Al Advia Al Mushila*, Ali Bin Abbas Majoosi (930 AD) in *Kamilussana*, Zakaria Razi (935 AD) in his book *Kitab Al Hawi*, Nooh Al Qamar (990 AD) in his book *Ghena Muna*, Abu Sahel Maseehi (1010 AD) in *Kitab-al-Meah*, Bu Ali Sina (1037 AD) in his book *Al Qanoon* described the disease as curable in initial stages but when it lasts longer it can only be relieved. Jurjani (1137 AD) in his book *Zakhira Khawarizm Shahi*, Ibn-e-Zuhr (1162 AD) in his

book *Kitab al Taiseer*, Ibn-e-Rushd (1188 AD) in his book *Kitab al Kulliyat*, Moosa Bin Maimoon 1214 AD in the book *Al Fusool* and Najeebuddin Samarqandi (1232 AD) in his book *Al Asbab Wal Alamat* discussed the etiology, pathogenesis and the principle of treatment in detail.

The Unani physicians classified Wajaul Mafasil according to different etiological/causative factors as Wdajaul Mafasil Sada, Wajaul Mafasil Maddi. Wajaul Mafasil Maddi is further classified in to Wajaul Mafasil Damvi, Wajaul Mafasil Safravi, Wajaul Mafasil Saudavi, Wajaul Mafasil Balghami and Wajaul Mafasil Murakkab. Wajaul Mafasil Reehi and Wajaul Mafasil Ufooni are the two other categories of this disease. The onset of Wajaul Mafasil is usually insidious. Earlier Unani physicians have precisely differentiated various signs and symptoms according to involvement of different akhlat (humors) In Damvi type, reddening of the skin over the joints is more marked, the swelling is conspicuous and pain is very severe. In Safravi type there is slight yellow discoloration of skin around the joint. The swelling is less marked but there is pain and itching over the joints. In Balghami type there is soft swelling, and pain and tenderness are less marked. In Saudavi type there is dryness of skin around the joints, the swelling is hard and colour of skin over the joint is slightly blackish.

In spite of advancement in the treatment of Wajaul Mafasil (rheumatoid arthritis) in the modern system of medicine, there is no cure for rheumatoid arthritis in the chronic stage. Recent studies have shown that early diagnosis and appropriate management can reduce the consequences associated with rheumatoid arthritis when it becomes chronic. Medication, education, physical activities and surgery are four effective strategies that can indeed make a difference. Moreover the available allopathic treatments produce severe side-effects on long term use of pain killers and steroids and cortico steroids.

In Unani Medicine Ilaj Bilghiza (dieto-therapy), Ilaj Bid Dawa (pharmacotherapy) and Ilaj Bid Tabdeer (regimental therapy) have been recommended for the management of Wajaul Mafasil. The principle of treatment aims at first correcting the imbalance in the Khilt (humor) through Emala (diversion) and Istafragh (evacuation) and then treating the patients with the drugs which were anti-inflammatory, analgesic, immunomodulatory and muscle relaxant in nature.

CCRUM Researches

Based on the references available in the Unani classics the Central Council for Research in Unani Medicine (CCRUM) formulated some simple new combinations of the drugs and subjected them to therapeutic trials at different centres of the Council. Initially the work was started at the Regional Research Institute of Unani Medicine, Chennai in the year 1979 with preliminary screening of some combinations of drugs. The drugs showed significant therapeutic effects in the preliminary screening. Later some more combinations were formulated and the trials were extended to other centres of the Council. These centres included Central Research Institute of Unani Medicine, Lucknow; Regional Research Institutes of Unani Medicine at Bhadrak, Mumbai, New Delhi and Srinagar; and Clinical Research Unit, Bangalore. Multidimensional studies covering clinical, pathological, biochemical, herido-familial aspects in Wajaul Mafasil patients were undertaken. Besides the therapeutic trials, beneficial effects of Munzij and Mushil therapy and Hajamat (cupping) – a kind of regimental therapy of Unani Medicine, were also validated on scientific lines. Since 1979 the Council has registered over 40,000 patients of Wajaul Mafasil for treatment at different centres of the Council. Out of these, 8000 patients fulfilling the research criteria were registered for study. Seven thousand five hundred and twenty-nine patients completed the study in different treatment groups.

The cases were diagnosed on the basis of the signs and symptoms as per Unani classification taking into consideration the involvement of different *akhlat (humors)*, and the stage of the disease etc.. To correlate the diagnosis with the modern parameters 1987 revised ARA/ACR criteria for rheumatoid arthritis were also adopted. The cases were classified as per standard criteria of possible, probable, definite and classical stages.

Criterion	Short title	Definition
1.	Morning stiffness	Morning stiffness in and around in at least three joints.
2.	Arthritis of 3 or more joint area	Areas simultaneously have had soft tissue swelling or fluid (not bony overgrowth alone) observed by a physician. The 14 possible areas are right or left PIP, MCP, wrist elbow, knee, ankle and MTP joints.
3.	Arthritis of hand joints	At least 1 area swollen (as defined above) in a wrist, MCP or PIP joint.
4.	Symmetric arthritis	Simultaneous involvement of the same joint areas (as defined in on both sides of the body (bilateral involvement of IPs, MCPs or MTPs is acceptable with out absolute symmetry)
5.	Rheumatoid nodules	Subcutaneous nodules, over bony prominences or extensor in juxtaarticular regions, observed by a physician.

Criterion	Short title	Definition
6.	Serum rheumatoid factor	Demonstration of abnormal amounts of serum rheumatoid factor or any method for which the result has been prositive in <5% of normal control subject
7.	Radiographic changes	Radiographic changes typical of rheumatoid arthritis on posteroanterior hand and wrist radiographs, which must include erosion or unequivocal bony decalcification localized in or most marked adjacent to the involved joints (osteoarthritis changes alone do not quality)

For classification purpose a patient was to satisfy at least four of these seven criteria. Criteria 1 through 4 must have been present for at least six weeks.

The baseline data were collected in a special case sheet devised for the purpose. Treatment was given for a period of 90 days to 180 days, and evaluated at every fortnight during the course of treatment. Pathological investigations including complete haemogram, E.S.R., RA test and titre (in selected cases), urine analysis and C- reactive protein were done. Serological and radiological investigations were done at the baseline and after completion of the treatment. Response to the therapy was assessed in terms and of subsidence in different

signs and symptoms and normalization of laboratory findings. Subjective parameters such as pain, swelling, tenderness, etc. were assessed in terms of scores graded as mild, moderate and sever whereas objective parameters such as grip strength, walking time and morning stiffness were assessed statistically by using various statistical tools to have an unbiased assessment. These assessments were made at the baseline and at regular follow-ups and at the time of completion of the treatment. After completion of treatment, follow-up of the cases was done for one year to note recurrence. Response to the treatment was graded as follows.

Complete remission: Complete subsidence in >80% signs and symptoms and improvement in physical activities with no evidence of disease progression in the radiological findings.

Partial remission: Subsidence in >50% and <80% signs and symptoms and improvement in physical activities with no evidence of disease progression in the radiological findings.

No response: Subsidence in <50% signs and symptoms with frequent aggravation, no improvement in physical activities and evidence of disease progression in the radiological findings.

With a view to evaluating the clinical safety of the drugs, liver and kidney function tests including blood urea, serum creatinine, serum uric acid, serum total proteins, serum albumin Seram globulin and S.G.O.T. & S.G.P.T were done at baseline and after completion of treatment on a limited sample size of the cases.

A clinical profile of different combinations of drugs that have been tried and shown significant therapeutic responses is given below.

Treatment group 1

UNIM-301+UNIM-302

Trial of this combination of the drugs was conducted at Regional Research Institute of Unani Medicine, Chennai on a total of 682 cases. The drug UNIM-301 which is a combination of single Unani drugs such as Suranjan Shirin (*Colchicum autumnale*), Zanjabeel (*Zingiber officinale*) and Asgandh (*Withania somnifera* Dunal) mixed with some other drugs was given orally whereas the drug UNIM-302 which is a combination of some anti-inflammatory drugs such as Gul-e-Tessu (*Butea monosperma*) and Gul-e-Babuna (*Matricaria chamomilla*) was used in the form of Pashoya (hot fomentation).

Drugs, dose and their mode of administration

Two tablets (500 mg each) of the drug UNIM-301 were given orally twice a day. Besides, the drug UNIM-302 was used for hot fomentation on the affected joints. The patients were advised to boil 40 grams of the drugs in four litres of water for 15-minutes and filter it. This filtrate was used for hot fomentation on the affected joints twice daily – in the morning and at bed time.

Duration of treatment

90 to 180 days

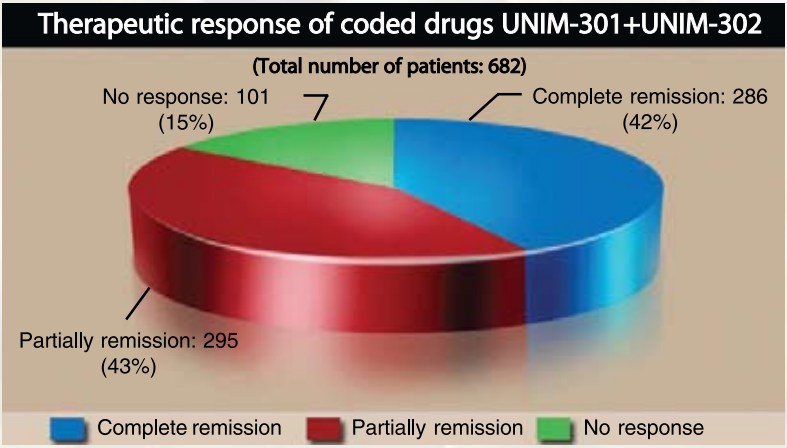
Clinical profile of patients

The mean age of the patients was (36.9 $\pm$ 13.8) years. Male to female ratio was 1:3.4. The mean chronicity of the disease was 25 months. Family history was present in 18.9 per cent cases. Six per cent cases were fresh and 94 per cent cases had already used other mode of treatment. Seventy-six per cent

cases were of Balghami, 17 per cent Damvi, six per cent Safravi, and one per cent Saudavi temperaments.

General therapeutic response

Out of the 682 cases treated 286 (42%) showed complete remission, 295 (43%) partial remission and 101 (15%) showed no response.



Treatment group 2

UNIM-301+UNIM-304

Trial of this combination of the drugs was conducted at the Regional Research Institute of Unani Medicine, Chennai on a total of 319 cases. The drug UNIM-304 which is a combination of some anti-inflammatory, analgesic drugs such as; Chadela (*Parmilia perlata*), Majeeth (*Rubia cordifolia*), Sadkufi (*Cyperus rotundus*), Kaifal (*Myrica nagi*), Waj (*Acorus calamus*), Qaranfal (*Syzygium aromaticum*) and Narkachoor (*Zingiber zerumbet*) mixed with some other drugs was used in the form of oil on the affected joints along with the oral medication.

Drugs, dose and their mode of administration

Two tablets (500 mg each) of the drug UNIM-301 were given orally twice daily. The patients were advised to apply the oil UNIM-304 on the affected joints twice daily - in the morning and at bed time till the oil is absorbed.

Duration of treatment

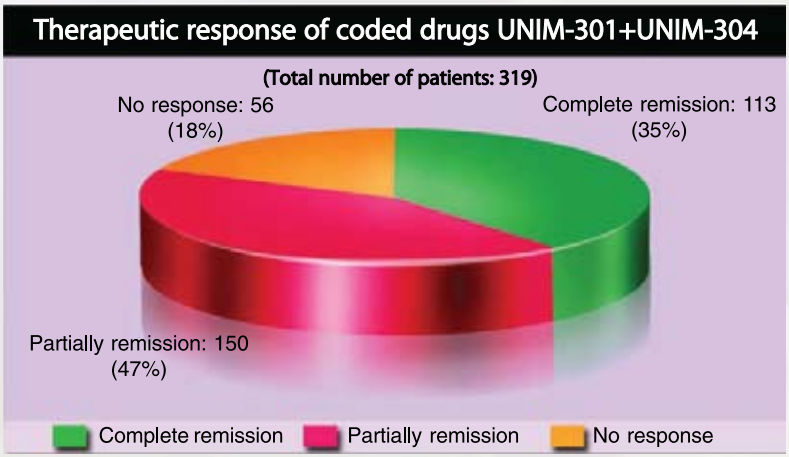
90 to 180 days

Clinical profile of patients

The mean age of the patients was (38.6 ± 13.7) years. Male to female ratio was 1:3.7. The mean Chronicity of the disease was 26 months. Family history was present in 30 per cent cases. Four per cent cases were fresh and 96 per cent cases had already used other mode of treatment. Eighty-one per cent cases were of Balghami, 12 per cent Damvi and seven per cent Safravi temperaments.

General therapeutic response

Out of the 319 case treated, 113 (35%) showed complete remission, 150 (47%) partial remission and 56 (18%) showed no response.



Treatment group 3

UNIM-301+UNIM-302+UNIM-304

Trial of this combination of the drugs was conducted at Central Research Institute of Unani Medicine, Lucknow; Regional Research Institutes of Unani Medicine at New Delhi, Srinagar, Mumbai and Bhadrak on a total of 4974 cases. In this group of treatment oral medication along with hot fomentation and local application of the oil was made.

Drugs, dose and their mode of administration

Two tablets (500 mg each) of the drug UNIM-301 were given orally twice a day. Besides, the drug UNIM-302 was used for hot fomentation on the affected joints. The patients were advised to boil 40 grams of the drugs in four litres of water for 15 minutes and filter it. This filtrate was used for hot fomentation on the effected joints twice daily – in the morning and at bed time. The patients were advised to apply the oil UNIM-304 on the affected joints with gentle massage till it absorbed, twice daily in the morning and at bed times.

Duration of treatment

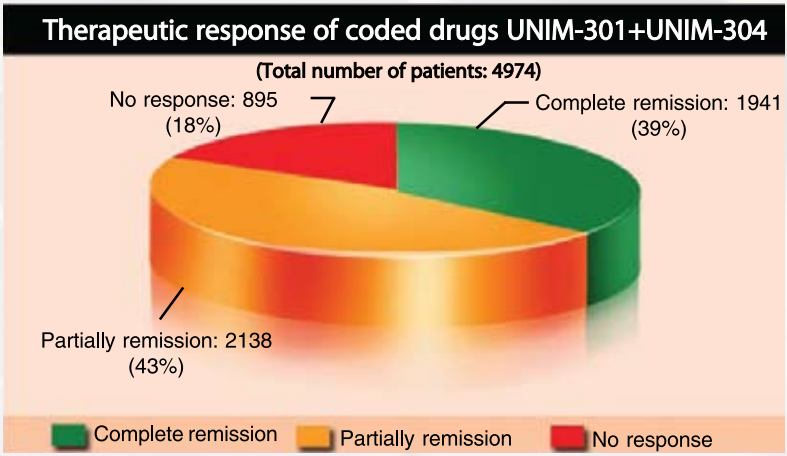
90 to 180 days

Clinical profile of patients

The mean age of the patients was 41.9 $\pm$ 10.7 years. Male to female ratio was 1:5. The mean Chronicity of the disease was 40 months. Family history was present in 25.5 per cent cases. Four per cent cases were fresh and 96 per cent cases had already used other mode of treatment. Sixty per cent cases were Balghami, 19 per cent Damvi, seven per cent Safravi and 14 per cent Saudavi temperaments.

General therapeutic response

Out of the 4974 case treated, 1941 (39%) showed complete remission, 2138 (43%) partial remission and 895 (18%) showed no response.



Treatment Group 4

Munzij and Mushil therapy +UNIM-301+UNIM-302+UNIM-304

In this group of treatment effect of Munzij and Mushil therapy in the management of Wajaul Mafasil was studied. The Munzij and Mushil (MM) therapy is a classical, novel, unique and specific line of management for chronic diseases. The aim of MM therapy is to correct the metabolic errors and normalize humoral derangements of the body.

There are different types of Munzij and Mushil therapy which are prescribed after clinical examination of patients and ascertaining the dominating khilth (humour) as causative factor. Mostly Munzij-e-Balgham or Munzij-e-Salasa is given in the management of Wajaul Mafasil which plays a vital role in correcting the humoural derangement, overcoming the resistance and the hazards created by previous treatment and

plays a vital role in preparing the patients for specific and radical treatment. In other words it detoxicates the body and corrects the humoural imbalance.

The MM therapy has coctive effect on the disease matter among chronic diseases as Munzij checks the metabolic derangement. It facilitates the waste disease material which results from derangement of *Khilth (humor)* to expel out from the body, with the help of Mushil therapy which is given for three days alternatively. However, duration of the Munzij therapy depends upon patients, need and condition.

Beneficial effect of this therapy was evaluated in chronic cases of Wajaul Mafasil at Central Research Institute of Unani Medicine, Lucknow, and Regional Research Institute of in Unani Medicine, New Delhi on a total of 553 cases. The study was conducted in the IPD patients.

Drugs, dose and their mode of administration

Five grams each of the ingredients of the Munzij drug UNIM-308 were soaked over night in 120 ml of hot water, boiled and strained in the morning. Joshanda (decoction) thus prepared was given on empty stomach early in the morning. The drug was given daily till the Nuzj appeared in the urine. This duration of treatment varied from 10 to 21 days depending upon the chronicity and severity of the disease. However, in some very chronic cases Nuzj appeared after one month. After the completion of Munzij course, Mushil and Tabreed drugs were given on alternate days for three days each. Thereafter, oral treatment with the main drugs UNIM-301+UNIM-302+UNIM-304 was started with the dosage mentioned in the above trials.

Duration of treatment

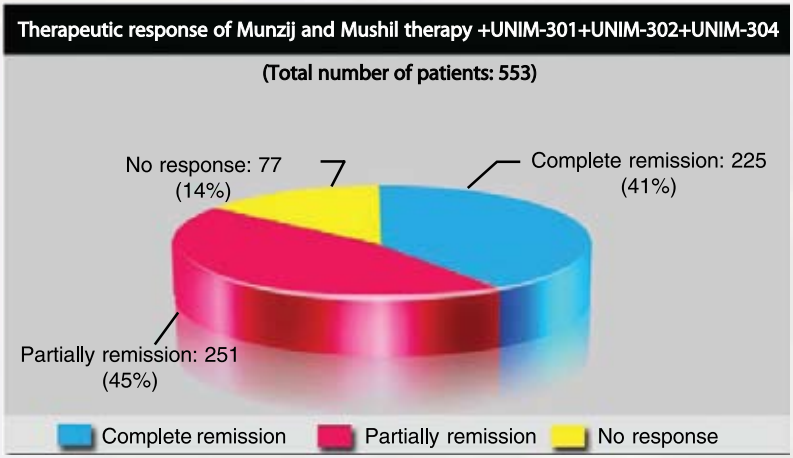
90 to 180 days

Clinical profile of patients

The mean age of the patients was 44.3 ± 14.8 years. Male to female ratio was 1:3.1. The mean chronicity of the disease was 60 months. Family history was present in 42 per cent cases. All the cases were of chronic nature and had used other mode of treatments. Seventy one per cent cases were of Balghami, two per cent Damvi, 19 per cent Safravi and seven per cent Saudavi temperaments.

General therapeutic response

Out of the 553 cases treated, 225 (41%) showed complete remission, 251 (45%) partial remission and 77 (14%) showed no response.



Treatment group 5

Application of Hajamat (cupping) in Wajaul Mafasil patients

Ilaj bil Hajamat (cupping) is one of the oldest methods of Ilaj bit Tadbeer (regimental therapy) practised by Unani physicians. It is used for local evacuation or diversion of morbid humors by creating negative pressure through vacuum.

Instrument used

Mehajma was prepared by cutting the neck of the round bottom flasks of 250 ml capacity. The diameter of mouth of the cup was ½ , 1 and 2 inches accordingly to the size of the joints involved.

Procedure

After exposing the affected part, it was draped properly and a rubber sheet was spread beneath it. Hairs, if present were removed to avoid leakage of air and losening of the grip of the cup. A wick of cotton was soaked in spirit and placed on a rubber cork. The sprit swab was then lightened with matchstick and the cup was overturned on it immediately so that vacuum was formed inside it. Then it was left there as long as congestion was visible, which could be made out by the presence of redness in the skin (approximately) 10 to 15 minutes. After this the vacuum was released by gently pressing the skin adjacent to cup margin with thumb. This procedure was then repeated three or four times, twice or thrice a week.

After aplication of antiseptic on the engorged site, scarring was done with scalpel. The cup was again applied and vacuum created. Blood started oozing out from the scars and vacuum was released only after blood stopped oozing out of the cuts or when the physician felt it sufficient.

The study was conducted on a total of 331 case selected on the basis of ARA criteria at Regional Research Institute of Unani Medicine, New Delhi. The cases were matched in terms of their chronicity and involvement of the joints. These cases were divided into three groups. In group-I only cupping was applied where as in group-II cupping along with oral medication of UNIM-301 and hot fomentation of UNIM-302 was given. Besides, local application of the oil UNIM-304 was

also made. In group-III, treatment was given as in group-II but without cupping. The number of patients in these groups were 99, 106 and 126 cases, respectively. The cases were treated for a period of minimum of one month.

Application of cupping on the big joints such as knee, elbow, shoulder showed significant effects in reducing the severity of the pain, morning stiffness and tenderness on repeated application but their effects were not lasting. Response was better in group-II, compared to group-I, in which oral medication and local applications were also made.

Treatment group 6

MM therapy+ Cupping+ UNIM-301+UNIM-302+UNIM-304

Trial of this combination of the therapies was conducted at Central Research Institute of Unani Medicine, Lucknow, and Regional Research Institute of Unani Medicine, New Delhi on a total of 670 cases. The cases were first subjected to Munzij and Mushil therapy followed by cupping and then oral and local treatment.

Drugs, dose and their mode of administration:

MM therapy and oral treatment was given as in treatment group 4. Hajamat (cupping) was done as in treatment group 5 with the same procedures.

Duration of treatment

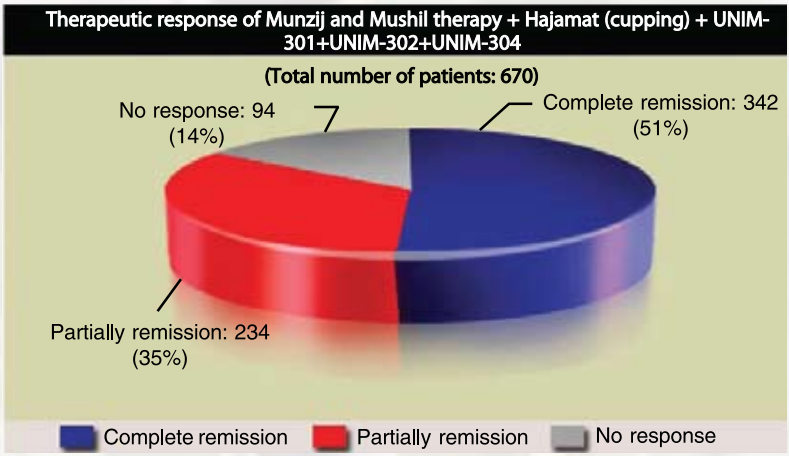
Munzij and Mushil therapy was given for period of 10 to 21 days or till the appearance of Nuzj followed by two to three application of cupping per week. Oral treatments were given for a period of 90 to 180 days.

Clinical profile of patients

The mean age of the patients was 41.3 ± 13.3 years. Male to female ratio was 1:1.8. The mean chronicity of the disease was 72 months. Family history was present in 42.3 per cent cases. All the cases were of chronic nature and used other mode of treatment. Eighty-one per cent cases were Balghami, five per cent Damvi, 11 per cent Safravi and three per cent Saudavi temperaments.

General therapeutic response

Out of the 670 case treated, 342 (51%) showed complete remission, 234 (35%) partial remission and 94 (14%) showed no response.



Role of diet in the management of Wajaul Mafasil

Diet plays an important role in the management of Wajaul Mafasil. Unani physicians laid emphasis on Ilaj bil Ghiza (dieto-therapy) as first line of treatment in the management of Wjaul Mafasil. According to them all cold and phlegm producing food articles are harmful in this disease. Clinical experiences of the Council's researchers show that frequent use of such article not only delays the response but also aggravates

the symptoms. Recent research studies conducted in modern medicine also showed that the food articles that are rich in calcium, folic acid, magnesium, potassium, selenium, Vitamin-C, Vitamin-D and zinc are helpful in the early recovery from the disease. Food articles that are recommended and restricted are as follows.

Recommended food articles

(i) Wheat (ii) Indian millet (iii) Pulses (specially Bengal gram) (iv) Broad beans (v) French beans (vi) Spinach (vii) Onion (viii) Beet-root (ix) Carrot (x) Chillies (red pepper) (xi) Black pepper (xii) Bird's flesh (xiii) Maize (xiv) Figs (fresh and dry) (xv) Almonds (xvi) Pistachio nut (xvii) Walnut (xviii) Dates (xix) Mango (xx) Apricots (xxi) Sweet Grapes (xxii) Potatoes (xxiii) Pure ghee obtained from butter (xxiv) Amaranth (xxv) Fenugreek (xxvi) Drumsticks (xxvii) Turnip (xxviii) Apple (xxix) Papaya

Restricted food articles

(i) Curd (ii) Butter milk (iii) Banana (iv) Guava (v) Tomato (vi) Tamarind (vii) Red meat (viii) Beef (ix) Brinjal (x) Cauliflower.

There is not enough scientific evidence to prove how these food articles adversely affect Wajaul Mafasil. However, experience has shown adverse effect of different diets in aggravating the symptoms in many cases of Wajaul Mafasil. Therefore it is better to avoid them.

Some tips for Wajaul Mafasil (rheumatoid arthritis) patients

- Weight control and physical activity are important components of Wajaul Mafasil management programme. Being overweight is associated with increased risks of

osteoarthritis as reduced mobility due to Wajaul Mafasil will also give rise to osteoarthritis.

- Physical activity maintains joint health and may also reduce the risk of other adverse outcome related to Wajaul Mafasil such as heart disease, diabetes and high blood pressure etc.
- Mild exercise programme can improve aerobic capacity and alleviate depression and anxiety in Wajaul Mafasil patients. Warm/Steam bath is effective in the management of Wajaul Mafasil.
- Stress, excessive physical activity, excessive sex, fatigue, anxiety and depression alleviate the disease.
- Relaxation, positive attitude and pleasant thoughts help in early recovery.
- Frequent intake of alcohol aggravates the symptoms and delays the recovery.

Some Unani plants Used in the treatment of Waja-Ul-Mafasil (Rheumatoid Arthritis)

Suranjan Shirin
(*Colchicum autumnale*)

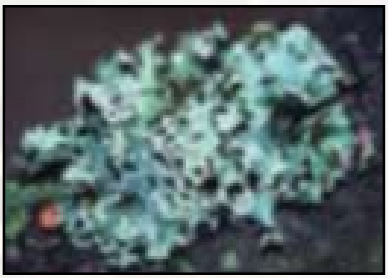
Zanjabeel
(*Zingiber officinale*)

Asgandh
(*Withania somnifera* Dunal)

Khulanjan
(*Alpinagalanga* Willd.)

Turbud sufaid
(*Operculina tuperthum*)

Gul-e-Babuna
(*Matricaria chamomilla*)



Chadela
(*Parmilia perlata*)

Majeeth Irani
(*Rubia cordifolia*)

Kaifal
(Myrica nagi)

Sadkufi
(*Cyperus rotundus*)

Qaranfal
(*Syzygium aroma ticum)*

Narkachoor
(*Zingiber zerumbet)*

Taj
(*Cinnamomum cassia*)

Waj
(*Acorus calamus)*

Gul-e-Tessu
(Butea monosperma)

Conclusion

Wajaul Mafasil usually requires long term treatment particularly in chronic stages. The intervention includes medication and physiotherapy. Early diagnosis and aggressive treatment can delay joint destruction. Studies conducted in different treatment groups revealed significant therapeutic effects of the drug UNIM-301 in different stages of the disease. The drug proved to possess disease modifying effect. If it is taken in the early stage of the disease it can completely check further degeneration in joints and provide complete subsidence in signs and symptoms. It is effective in all stages of the disease. It cuts down the analgesic requirement. When given in the remission phase, it prolongs the remission phase. Thus it works as a potent anti-inflammatory and analgesic drug without ill effects. Safety evaluation of the drugs in animals and human subjects revealed that the drug is completely safe even on long term use. The drug UNIM-302 has significant anti-inflammatory property when used in the form of Pashoya. The drug UNIM-304 has shown its effects in relieving pain, reducing inflammations and also imparts soothing effects.

MM therapy in conjunction with oral and local therapy of UNIM-301+ UNIM-302+UNIM-304 enhances the response and expedites the recovery as was observed. Significant improvement in the functional index of the patients in their routine work has been observed after completion of Munzij and Mushil therapy in chronic cases.

Application of cupping proved effective in cases where big joints were involved but not in isolation. Cupping proved more effective when applied after completion of Munzij and Mushil therapy. Thus it can be concluded that the combination of the drugs UNIM-301+UNIM-302+UNIM-304 is a complete, safe and effective mode of treatment for Wajaul Mafasil cases in general.

Therapeutic responses ranged from 35 to 51 per cent complete remission in different treatment groups depending upon the chronicity of the disease. In chronic cases, use of Munzij and Mushil therapy along with oral medication of UNIM-301 and local application of UNIM-302 and UNIM-304 produces early and better results, as have been observed in these studies.

Central Council for Research in Unani Medicine

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* IPD facility is also available.

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