

## Clinical Study on Falij-E-Nisfi (Hemiplegia) with A Combination Therapy of Munzij (Concoction); Mushil (Purgation); Dal'k (Massage); and Riyazath (Exercise)

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### ABSTRACT

**Background:** Falij-e-Nisfi (Hemiplegia) is one of the major neurological disorder usually caused by the occlusion of blood vessels to atherosclerotic thrombosis and embolism. Other Causes are cerebral hemorrhage; neoplasms and infections. **Methods:** A Clinical study to assess the effect of MUNZIJ (concoction) and MUSHIL (purgation) internally along with DAL'K (Massage) and RIYAZATH (exercise) externally was conducted on 24 patients in the inpatient department of Dr. Ahmed Ashraf Memorial Unani Specialty Treatment Center for paralysis, Hyderabad; a Center of Excellence by Ministry of AYUSH, Govt. of India. **Results:** The Observations of the Study indicated that in between 55 to 65 years of age; the disease is more common. In this Study 46% of cases showed good response; 12% of cases Showed poor response. **Conclusions:** These results indicated that further more study would be carried out to provide a clean picture.

**Key words:** Falij-e-Nisfi; Munzij; Mushil; Dal'k; Riyazath.

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### INTRODUCTION

Falij-e-Nisfi (Hemiplegia) is one of the major neurological disorder; usually caused by the occlusion of blood vessels to atherosclerotic thrombosis and embolism. Other causes are cerebral haemorrhage; neoplasms and infections.<sup>[1,2]</sup> According to Unani system of medicine; Falij-e-Nisfi (Hemiplegia) occurs due to the accumulation of morbid non-functional Humours (especially phlegm-Balgham)<sup>[3]</sup> in the nerves causing obstruction in the path of rooh-e-hassas (sensory pneuma) and Rooh-e-Muharrak (motor Pneuma).<sup>[4]</sup> The nerves gets affected due to this sue-mizaj-ebared ratib; which intum results in the loss of motar and sensory functions.<sup>[5,6]</sup> Accumulation of this Ghair Tabai balgham (abnormal phlegm) invades half of the body<sup>[7]</sup> causing dryness of

cerebral vessels, looseness in tendons and joints.<sup>4</sup> Ultimately it damages half side of the body.<sup>5</sup> This disease is mainly manifested as paralysis/paresis (weakness of one side of the body affecting the functions of upper and lower limbs).<sup>[3]</sup> It may also affect the functioning of speech; facial muscles and control on defecation and urination.<sup>[7]</sup> As the prevalence of disease is increasing, lots of research work is also been carried out worldwide in different systems of medicine. There are encouraging results in Unani lines of treatment. As falij is considered one of the major hormonal disorder caused due to Ghair Tabai Balgham (Abnormal Phlegm) which produces Sue mizaj maddi in the body.<sup>[2]</sup> This madda (matter) needs to be eliminated to restore tabai

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Mizaj this Eliminations is Known as Tanqia<sup>[4]</sup> (Evacuation) and Restoration is Known as Taadeel (normalization).<sup>[3]</sup> Munzij-Mushil Therapy is the fundamental principle of treatment of falij and is actually meant for Istifragh (Elimination) of Morbid humours from the body ;But prior to Istifragh ; the process of Nuzj (concoction) is employed by administration of Munzzijat (concoctives) of respective humours involved.<sup>[8]</sup> Nuzj means the of Morbid humours is made easily removable from the body<sup>[3]</sup> Sometimes the madda (matter) is too thick or too thin to be Eliminated; therefore some drugs are used to change the consistency and make it ready for Elimination ;Such drugs are Known as Advia-e-Munzijah (concoctive drugs).<sup>[9]</sup> after the administration of munzij course as soon as the nuzj appears in urine; mushil –e-balgham Advia<sup>[9]</sup> (purgative drugs) along with Tabreed are given for the purpose of Tanqia (Evacuation) of Ghaleez Khilt (Viscid humour)<sup>3</sup>.After purgation of Ghaleez khilt;which produces the sudda (obstruction) causing falij;the nerves Structures becomes receptive to regain the lost vigour ;vitality and normal functions.<sup>[2]</sup> This phase of rejuvenation is called as Taadeel (Normalization) This Taadeel is accomplished by using various regimental Therapies like Dal'k<sup>[3]</sup> (massage) Riyazath (exercise) etc<sup>3</sup>;for the purpose of potentiation of physiological functions of an organ and restoration of mizaj-e-Motadil (Normal temperament). Considering the importance of above mentioned therapies in the treatment of Falij;<sup>[10]</sup> I worked on the combination therapy of internal and external medicines.

The results of the Study are encouraging and further studies in this treatment for hemiplegia; may provide concluding results.

## METHODS

### a) Criteria for Selection of Patients

The patients for trail have been selected on the basis of following criteria:

1. Loss of function /weakness/paralysis of one side of the body.
2. Hypotonia/ Hypertonia of the muscles of affected limb.
3. Absent / Exaggerated reflexes.

The patients detailed history including the chief complains; other clinical parameters like subjective symptoms and objective signs have been noted in the prescribed Performa.

The patients were subjected routine for routine investigations.

### b) Type of study:- Single blind.

### c) Usool-e-Ilaj (principles of treatment):-

- I. Munzij-Mushil Therapy for the purpose of istifragh of fuzlat-e-Blaghamiyya (Evacuation of Phlegmatic waste products)<sup>[11,18]</sup>
- II. Taadeel-e-Mizaj to maintain Mizaj-e-Motadil (temperamental Equilibrium).<sup>[5,6]</sup>
- III. Taqwaiyat-e-Asab (Strengthening of nerves).<sup>[5,6]</sup>
- IV. Taqleel-e-Ghiza (Diet moderation).<sup>[5,6]</sup>

Administration of Ilaj bil Dawa :-

-Munzij is administered to attain concoction with following drugs:-

1. Beeq-e-Kasni. 5gm<sup>[9,12]</sup>
2. Beeq-e-Karfas. 5gm<sup>[10]</sup>
3. Beeq-e-Kibr. 5gm<sup>[10]</sup>
4. Beeq-e-Azqar. 5gm<sup>[10]</sup>
5. Ustuqudoos. 5gm<sup>[10]</sup>
6. Aslasoos. 5gm<sup>[13]</sup>
7. Parsiyashan. 5gm<sup>[10]</sup>
8. Barg-e-Gauzaban. 5gm<sup>[13]</sup>
9. Gule-e-Banafshan. 5gm<sup>[13]</sup>

These ingredient are soaked overnight in 120ml of water; boiled and Strained in the morning. This Joshanda (decoction) is given on empty stomach early in the morning for 12 days. on 13th day nuzj-e-Boul (masturation of urine) is observed; as the nuzj appeared in urine<sup>8</sup> Mushil drugs like Turbud; sana-e-Makki; Khayar-e-Shambar<sup>[9]</sup> are included in the Nuskha of Munzij and is administred for three days each alternating with Tabreed) Habb-e-Ayarij & Arq Badiyan)<sup>[14]</sup> and thereafter Morbid humours are purgated/expelled out.

ILAJ BIL TADBEER (Regimental Therapy):-

After the completion of Munzij and Mushil Dal'k layyan (soft massage) with Roghan Shifa<sup>[15]</sup> (or) Roghan-e-Haft barg is employed externally twice daily for strengthens the nerves (Taqwiyat-e-Asab)<sup>[5,6]</sup> and Riyazat (exercise) for regaining the mobility of joints & normal Movements<sup>[3]</sup>

ILAJ-Bil-Ghiza:- (Dieto-Therapy):-

Light diet comprising of ma-ul-Asl; Ma-ul-Shair<sup>11</sup>; Aghziya ya bissa eg Khushkari Roti (whole grain bread) during the administration of munzij and after mushil meat of partridge; Sparrow or pegeon is advised<sup>[5,6]</sup>

Aghziya-e-Mughalliza<sup>16</sup> and Murattiba are avoided<sup>[9]</sup>.

Thaffuz (Prevention/precaution):-

Exposure to extreme cold and alcohol is to be avoided.<sup>[11]</sup>

CRITERIA FOR THE ASSESSMENT OF RUSULTS:-

Assessment of results is done based on the clinical parameters (subjective symptoms and objective sings). The Score can be counted before and after the treatment and results are noticed by the improvement in the scores obtained<sup>17</sup>. The results have be classified in the following way:-

1. Good Response:-Above 75 % relief and patient can resume normal duties.
2. Fair Response: - Above 50% relief in Symptoms .
3. Poor Response: - 25 to 49% relief in symptoms.
4. No Response: - No improvement (Or) Marginal improvement below 25%.

## RESULTS

Observation in 24 patients indicated that the disease affects males more frequently than the females. The incidence of the disease is higher above 40 years of age and the incidence of disease is at its peak level in between 41 to 60 years of age (Table-I).

The observation also indicated that majority of cases had come to hospital within one month (or) after 6 months to 1 year from the onset of disease (Table-II).

It is observed that majority of cases were suffering from paralysis of upper and lower limbs; facing difficulties in locomotion. All patients were having numbness on affected side. Majority of patients were having difficulty in speech and head ache. Rigidity; burning sensation and mental confusion were comparatively less (Table-III).

The effect of the treatment was mainly assessed by the improvement in patients' symptomatology.

**Table I: Showing the incidence of age and sex**

Sr. No.	Sex	15-20	21-30	31-40	41-50	51-60	61 And Above	Total
1	Male	1	1	1	6	5	3	17
2	Female	0	1	0	1	3	2	7
	total	1	2	1	7	8	5	24

**Table II: Showing the Duration of the illness**

Sr. no.	Duration	No. of patients
1	Below 30 days	8
2	31 to 90 days	4
3	91 to 180 days	0
4	181 to 365 days	9
5	> 1 year to 2 years	2
6	Above 2 years	1
	total	24

**Table III: Showing the involvement of chief complain**

Sr. No	Chief complaint	No. of patients
1	Paralysis/weakness of upper limbs	23
2	Paralysis / Weakness of lower limbs	23
3	Difficulty for locomotion	33
4	Rigidity	08
5	Rigidity	08
6	Numbness	24
7	Numbness	23
8	Numbness	9
9	Numbness	18

**Table IV: Showing the effect of the treatment in subjective symptoms**

Sr. no.	Subjective symptoms	No. of patients	
		Before treatment	After treatment
1	Numbness	24	02
2	Burning sensation	8	03
3	Speech difficulty	18	06
4	Pain	24	02
5	Pain	04	00
6	Incontinence of motion	00	00
7	Swelling	09	01
8	Swelling	05	00
9	Swelling	09	00
10	Swelling	23	02

**Table V: Showing the effect of the treatment in facial paralysis**

Sr. no.	Grades of facial paralysis with No of patients	Before treatment no. of patients	score	After treatment no. of patients	score
1	Mild(1)	02	02	13	13
2	Moderate(2)	15	30	00	00
3	Severe(3)	02	06	00	00
	total	19		13	13

**Table VI: Showing the Effect of the Treatment in Power of Movements in Shoulder Joints**

Sr. No.	Grades of power of movements in shoulder joints with score	Before treatment no. of patients	score	After treatment no. of patients	score
1	No Movement(10)	00	00	00	00
2	Flickering Movement( 8)	05	40	00	00
3	Active movement with gravity eliminated(6)	15	90	00	00
4	Active Movement against( 2)	00	00	02	08
5	Active Movement against gravity & resistance( 2)	01	00	04	00
6	Normal(0)	03	00	04	00
	<b>Total</b>	<b>24</b>	<b>132</b>	<b>24</b>	<b>44</b>

**Table VII: Showing the effect of the treatment in power of movements in elbow joint**

Sr. No.	Grades of power of movements in elbow joints with score	Before treatment no. of patients	score	After treatment no. of patients	score
1	No Movement(10)	01	10	00	00
2	Flickering Movement( 8)	05	40	00	00
3	Active movement with gravity eliminated(6)	13	78	01	06
4	Active Movement against gravity ( 4)	02	08	02	08
5	Active Movement against gravity & resistance( 2)	00	00	16	32
6	Normal(0)	03	00	05	00
	<b>Total</b>	<b>24</b>	<b>136</b>	<b>24</b>	<b>46</b>

**Table VIII: Showing the effect of the treatment in the ability to hold and lift weight with hand**

Sr. no.	Grades of ability to hold & lift weight with hand along with score	Before treatment no. of patients	score	After treatment no of patients	score
1	Cannot lift weight(5)	04	20	00	00
2	Below 100 gms (4)	15	60	00	00
3	101 to 500 gms (3)	02	06	02	06
4	501 to 1 Kg.(2)	00	00	15	30
5	1kg. to 2 kg(1)	01	01	04	04
6	Above 2 kg.(0)	02	00	03	00
	<b>total</b>	<b>24</b>	<b>87</b>	<b>24</b>	<b>40</b>

**Table IX: Showing the effect of the treatment in posture**

Sr. no.	Grades of posture with score	Before treatment no. of patients	score	After treatment no of patients	score
1	Cannot lie down on lateral position(28)	3	84	00	00
2	Can lie down on lateral position (26)	3	78	00	00
3	Can sit on bed with support (24)	9	216	00	00
4	Can sit on the bed without support (22)	3	38	00	00
5	Can attain sitting position with support(19)	2	38	00	00
6	Can attain sitting position without support(16)	1	16	01	16
7	Can get down from bed & stand with support(13)	0	00	01	13
8	Can stand without support(10)	0	00	01	10
9	Can walk with help of a person(9)	2	18	10	90
10	Can walk with help of a Stick(8)	0	00	08	64
11	Can walk without support but gait is hemiplegic(7)	1	07	00	00
12	Can attain squatting posture(6)	0	00	00	00
13	Can regain from squatting posture (5)	00	00	00	00
14	Can climb upstairs with help of Banister(4)	00	00	02	08
15	Can climb up stairs with out help (3)	00	00	00	00
16	Hemiplegic gait (minimal limping) (2)	00	00	01	02
17	Normal gait but can't run (1)	00	00	00	00
18	Normal gait can run (0)	00	00	00	00

**DISCUSSION**

Falij-e-Nisfi (Hemiplegia) is one of the major neurological disorders caused due to humoural derangement.<sup>[1,2]</sup> Present

study has been carried out to evaluate the better line of treatment for hemiplegia.

**Table X: Showing the effect on walking speed (20 mts)**

Sr. no.	Grades of talking speed with score	Before treatment no. of patients	score	After treatment no of patients	score
1	Up to 20 seconds (0)	01	00	03	00
2	21 to 30 seconds (1)	00	00	14	14
3	31 to 40 seconds (2)	00	00	06	12
4	41 to 50 seconds (3)	00	00	01	03
5	51 to 60 seconds (4)	09	36	00	00
6	Above 60 seconds (5)	14	70	00	00
	<b>total</b>	<b>24</b>	<b>106</b>	<b>24</b>	<b>29</b>

**Table XI: Showing the effect on tone of the muscles**

Sr. no.	Tones of the muscle with score	Before treatment no. of patients	score	After treatment no of patients	score
1	Hypotonia of upper limb (4)	14	56	07	26
2	Hypotonia of lower limb (4)	15	60	04	16
	Hypertonia of upper limb				
3	1. Mild(1)	00	00	05	05
	2. Moderate(2)	07	14	02	04
	3. Severe(3)	01	03	00	00
	Hypertonia of lower limb				
4	1. Mild(1)	00	00	02	02
	2. Moderate(2)	05	10	01	02
	3. Severe(3)	02	06	00	00
	<b>Total</b>		<b>149</b>		<b>57</b>

**Table XII: Showing the effect on Sensory changes:**

Sr. no.	Grades of talking speed with score	Before treatment no. of patients	score	After treatment no of patients	score
1	Loss of sensation (4)	00	00	00	00
2	Impaired sensation (2)	03	06	00	00
3	Normal (0)	21	00	24	00
	<b>total</b>	<b>24</b>	<b>06</b>	<b>24</b>	<b>00</b>

**Table XIII: Showing overall effect in objective signs**

Sr. no.	Objective sign	Total score before treatment	Total score after treatment
1	Facial paralysis	38	13
2	Power of movements in shoulder joints	132	44
3	Power of movements in elbow joints	136	46
4	Ability to hold and lift weight with hand	87	40
5	Posture	523	203
6	Walking speed	106	29
7	Tone of muscles	149	57
8	Sensory changes	06	00
	<b>total</b>	<b>1177</b>	<b>432</b>

Over all symptoms were reduced to minimum in many patients where as in 12 patients speech difficulty was reduced .In objective signs 65.78% relief was found in facial paralysis; 66.6% improvement in power of movements of Shoulder joints; 66.1% in elbow joints .Ability to hold and lift weight with hand was increased to 54%; 61.8% improvement in posture; 78.64 % walking speed; 61.74% improvement in tone of the muscles and 100% improvement

in the sensory changes and overall effect in objective signs is 63.29 %. Though all therapies under study are having effects on all symptoms; but observing the results it can be presumed that munzij and mushil therapies had effect at higher levels as it is considered to be the best Humoural manager and Subjective.<sup>[8]</sup> Symptoms might be relieved due to it and improvement in the objective signs might be due to Dal'k & riyazath.<sup>[3]</sup>

**Table XIV: Showing overall effect in objective signs**

SR.	RESULTS	NO. OF PATIENTS
1	Complete relief	11
2	Fair relief	10
3	Poor relief	03
4	No. relief	00
	total	24

Therefore; Showing the overall results of the about said treatment out of 24 patients who were included in the study;<sup>[11]</sup> no. of patients attained complete relief; 10 no of patients attained fair relief and 3 no. of patients attained poor relief. The observations of the Study indicates that in between 55 to 60 years of age; the disease is more common and In this study 46% of Cases Showed good response and 12% of Cases Showed Poor Response.

By the above results it can be concluded that the combination therapy of munzij mushil; Dal'k and Riyzath Selected for the Study are effective in falij-e-Nisfi (Hemiplegia). As it is a preliminary study it is felt worth that the further detailed study is more beneficial.

## CONCLUSION

The outcomes of this study with combination therapy proved very effective in the treatment of falij and therefore it is essential to carry out further trails on the same line of treatment; so as to obtain more benefits.

## REFERENCES

1. Fauci ;Kasper ;Braunwald ;Hauser ;Jameson;Etal; 2015; Harrison's principles of Internal Medicine ;JPSR ; Vol 6(1);p.p-453-458.
2. Majoosi; 2010 ;Kamil ul sanaah (urdu Translation) Idara Kitab us Shifa ;New Delhi p.p-465-467.
3. Anonymous;2012;Standard Unani Medical Terminology ;CCRUM ;p.p;138 ;144;155;160;161;189.
4. Jurjani I;-2010; zakheera Khwarzam Shahi (urdu translation by khan HH); volume- III Kitab ul shifa ;New delhi p.p:-75-85.
5. Burhanuddin Nafis ; 1326H ;Sharah Al-Asbab wal Alamat ;Vol- I ;Matba Nami ;Munshil Nawal kishore ;Lucknow ;P.P.99-101.
6. Ibn Habal; 2004; Kitab-al-Mukhtarar fil Tibb (urdu Translation) Vol-III ; CCRUM; New Delhi; P.P:53-56.
7. Arzani; Tibb-e-Akber ;Vol-I;Urdu trasnslatoin Munshi Nawal Kishore (Tej Kumar)Lokhnow;p.p 53-58.
8. Khan M.A; 2003; Akseer Azam –Vol- I; Aijaz publishing house ; New Delhi ; p.p-306-323.
9. Kabir uddin; 2000; Makhzanul Mufaradat; Faisal Publications; Deoband pp-7, 13,89,;193;355;428,.
10. Ibne Baitar; 2000; Al-Jame-le-Mufradanul Mufaradat AL Adivia wal Aghzia (Urdu Translation); CCRUM; New Delhi vol-I p.p-54;29;213;Vol-IV 121,163.
11. Ibn Sina ;1411 H ;Al Qanoon fil Tibb; vol-III part- I;Jamia Hamdard ;New Delhi ;P.P129-134.
12. Munshi Ghulam Nabi; 2007; Makhzan-e-Mufaradat wo Murakabat (Khawasul Advia ) reprint;CCRUM;New Delhi-p.p-175.
13. Anonymous; 2007; The Unani Pharmacopoeia of India; CCRUM; New Delhip.p-9;35 part-I part-1. Vol-1;Vol-III 12 ;
14. Anonymous;2012; Standard Unani Medical Terminology ; CCRUM ;p.p;138 ;144;155;160;161;189.
15. Kabeeruddin; 2008; Bayaz-e-Kabeer; Vol-III CCRUM; New Delhi ; P.P 15;18;92;176;180.
16. Tabari-Abul-Hasan Ahmed; B;1995;Al-Moalijat-e-Buqratiya (Urdu Translation);Part I ;CCRUM ;New Delhi;p.p.422-424.
17. Anonymous; 2016; Sop's on Dal'k and Riyazath; Dr Ahmed Ashraf Memorial Unani Speciality Treatment Center for paralysis (falij); Hyderabad Telangana. 18. Ibn Rushd ;1987;Kitabul Kulliyat (Second edition ) CCRUM ;New Delhi p-p- 217;345;346 & 372
18. Ibn Rushd; 1987; Kitabul Kulliyat (Second edition) CCRUM; New Delhi p-p-217;345;346 & 372 .