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Concept of Migraine and its management in Unani system of medicine

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ABSTRACT

The Unani System of Medicine also known as Greeco-Arab medicine, founded by Hippocrates is based on the concept of equilibrium and balance of natural body humours (blood, bile, black bile and phlegm). The imbalance in the quality and quantity of these humours leads to diseases whereas restoration of this balance maintains health of a person. According to Unani literature, headache is a type of pain which occurs in specified area of head and disturbs its functions. It can be due to external or internal factors. The internal factors may be *maddi* (involving matter) or *sadah* (which do not involve matter). *Shaqeeqa* is an Arabic word which is derived from the word 'Shaq' which means a part or a side, due to which it is named as *Shaqeeqa*. The cause of migraine is either *riyah haar* or *imtila*. In this system of medicine, the basic principle of treatment is *Ilaj bil zid* i.e treatment is in contrast to nature and *Mizaj* of the disease and is adopted in two ways i.e. observational and rational methods which are employed through diet, drugs, regimes, manipulation techniques and operations. This review aims at highlighting the concept of migraine with special reference of *Shaqeeqa* and its management in Unani system of medicine.

Keywords: Unani Medicine, Hippocrates, Humoral theory, Migraine, *Shaqeeqa*.

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INTRODUCTION

Headache has troubled mankind from the dawn of civilization^{1,2}. The Ebers papyrus, dated around 1500 BC is an Egyptian medical treatise that describes headache as “sickness of the half of the head” and includes a passage concerning the treatment of migraine. There is also the description of Neuralgia migraine and shooting head pains^{1,3,4}. The term migraine is derived from the Greek word ‘hemi-crania’ meaning headache in half of the skull introduced by Galen in approximately 200 AD^{1,5,6}. Hippocrates (460-375 BC) was the first to describe a collection of symptoms that included aura, pain and vomiting as part of a singular disorder^{1,2,3,4}. He believed that headache could be triggered by exercise or intercourse, and vomiting could partially relieve the pain of headache. Five hundred years later, ancient Unani scholar Jalinoos (Galen of Pergamon) (131-201 AD) proposed the name ‘hemicrania’ meaning half of the head to describe headaches. Hemicrania translated from Greek to Latin became ‘hemicranium’ and was transformed to ‘megrim’ in old English and ‘migraine’ in French. Ibn Sina (Avicenna: 980-1037 AD) in his masterpiece *Alqanoon fil tib* (Alcanon) described the definition, aetiology, clinical features and treatment of *Shaqqeeqa* (migraine). He described about *Fas’d of Arq Jabeeha* (venesection) and *Huqna* (enema) in its treatment⁷. Hakeem Mohd Azam Khan (1813-1902 AD) in his book *Al Akseer* described an elaborate explanation of *Shaqqeeqa*. He described the aetiology, clinical features, diagnosis, line of treatment, treatment and its complications. He stated that if it is not treated properly it may lead to Cataract and defect in vision⁸.

Epidemiology

It has been estimated that migraine is the second most prevalent brain disorder after anxiety. Migraine is the second most common primary headache disorder⁹.

The incidence of migraine increases from infancy, peaks during the third decade of life then declines¹⁰. The highest incidence of migraine without aura has been reported between the ages of 10 and 11 years. The peak incidence of migraine without aura in males is between ages 10 and 11 years and in females between ages 14-17 years. The incidence of migraine with aura peaks in males at age 5 years and in females at age 12-13 years¹¹.

Concept of Migraine

According to Unani literature, headache is a type of pain which occurs in specified area of head and disturbs its functions. It can be due to external or internal factors. The internal factors may be *maddi* (involving matter) or *sadah* (which do not involve matter)¹². *Shaqqeeqa* is an Arabic word which is derived from the word ‘*Shaq*’ which means a part or a side, due to which it is

named as *Shaqqeeqa*¹³. The cause of migraine is either *riyah haar* or *imtila*¹⁴. Galen has defined this pain as it examines the weakness of one side of head and reaches to the centre of the head and the weaker side accepts this pain¹⁵. According to Ibn Sina(Avicenna), the cause of migraine are located inside the cranium (*Qahaf*). Sometime it is in the membrane of cranium, but oftenly in the muscles of temporal area. The morbid matter responsible for migraine can develop locally at the site of pain or in external arteries, inside the brain or in the brain membrane. Many times migraine can be because of *bukharat* ascended from whole body but oftenly it is due to morbid *akhlat* (humors), which can be hot, cold, *riyah*, *bukharat*¹⁰.

Aetiology

Nearly all the classical text books of Unani medicine describe the migraine along with its aetiopathogenesis. The causative agents are predominantly *akhlat-e-harra*, *akhlat-e-barida*, *riyah and bukharat*. *Akhlat* either comes from the veins and arteries lying outside the skull or from the brain parenchyma and its meninges itself, while *riyah* and *bukharat* ascends from whole body or from the affected organ and produce this pain¹⁶. Hakim Akbar Arzani said that there are two possible causes of migraine. First is that the *bukharat* from the whole body or from any organ ascends to the head and accumulate into the weaker side of the head. The second is that the morbid humor or *riyah* in arteries accumulate to the painful side of head¹⁷. In *Kitab al taisir*, Ibn Zohar said that migraine can be either due to *riyah haar* or congestion or due to *bukharat* from morbid matter of stomach¹⁴. According to Mohd Azam Khan the accumulation of *bukharat*, morbid humor or *riyah* to one side of head causes migraine⁸. The morbid matter from half of the body or from vessel or from muscle move to head and get accumulated there and causing migraine¹⁸. According to Majusi, the cause of migraine can be fever or due to accumulation of morbid matter, *bukharat hadda*, high grade fever like in *humma muharriqa* and *humma ghib*, *ratoobat ghaleeza* and *bukharat* from stomach¹⁹.

According to Zakariya Razi, this is mostly due to *buroodat* and *akhlat ghaleeza*. It can also be due to *istefragh* either in form of polymenorrhoea or excessive puerperal discharge²⁰.

Clinical Features

Heaviness in the head, redness over eyes and face¹⁴. Sometime nature of pain is pricking and irritating associated with nausea and vomiting in some patients. Unilateral and pulsating nature of pain is a classical symptom of migraine^{17,21}. If the migraine is sanguineous (*damvi*) in nature, the symptoms will be redness of the body, face, tongue and eyes, hot touch, engorged veins, sweet taste and *nabz azeem* and if the migraine is bilious (*safravi*) the predominant symptoms will be yellowishness of body, face, eyes and tongue, bitter taste and hot flushing¹². According

to Hakim Ajmal Khan, the pain of migraine at starting is mild in nature but after sometimes the pain becomes severe. The patient like darkness and hate glare light. Nausea is also there and the pain is pulsating type. The pain aggravates by normal routine work and there may be vertigo ²².

Types

In Moalajat Buqratiya, the author described that *Shaqeeqa* can be of 2 types i.e., *Shaqeeqa haar* and *Shaqeeqa barid* ¹³.

Shaqeeqa haar:

In this type of *Shaqeeqa*, the symptoms will be heaviness of head, hotness of the site of pain, rapid pulse, tinnitus, pulsation at the site of pain, relief of pain by using cold items, constipation, etc ^{7,8}.

Shaqeeqa barid:

In this type of *Shaqeeqa* there will be heaviness of head, coldness of the site of pain, relief of pain by using hot items, cold and catarrh in cold season ⁸.

Diagnosis

Despite the advancement, appreciable uncertainty surrounding the management of migraine remains, which is reflected in studies that show both under diagnosis and under treatment. In a 1993 survey, only 38% of patients who fulfilled diagnostic criteria for severe migraine had received a physician diagnosis. Although a follow up study almost a decade later showed improvement in diagnosis, migraines remain undiagnosed in more than 50% of patients. Reasons for this low rate of diagnosis are complex but are in part due to patient underreporting of migraine to physicians and lack of a simplified diagnostic test. A review of four studies of screening questions for migraine in patients with headache identified five predictors; pulsating, duration 4-72 hours, unilateral, nausea and disabling. If three predictors are present the likelihood ratio for migraine is 3.5, increasing to 24, if four predictors are present ²³.

A headache diary can often be helpful in making the diagnosis; this is also helpful in assessing disability ²⁴.

An accurate diagnosis requires a history and a complete neurologic examination, assessment for other systemic diseases (such as hypertension) and a psychosocial evaluation (when such factors are suspected). The physical examination is usually normal and there are no confirmatory laboratory or radiologic tests ^{25,26}.

Investigations like Skull X- rays, Sinus X , Computed tomography scan , EEG Lumbar puncture are most usually done to exclude secondary etiologies in cases that have not been previously diagnosed ^{10,23,24}.

Line of Treatment (*Usoole Ilaj*)

Determine the causes and types of migraine and treat accordingly ^{8,13}.

Evacuate the morbid matter accordingly ⁸.

After *tanqiya* before the aura, application of appropriate oil over frontal and temporal region and absorption of morbid matter towards the lower organs by enema (*huqna*) is very beneficial ⁸.

Treat the migraine according to its *jauhar*. The treatment of *haar* type of migraine starts with *istefragh* followed by venesection, if body faculty permits ¹³. See whether there is a need of purgation or venesection, if it is purgation then determine that for which *khilt* need purgation.

After *tanqiya* of whole body, rubbing of the affected part till the appearance of reddishness over it is also recommended ²⁰. Isolate the patient in dark, ventilated and quiet room ^{27,28}. Adopt a preventive approach to constipation during treatment. *Pashoya* during episodes of headache is also useful ²¹. Use *barid yabis* edibles in *damvi Shaqeeqa* and *barid ratab* in *safravi Shaqeeqa* ¹².

Treatment (*Ilaj*)

The treatment of migraine can be divided into two parts i.e. acute attack therapy and preventive therapy ¹⁵.

At the time of attack keep the patient in a dark and quiet room and avoid noise. If patient has constipation then treat with *itrifal zamani 7 masha* or *qurs mulayyin 5 no*. If constipation is still there then use *huqna* ²².

In *Shaqeeqa haar*, if the matter is *damvi*, then *tanqiya* with *khayarshambar* and *ma' ul fawakah* or *matbookh khayarshambar* or by *khesanda sibr kasni* should be done along with *tila* in which *zafran* is also mixed; if the matter is *safravi*, then *tanqiya* with *matbookh halela* is recommended ^{7,8}.

According to Jurjani, *ayarij feqra* is beneficial in all type of *Shaqeeqa* ²⁹.

If the matter is *damvi* and *safravi murakkab* then use of *luaab behdana*, *sheera unnab*, *sheera kahu*, *sheera kishneez khushk* with *sharbat neelofar* is recommended. If the matter is *safravi* and *balghami murakkab* then use of *ayarij feqra*, *gaozaban*, *unnab*, *banafsha* is recommended.

If the matter is *balghami tanqiya* should be done with *Mushile Balgham* and *habbe ayarij* and for *nuzj* of *balghami* matter use decoction of *sikanjabeen bazoori*, *sikanjabben unsali*, *sikanjabeen mastagi*, *anisoon*, *badyaan* and *maveez munaqqa* ⁸.

After *talyeen wa tanqiya* use of this *nuskha* is beneficial;

Gul banafsha 7masha, *unnab 5 masha*, *sapistan 9 dana*, *tukhm khatmi 7 masha*, *tukhm khubbazi 7 masha*, *gaozaban 5 masha*, *shahitra 7 masha*. Use *khesanda* of these drugs with *khameera banafsha 2 tola*, and after a gap of one day use *Itrifal kishneezi* with hot water at night.

After 8 days, for *taqwiyat dimagh*, this *nuskha* is very beneficial^{15,22}.

Khameera gaozaban ambary / jawahar wala 5 masha with maghz badam 5 dana, maghz kaddu shireen 3 masha, maghz peth 3 masha, maghz tarbooz 3 masha, tukhm kahoo muqasshar 3 masha, tukhm khashkhas safaid 3 masha.

Habbe Qoqaya is very effective in *tanqiya* of chronic migraine.

Mujarrabat Razi :

Sibr 40 gms, farbiyoon 30 gms, hanzal 40 gms, saqmooniya 40 gms, natroon 20 gms, muqil 40 gms, in usaraae kirnab.(dose-10gm)²⁰.

Local Application:

Tila or *zimid* of *zafran* and *mazoo*²⁰.

Tila with *farbiyoon* and any *lateef roghan*²⁰.

Use of *Qurs musallas* as *zimid* for relief of acute pain. Hakim Azam khan used this *Qurs musallas* in *aab-e-hina* as *zimid*^{8,22}.

According to Ibn Sina, boil *fasaulhamar* and *afsanteen* in *aab khalis* and *roghan zaitoon* then *natool* with this at that side in which pain occurs and use this *sufi* as *zimid*⁷.

Dhuni of *sandaros* 1gm²⁰.

Saoot farbiyoon in *roghan nardeen*²⁰.

Afarbiyoon, jund bedastar in equal quantity, mix with water and put some drops in the affected side ear and enter the patient in *hammad*.

Diet recommended:

Do not give food if there is pain.

Light, easily digestible and nutritive foods like *khichdi, nan pao, shorba, yakhni, palao, chapati, moong ki daal*, half boiled egg, brain of chicken and goat, *jalebi* etc^{8,22}.

Restricted diets:

Heavy and flatulent diet like potato, arwi, brinjal, cabbage and cauliflower, urad ki daal, garlic, onion, fish, oily and fried food items²².

CONCLUSION

It can be concluded that *Shaqeeqa* is a multifactorial disease, but most often due to the alteration in quality and quantity of humours (*akhlat*). Despite the use of numerous newer therapeutic regimes, in western medicine, migraine has remained a challenge because of its recurrence. Nearly all the classical texts of Unani medicine claims for successfully treating this disease without any unwanted effects. The treatment is based on *munzij wa mushil* therapy along with

different types of effective local applications. Thus Unani medicine may be a best alternative treatment for migraine.

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