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Clinical outcome by Unani regimes in a patient of weakness of left upper limb following recovery from hemiplegia– A Case Report

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ABSTRACT

A female patient of 40 year old attended OPD of NIUM Hospital with weakness of left upper limb that prevent her from performing daily routine activities. With the intervention by Unani medicaments along with *riyazat* and *dalk*, she got satisfactory improvement. Hence forth, it can be concluded that Unani therapy for post hemiplegic weakness can be a better alternative of its management.

Keywords: Unani medicine, *Riyazat*, *Dalak*, Hemiplegic weakness

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INTRODUCTION

Stroke is a major health problem worldwide and is associated with high mortality and dependence¹. According to WHO, stroke has caused 5.54 million deaths worldwide in 1999 with two-thirds of these deaths occurring in less developed countries and by 2050, 80% stroke cases in the world would occur in low and middle income countries mainly India and China^{2,3}. The latest estimates from Indian Council of Medical Research indicate 930,985 cases with 639,455 deaths and 6.4 million disability adjusted life years lost in 2004 in India². The incidence of stroke is likely to rise in India in coming years due to increase in population, increase in life expectancy, rapid urbanization, changing life styles including sedentary habits, smoking and excess alcohol use and rising stress level in life².

Affecting weakness is recognized as a major problem after stroke⁴. According to a study carried out in Kolkata it was found that the ratio of cerebral infarct to haemorrhage was 2.21. Hypertension was found to be most important risk factor. Stroke represented 1.2% of total deaths in India⁵.

Although stroke is a disease of the brain, it affects the entire body. A common disability that results from stroke is either complete paralysis on one side of the body, called *hemiplegia* or may cause problems with thinking, awareness, attention, learning, judgment, and memory. A stroke can also lead to emotional problems and depression⁶.

The clinical presentation of hemiplegia resembles to that of *Falije nisfi* described in classical Unani texts. Renowned Unani physicians like Razi, Ibn Sina, Jurjani, Ahmad Bin Tabri, Akbar Arzani and Hkm. Azam Khan have comprehensively described its pathology and management. According to Jurjani its utmost cause is obstruction by *ghalizratubat* Ahmad Bin Tabri quoted that *baridbalghamifuzlah* results in the weakness of the respective organ⁷. Ibne Sina and Hkm. Akbar Arzani have described its cause as *suemizajbaridratab* (cold and moist intemperament) of the respective organ besides *sud'dah*. Hkm. Azam Khan has mentioned its cause as *balgham* and *dam*. These physicians have treated the above condition by the drugs having property of *nuzjand tanqiyaebalgham* (detoxification) followed by drugs possessing *tadeelmizaj* (temperament restoration) and nervine tonic property orally and locally besides various regimes like *Dal'k* (massage) and *Riyazat* (exercise) for the purpose of normalizing the function of the respective part of the body^{7,8,9,10,11,12}.

To report recovery from weakness of the hand following hemiplegia by Unani Treatment.

Case report:

A 40 year old female patient known case of hypertension taking antihypertensive treatment for 3

years presented with weakness of left upper limb from 1½ month. At the onset when she was about to get out of bed at 5 am, she suddenly felt weak and could not move her left upper and lower limb. She experienced slight headache but neither unconsciousness nor any difficulty in speech. There was no loss of bowel or bladder control. She had no history of convulsions, vomiting, double vision, nasal regurgitation but she experienced slight deviation of face to the left side during eating and speaking. She was immediately hospitalized and was given Ayurvedic medicines. She showed gradual improvement except for left upper limb. She got admitted in NIUM hospital for further management. Initial routine examinations were normal. Blood and urine examination showed 11.8gm% Hb, TLC- 8300 cells/cu mm, DLC- P 61%, I 33%, E 03%, M 03%, ESR- 13ml/1hr, FBS- 70mg/dl, PPBS- 109mg/dl, S Chol- 183mg/dl, TG- 152mg/dl, HDL- 50mg/dl. Motor examination revealed power of 3/5 in left upper limb, +4/5 in left lower limb with no sensory deficit. Deep tendon reflexes were brisk on left side with extensor planter reflex. Patient was unable to grasp anything. Neurological examination of right side was normal. The assessment revealed score of 86% on FM scale.

There was no H/O Diabetes Mellitus, fever, head injury, chest pain, and previous neurodeficit of this type. There was no H/O of Diabetes Mellitus, Hypertension, Epilepsy and similar illness among family members.

Previous medication was stopped except antihypertensive drugs and *Joshandamunzijbalgham* {Bekhbadiyan (*Foeniculum vulgare*), Bekh karafs (*Apium graveolens*), Bekh izkhar (*Andropogan jwarancusa*), Aslasoosmuqashar (*Glycyrrhiza glabra*)} along with badranjboya(*Nepeta hindostana*), ustukhudoos(*Lavendula stoechas*), badiyan(*Foeniculum vulgare*) as decoction, *Khamirabanafsha* orally, massage over left upper and lower limb with *Roghanequst* and *Roghane seer* and *Riyazat* was advised. The patient was provided *joshandamunzijbalgham* for 21days followed by *mushilebalgham* on the 22nd day and *tabreed* on next day. From 24th day onwards she was prescribed nervine tonic drugs – *Majoonfalasfa* and *Habbeazraqi*.

During the 02 months hospital stay the patient experienced 98% improvement, muscle power increased to 5/5 in left lower limb and 4/5 in left upper limb. Her deep tendon reflexes of both left limbs are brisk and plantar reflexes are extensor. She is now able to hold and grasp small objects and could perform a spherical grasp. The patient is continuously assessed by physiotherapist according to FM scale the score of which improved from 86% to 98.76%.

DISCUSSION:

In our case report, a 40 year old woman who had a weakness of left upper limb post stroke was

studied for 2 months. She was provided Unani medicines for oral use and *roghanequstandroghan seer* for *dalk*. The decoction of the drugs provided to the patient possesses *munzijbalgham* (concoctive of phlegm) and *mufattehsudad* (deobstruent) properties¹³. These change the consistency of the *ghaleez khilt ballgam* (abnormal thick phlegm) and make it favourable for easy evacuation¹⁰. Hence, the obstruction caused by *ghaleezkhiltbalgham*, which is responsible for disease is removed.

Since, *qust* (*Saussurealappa*) and *seer* (*Allium sativum*) are of hot temperament and has been recommended as a massage for nervine disorders. Furthermore, *qust* has been stated to strengthen nerves by the virtue of *muharrikwamuqavviasab* properties and *seer* possess the property of recovery of the sensations of the affected organ¹³.

The improvement in the strength may also be attributed to the *muharrikwamuqavviasab* effect of *Majoon falasfa* and *Habbe azraqi* with additive effects of *dalk* (massage) and *riyazat* (exercise) as evident from the study where it was found that synaptogenesis onto spinal motor neurons took place in animal models performing "power reaching" (analogous to strength or resistance training) or "skilled reaching" (analogous to task-specific training or motor learning)¹⁴. *Filfilsiyah*, *filfildaraz*, *chilghoza*, *badam* and *sheetrajhindi* are some ingredients of *Majoonfalasfa* and *Habbe azraqi* possess *muqavviwamuharrikasab* properties¹³. These properties of *Majoonfalasfa* and *Habbe azraqi* are in consonance with the properties described by Hkm. Azam khan^{11, 15}. The major limitation of this study is the open nature of this study.

CONCLUSION:

The study revealed that Unani system of medicine provides an effective alternative mode of therapy for nervous disorders. The complete restoration of the post hemiplegic weakness is still a challenge in conventional therapy. Therefore, management through *Ilaj-bit-tadbeer* (regimental therapy) is a good option that is safe as well effective. The efficacy of this treatment should be further evaluated on larger sample size and for longer duration.

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