

Effect of *Hijāma bilā Shart* (Dry cupping) and Unani Formulation on *Waja'-i-Mafsal-i-Katif* (Frozen Shoulder) - A Case Study

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ABSTRACT:

In Unani literature, term *Waja-i-Mafsal-i-Katif* is used for frozen shoulder which is mentioned by Unani scholars as *Tabajjur* which means 'to become hard.' In this case report a female patient, house-wife aged 47 years visited OPD of RRIUM Srinagar on 9/3/2024 with complaints of pain and stiffness in her right shoulder. The pain was gradual on onset, sharp in character, non-radiating associated with stiffness of the same joint and numbness and tingling sensation of the forearm from past sixteen weeks. The patient was treated with dry cupping along with Unani formulation in the patients with *Waja'-i-Mafsal-i-Katif* (frozen shoulder). 5 sittings of *Hijama bilā Shart* (dry cupping) were given to the patient for 5 consecutive days and the Unani medication for a period of 14 days. In this study, reduction in pain, improvement in range of motion and ability to do the activities of daily living after the treatment were improved. This study concluded that one of the known regimenal therapies of Unani Medicine that is *Hijāma bilā Shart* along with the Unani formulation has a significant effect on improving the symptoms related to frozen shoulder.

KEYWORDS: Dry cupping, frozen shoulder, *Hijāma bilā Shart*, Regimenal therapy, Unani formulation.

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INTRODUCTION:

Frozen shoulder is a condition that is characterized by stiffness in the shoulder joint, with or without a known cause^[1,2]. It is known by various other terms such as

adhesive capsulitis, pericapsulitis, peri-arthritis, adherent bursitis, obliterative bursitis, shoulder peri-arthritis, scapulo-humeral peri-arthritis, adherent subacromial bursitis, hypomobile syndrome^[3].

In Unani literature, term *Waja-i-Mafsal-i-Katif* is used for frozen shoulder which is mentioned by Unani scholars as *Tahajjur* which means 'to become hard' [1]. The term *Waja'al-Mafasil* consists of two words, "*Waja*" meaning pain and "*Mafasil*" meaning joint. This is an umbrella term which represents pain related condition in various joints like, *Khāṣira* (lower backache), *Warik* (hip joint), *Aqib* (heel), *Qatan* etc.[4,5,12] Similarly, when the pain occurs in shoulder joint it is termed as *Waja-i-Mafṣal-i-Katif* (WMK). Depending upon the type of humour involved, it is divided into 4 types i.e. *Damwī* (sanguineous), *Balghamī* (phlegmatic), *Ṣafrāwī* (bilious) and *Sawdāwī* (melancholic).[4,5,6,12] Various etiological factors contributing to WMK are given as;

1. *Du'f-i-Uḍū* (weakness of affected shoulder)
2. *Insibāb-i-Khilt* (*Balgham*, *Safra*, *Sawdā* or *Dam*)
3. *Burūdat-i-Mafasil* (coldness of joints)
4. *Midda* (pus formation)
5. *Naẓla wa Zukām* (cold and coryza)
6. *Tukhma* (Indigestion)
7. Sedentary life style
8. Chronic disease. [1,7,12].

CASE REPORT:

A female patient, house-wife aged 47 years visited OPD of RRIUM Srinagar on 9/3/2024 with complaints of pain and stiffness in her right shoulder. The pain was gradual on onset, sharp in character, non-radiating associated with stiffness of the same joint and numbness and tingling sensation of the forearm from past sixteen weeks. The pain was aggravated by any sort of routine movement or exercise and relieved on rest. The subject was hypertensive and hypothyroidic and was currently on medicine

telmisartan 40mg and thyronorm 50mcg respectively. Physical and systemic examination was done. Demographic data such as age, sex, religion, marital status of patient were recorded. Relevant history of the patient was recorded with regards to their chief complaints with duration, personal history, family history and history of any such complaints of pain and stiffness previously. She was a diagnosed case of frozen shoulder and previously consulted orthopedician who had prescribed her with NSAID's and diclofenac ointment for topical application for about 3 months but she had no relief in the symptoms. The doctor explained to the patient that there is no permanent cure to the frozen shoulder available. It could only be managed with respect to its symptoms. So, the patient came to RRIUM Srinagar for further treatment.

The patient has been treated on OPD basis. She was thoroughly interrogated and examined. On general examination, the patient was found alert, well-oriented and healthy. The built of the patient was average with fair colored skin. Height: 5 feet 1 inch (1.55 meters), weight: 65kg, BMI: 27, there was no pallor, icterus or palpable lymph nodes. The vitals were stable, pulse 64/min, temperature 97.4F, respiratory rate 15/min, and systolic blood pressure 120 mm of Hg, diastolic blood pressure 80 mm of Hg at baseline. Cardiovascular, respiratory and nervous systems were normal at baseline.

On the examination of the affected shoulder (right shoulder) following findings were seen: Poor posture, poor scapular position. No wasting, heat, redness or swelling.

Reduced ROM in all the directions- flexion 80°, abduction 80°, lateral rotation 10°.

Unable to put her hand behind her back.

Pain on all cuff and impingement tests but no obvious weakness.

Intervention and follow up:

As per the references available in classical Unani literature and Unani Pharmacopoeial formulation *Habb-i-A'sab* 2 tablets twice a day after meals, *Habb-i-Muqil* 2 tablets twice a day after meals, *Habb-i-Sūranjān* 2 tablets twice a day after meals.

Same procedure was repeated in five sittings for five consecutive days on three sites front, back and lateral of right shoulder.

Total number of follow ups for the *Hījāma bilā Shart* were five and patient was reassessed after 2 weeks of oral intervention i.e. patient took the Unani medicine for 2 weeks.

Procedure of Hījāma Bilā Shart (dry cupping):

The sterilized disposable cups (2 number 3 cups) were placed on the site **Fig. 1** by creating negative pressure through manual suction pump (medium to strong, 2 and 3 pulls) for a time duration of 10 minutes ^[1].

OBSERVATION AND RESULTS:

The results obtained can be attributed to both the regimenal and Pharmacopoeial intervention. The pain in the shoulder was evaluated on VAS scale at baseline and day 2nd (second follow up), 3rd (third follow up), 4th (forth follow up) and 5th (fifth follow up).

A) Assessment of Pain on the basis of VAS:

Day 1 to 5: The pain was assessed as per the Visual Analog Scale (VAS)

Clinical feature	Baseline (Day 1)	Day 2	Day 3	Day 4	Day 5
Pain	10	7	4	3	2

B) Stiffness

The stiffness of the shoulder joint was accessed by examination of shoulder joint for the range of motion. Four movements were accessed which included flexion, abduction, internal rotation and external rotation. All the mentioned movements showed an improvement starting from the day 1 to day 5 and the range of motion was completely restored at the last sitting of dry cupping.

Table- 1: Ingredients of Habb-i-Asgand:

Name of the drug	Botanical name	Quantity of drug
<i>Mūslī</i>	<i>Chlorophytum borivilamum</i> (root)	14 g
<i>Pīpal</i>	<i>Piper longum</i> (fruit)	14 g
<i>Ajwain</i>	<i>Trachyspermum ammi</i> L. (fruit)	14 g
<i>Pīpala Mūl</i>	<i>Piper longum</i> (root)	14 g
<i>Satāwar</i>	<i>Asparagus racemosus</i> (root)	28 g
<i>Badara</i>	<i>Argyria nervosa</i>	28 g
<i>Zanjabīl</i>	<i>Zingiber officinale</i>	28 g
<i>Asgand</i>	<i>Withania somnifera</i>	28 g

Likewise, the improvements in the joint pain and swelling can also be due the use of *Habb-i-Sūranjān*, the individual ingredients of which are mentioned in Table 2.

Table -2: Ingredients of *Habb-i-Sūranjān*:

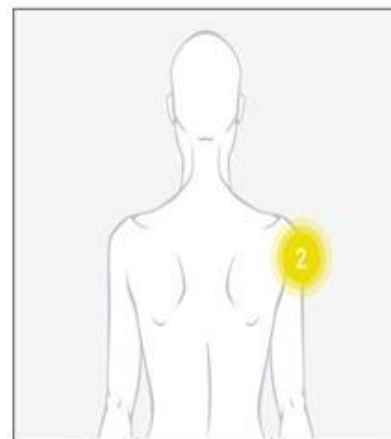
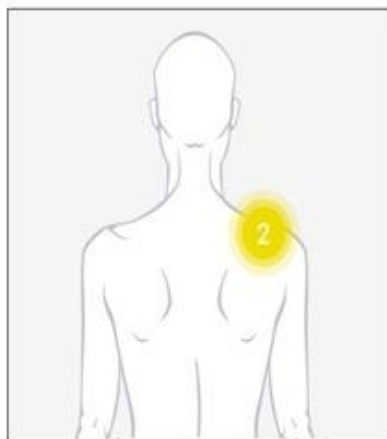
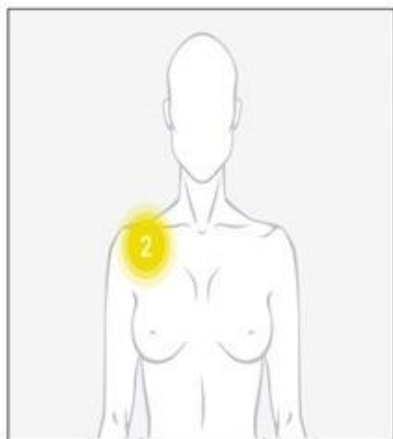
Name of the drug	Botanical name	Quantity of drug
<i>Sūranjān Shīrīn</i>	<i>Colchicum autumnale</i> (corm)	one part
<i>Post-i-Halela Zard</i>	<i>Terminalia chebula</i> (fruit)	one part
<i>Muqil</i>	<i>Commiphora mukul</i> (gum resin)	one part
<i>Turbud</i>	<i>Operculina turpethum</i> (root)	one part

Another formulation that was given to the patient was *Habb-i-Muqil*^[9].

Habb-i-Muqil helps in the reduction of the swelling and pain through the evacuation of morbid matter and it consists of following parts mentioned in Table 3

Table- 3: Ingredients of *Habb-i-Muqil*:

Name of the drug	Botanical name	Quantity of drug
<i>Muqil</i>	<i>Commiphora mukul</i> (gum resin)	85 g
<i>Post-i-Halela Zard</i>	<i>Terminalia chebula</i> (fruit)	60 g
<i>Post-i-Halela Zard Kabuli</i>	<i>Terminalia chebula</i> (fruit)	60 g
<i>Halela Siyah</i>	<i>Terminalia chebula</i> (fruit)	60 g
<i>Amla Khushk</i>	<i>Emblica officinalis</i> (fruit)	60 g
<i>Sakbinaj</i>	<i>Ferula persica</i> (gum resin)	20 g
<i>Khardal</i>	<i>Brassica nigra</i> (seeds)	10 g
<i>Rogan-i-Badam</i>	<i>Prunus dulcis</i> (fruit)	20 ml
<i>Ab-i-Gandana</i>	<i>Allium ampeloprasum</i>	100 ml



a. Anterior of right shoulder b. Posterior of right shoulder c. Lateral of right shoulder

Fig. 1. Showing points where cups applied (2 No. cup on each site **a, b, c**)

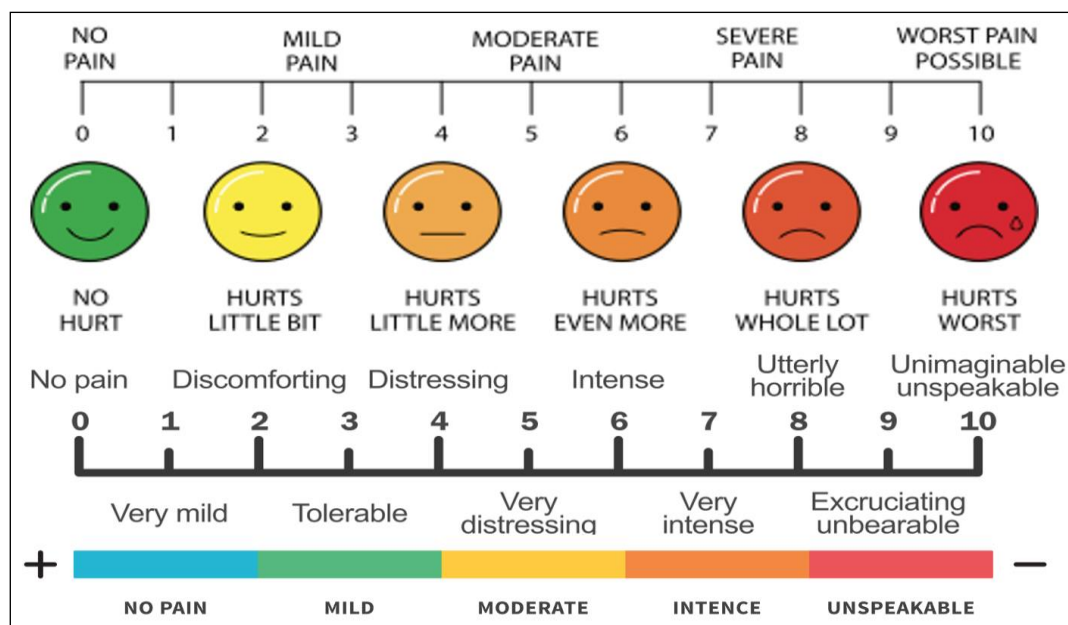


Figure -2: Visual Analogue Scale

DISCUSSION:

The improvements achieved in this case can be attributed to the use of polyherbal compound formulations which include *Habb-i-Muqil*, *Habb-i-Asgand* and *Habb-i-Sūranjān* for 15 days along with dry cupping for 5 consecutive days. The use of *Habb-i-Asgand* for the relief of pain in various joints of the body is mentioned in one of the renowned books of Unani medicine i.e. *Al-Qarābādīn* [8]. *Habb-i-Asgand* consists of the following ingredients which are mentioned in Table 1. Along with the oral polyherbal formulations the other intervention prescribed to the patient was dry cupping for the period of 5 consecutive days. Dry cupping works locally and helps in the increase of blood at the area affected which leads to the replacement of pro-inflammatory mediators, thus helping in the decrease of swelling. According to USM, dry cupping helps through the *Tanqīya-i-Mawād* (evacuation of morbid matter) and *Imāla-i-Mawād* (diversion of morbid matter). As the root cause of frozen shoulder is the accumulation of morbid matter in the form of balgham. This regimenal therapy helps to draw out and eliminate the imbalanced quantities that is coldness as it opens the

pores of skin which allows the *Akblat-i-fāsida* to be evacuated from the affected site.

Dry cupping also provides the better circulation to the area affected and nourishes it with the fresh blood. It improves the eliminative function and the evacuation of wastes from the body. Furthermore, through the principle of *Imāla-i-Mawād* their occurs the diversion of morbid matter from one side to another and by this diversion *Hījāma bilā Shart* helps the *Tab'iyat-i-Mudabbira-i-badan* to act on this matter and to resolve it. Because accumulation of any morbid matter provides congestion, stagnation and blockage which results in pain and through *Hījāma bilā Shart* breakage of congestion, resolving of blockage and there is restoring of free flow of blood circulation and thus relieving the painful muscle tension [10,11,12].

CONCLUSION:

Frozen shoulder is a state of chronic inflammation in which disability with pain, freezing and stiffness in the shoulder joints occur. In USM, the cause of the disease can be attributed to the imbalance in the humors thus it is accordingly divided into four types i.e. *Balghamī* (phlegmatic), *Damwī*

(sanguineous), *Şafrāwī* (bilious) and *Sawdāwī* (melancholic). The Unani regime given in this case i.e. oral Unani formulations i.e. *Habb-i-Muqil*, *Habb-i-Sūranjān*, *Habb-i-Asab* along with dry cupping helped in the resolution of the symptoms like pain and stiffness. The reason behind the resolution of the symptoms occurs due to pharmacological action of the given drugs and regimenal procedure *Hijāma bilā Shart*. The affordability, availability and side effects of prolonged use of allopathic drugs remain a challenge and a concern.

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Consent of the patient:

The consent of the patient was taken on a written consent form, after duly explaining the procedure of the study to the patient.

Limitation of study:

The study was not carried out in an inpatient setting, moreover the results cannot be generalized.

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